**ParkinsonNL formulier voor indienen projectidee**

**t.b.v. de Health-Holland Pilot Call 2024**

Voor specifieke criteria en aanbevelingen voor het schrijven van het projectidee verwijzen wij naar het ‘Informatieblad ParkinsonNL Research Call 2024’ en de informatie over de Health-Holland Pilot Call 2024 (zie: <https://www.health-holland.com/pilot-call-2024>.)

Dit formulier kan in het Engels of Nederlands worden ingevuld.

Instructies voor het invullen zijn:

* Gebruik Calibri 11 pt. dit formulier invullen.
* Het aantal woorden is gemaximeerd. Overschrijd het maximale aantal niet.
* Hyperlinks zijn niet toegestaan, met uitzondering van verwijzingen naar publicaties.
* Maak van het ingevulde aanvraagformulier een doorzoekbaar PDF bestand. Wij accepteren geen scans van afgedrukte documenten.
* Voeg elektronische handtekeningen toe aan het doorzoekbare PDF bestand.
* Wij accepteren geen bijlagen of andere documenten, tenzij expliciet gevraagd.
* Stuur de doorzoekbare PDF, **uiterlijk 26 augustus vóór 12:00 uur**, naar research@parkinson.nl.

1. **Details main applicant (project coordinator)**

If applicable, list all co-applicants from an organisation under the same consortium partner in the designated table.

|  |  |  |
| --- | --- | --- |
| **Consortium partner 1** | | |
| **Main applicant** (working at a research institute in the Netherlands) | | |
| **Name** (first names(s) and last name) |  | |
| **Title(s)** |  | |
| **Research institute: name, department, postal address department** (street  name and number, zip code and city) |  | |
| **Current position at the applying**  **institute** | Description:  Type of contract: | |
| **Email address(es)** |  | |
| **Telephone number(s)** |  | |
| **Curriculum vitae main applicant**  *Please fill out the biosketch form that can be downloaded from* [*our website.*](https://www.parkinson.nl/wat-we-doen/onderzoek/informatie-voor-onderzoekers/) | | |
| **Co-applicants from the same organisation as consortium partner 1** | | |
| **Name** (first names(s) and last name) | |  |
| **Title(s)** | |  |
| **Department** | |  |

Etc.

1. **List of (anticipated) consortium partners**

|  |  |  |
| --- | --- | --- |
| **(anticipated) Consortium partner 2** | | |
| **Name contact person** (first names(s) and last name) |  | |
| **Organisation: name, department, postal address department** (street  name and number, zip code and city) |  | |
| **Email address(es)** |  | |
| **Telephone number(s)** |  | |
| **Type of organisation**  *For enterprise definition see Appendix A of Application Form TKI LSH Pilot Call 2024 on* [*Health-Holland webpage*](https://www.health-holland.com/pilot-call-2024) | ☐ Research organisation  ☐ For profit enterprise  ☐ Non-for-profit enterprise  ☐ Health fund  ☐ Other, namely: | |
| **SME (MKB): Type of SME**  *For SME definition see Appendix B of Application Form TKI LSH Pilot Call 2024 on* [*Health-Holland webpage*](https://www.health-holland.com/pilot-call-2024) | ☐ Yes, being: ☐ Micro , ☐ Small, or ☐ Medium  ☐ No  ☐ Not applicable | |
| **SME Chamber of commerce number or equivalent** |  | |
| **SME URL of own web page** |  | |
| **Co-applicants from the same organisation as (anticipated) consortium partner 2** | | |
| **Name** (first names(s) and last name) | |  |
| **Title(s)** | |  |
| **Department** | |  |

Etc.

|  |  |  |
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| **(anticipated) Consortium partner 3** | | |
| **Name contact person** (first names(s) and last name) |  | |
| **Organisation: name, department, postal address department** (street  name and number, zip code and city) |  | |
| **Email address(es)** |  | |
| **Telephone number(s)** |  | |
| **Type of organisation**  *For enterprise definition see Appendix A of Application Form TKI LSH Pilot Call 2024 on* [*Health-Holland webpage*](https://www.health-holland.com/pilot-call-2024) | ☐ Research organisation  ☐ For profit enterprise  ☐ Non-for-profit enterprise  ☐ Health fund  ☐ Other, namely: | |
| **SME (MKB): Type of SME**  *For SME definition see Appendix B of Application Form TKI LSH Pilot Call 2024 on* [*Health-Holland webpage*](https://www.health-holland.com/pilot-call-2024) | ☐ Yes, being: ☐ Micro , ☐ Small, or ☐ Medium  ☐ No  ☐ Not applicable | |
| **SME Chamber of commerce number or equivalent** |  | |
| **SME URL of own web page** |  | |
| **Co-applicants from the same organisation as (anticipated) consortium partner 3** | | |
| **Name** (first names(s) and last name) | |  |
| **Title(s)** | |  |
| **Department** | |  |

Etc.

1. **Information on (anticipated) consortium**

|  |  |
| --- | --- |
| **Benefits consortium partners**  *Describe how and why each individual (anticipated) consortium partner adds value to the proposed project. Max. 175 words.* |  |
| **Is a consortium agreement already in place?**  If yes: Attach the agreement separately in PDF format  If not:   1. Describe the current relationship(s) and if applicable, on which project(s) partners are working together. Max. 175 words. 2. Provide documentation (such as email(s), short letter(s)) in which anticipated consortium partner(s) state that they intent to become a consortium partner for this proposed project and attach this documentation in PDF format separately. | Yes / No |

1. **Project details**

|  |  |
| --- | --- |
| **(Concept) Title** |  |
| **Start date**  *Final start date: 1 May 2025* |  |
| **End date** |  |
| **Anticipated duration** (months)  *Maximum 48 months* |  |

1. **Project overview**

Please provide a summary of the project, addressing the following points: central problem, theoretical background and (if applicable) preliminary data, work plan & work packages, methodology, description of inclusion of end-users (including experience experts), expected deliverables and implementation of these deliverables.

Maximum 500 words text, plus maximum 10 references (please include links to PubMed abstracts where possible; the words used for the references are not included in the total word count for this section).

The use of images and tables is allowed in this section and must meet the following criteria:

* 1. *Texts in the images and tables have to be readable and minimum point 10 size*
  2. *All images and tables taken together must not exceed one A4 page*
  3. *All images and tables must be clear and readable on a printed A4*

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1. **Impact**

Please describe the relevance and expected impact of the project outcomes and deliverables, for people with parkinson(ism), parkinson healthcare professionals and the scientific field and society as a whole. Maximum 250 words.

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1. **Concept budget specification**

*To be able to determine whether the maximum amount of € 190.000 PPP subsidy is sufficient for executing the proposed project, the TKI LSH Pilot Call Budget form must be filled in. This form can be downloaded from the Health~Holland website:* [*https://www.health-holland.com/pilot-call-2024*](https://www.health-holland.com/pilot-call-2024)*. On the basis of this filled in Pilot Call Budget form, the below table should be filled in. In case you encounter any issues, or have questions regarding this budget form, please contact Health~Holland.*

Indicate in the table below for each (anticipated) consortium partner their total costs, the amount of PPP subsidy that they will use, the percentage of costs that will be financed using the PPP subsidy, the amount of (private) cash that they will use.

Notes:

* *Total costs include all the costs made by the partner, including the costs covered by the in kind contribution, PPP subsidy or in cash contributions to be received from another party. Own in cash contributions to the project are not included as a cost.*
* *Each consortium partner must incur payroll costs (in kind) as part of the collaboration.*

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| --- | --- | --- | --- | --- | --- |
| **Partner** | **Total Costs** | **PPP Subsidy** | **% PPP Subsidy** | **Used cash** | **Activities** |
| **Name Partner 1:** |  |  |  |  |  |
| **Name Partner 2:** |  |  |  |  |  |
| **Name Partner 3:** |  |  |  |  |  |
| **Etc.** |  |  |  |  |  |
| **Total sum\*** |  |  |  |  |  |

*\* Make sure that the above table is in accordance with the Health-Holland budget form, including the total sum of costs and the total sum of PPP.*

1. **Contribution to the central VWS mission**

*Describe how the project contributes to the* [*Central Mission of the Ministry of Health, Welfare and Sport (VWS)*](https://www.health-holland.com/sites/default/files/downloads/Missiedocument%20Gezondheid%20en%20Zorg%202024-2027.pdf) *(below) according to the SMART principles. Include a description on how the project outcome, including the outcome of eventual follow-up projects, aids in reducing health disparities between people with high SES and low SES (1), use the* [*Key Principles to reduce health disparities*](https://www.pharos.nl/gezondheidsverschillen-duurzaam-aanpakken/) *in your answer. Maximum 250 words.*

***Central Mission:*** *By 2040, all people in the Netherlands will live at least five years longer in good health, while the health disparities between the lowest and highest socio-economic groups will have decreased by 30%.*

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1. **Signatures**

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| **Main applicant** |  |
| **Name**  *First and last names* |  |
| **Date** |  |
| **Place** |  |
| **Signature** |  |
| **Contact person (anticipated) consortium partner 1** |  |
| **Name**  *First and last names* |  |
| **Date** |  |
| **Place** |  |
| **Signature** |  |
| **Contact person (anticipated) consortium partner 2** |  |
| **Name**  *First and last names* |  |
| **Date** |  |
| **Place** |  |
| **Signature** |  |
| **Contact person (anticipated) consortium partner 3** |  |
| **Name**  *First and last names* |  |
| **Date** |  |
| **Place** |  |
| **Signature** |  |

Etc.