Specialist medical care in motion

CALL FOR GRANT APPLICATIONS TO PROMOTE A MORE FLEXIBLE ORGANISATION OF REGULAR SPECIALIST MEDICAL CARE

REGULAR CARE TRANSITION PROGRAMME

Date: 31 March 2026

Deadline for the call for grant applications: 16 June 2026, 14:00

Publishing details

Using knowledge to improve public health for all. That is what ZonMw stands for.
ZonMw commissions and funds research and innovation in health, care and social welfare, and stimulates knowledge infrastructures and the use of the knowledge developed. Together with its partners, ZonMw works to identify and prioritise knowledge requirements. The main sponsors are the Ministry of Health, Welfare and Sport and the Dutch Research Council.
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Date: 31 March 2026

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Contents

1 Summary

Who?
This call is aimed at hospitals, rehabilitation centres, specialised hospitals, institutions, or independent treatment centres established in the Netherlands that provide specialist medical care under the Health Insurance Act (Zvw). Applications may be submitted individually or as part of a consortium.

Purpose
Through this call for grant applications, ZonMw and its commissioning body VWS aim to stimulate the accelerated implementation and adoption of existing digital applications in care processes that demonstrably contribute to safeguarding the continuity of routine specialist medical care during crisis situations.

Details
Each project may apply for grant funding between €100,000 and €250,000, for a maximum duration of 18 months. Staff and implementation costs are eligible for grant funding.

Timeline

Online information sessions. Mandatory preregistration here.	Tuesday 7 April 2026, 12:00 - 13:00 Monday 25 May 2026, 12:00 - 13:00
Grant application deadline	Tuesday 16 June 2026, 14:00
Receipt of reviewers' comments	October 2026
Deadline for applicant responses	October 2026
Assessment meetings	December 2026
Decision	January 2027
Latest project start date	1 July 2027 at the latest

Information sessions
On Tuesday 7 April from 12:00–13:00 and Monday 25 May from 12:00–13:00, ZonMw will organise online information sessions about call for grants. During these sessions, the call will be explained in more detail and there will be an opportunity to ask questions. You can register using this registration link.

2 About the call for grant applications

2.1. Background and context

The Dutch healthcare system is under structural pressure. There is an increasing demand for acute medical care, which jeopardises the necessary preservation of access to routine specialist medical care. During the COVID-19 pandemic, it became evident that the continuity of routine healthcare was severely affected. Overburdening the healthcare system, infection prevention measures, staff shortages and care avoidance by patients led to delays or cancellations of non-acute care, potentially resulting in long-term health damage or loss of healthy life years[1].
During this period, it became clear that digital applications, when appropriately integrated into healthcare processes, can make a significant contribution to maintaining continuity of healthcare. They enable a reduction in physical contact, more efficient use of healthcare capacity and lower thresholds for accessing healthcare, ensuring that patients continue to make use of healthcare services.

In the future, situations are expected to arise in which pressure on the healthcare system suddenly increases. Although the exact nature of future crises is difficult to predict, the government identifies several scenarios that may significantly impact the continuity of routine healthcare:

- New or recurring outbreaks of infectious diseases or pandemics;
- Mass influx of casualties (war or disaster);
- Climate-related disruptions or natural disasters.

When preparing for such situations, not only the likelihood but also the potential impact is considered. Therefore, even rare scenarios with a potentially high impact may justify preparatory measures.

This need to better prepare the healthcare sector for crisis situations is in line with the Federation of Medical Specialists' vision for the future[2]. It emphasises that it is essential for healthcare professionals to prepare for different crisis scenarios and to consider preparedness, collaboration and adaptive capacity in a timely manner in situations of acute or prolonged scarcity.

In addition, this call for grant applications aligns with the intensification agenda of the IZA/AZWA Working Group on Digital and Hybrid Healthcare. In doing so, the call contributes to the delivery of appropriate healthcare and support: by oneself where possible, at home, close by, and digitally where appropriate. Within this call, initiatives are encouraged that align with regional transformation objectives and build on national agreements concerning interoperability and secure data exchange.

During the COVID-19 pandemic, digital care applications were introduced rapidly in order to relieve pressure on hospitals and safeguard the continuity of healthcare. Although their use increased significantly during the crisis, a substantial proportion of these applications declined again afterwards. Publications and research show that many initiatives have not been structurally embedded in healthcare processes, funding

[1] National Institute for Public Health and the Environment (RIVM) report (2022); The health consequences of postponed surgeries during the COVID-19 pandemic – Estimates for 2020 and 2021.
[2] Federation of Medical Specialists (2025); Medical Specialist 2035 – Accessibility and scarcity.

models and workforce policy.[3] Implementation often took place under time pressure anany long-term organisational and financial safeguards. Integration with existing IT systems, training and change-management support is also frequently lacking. Meanwhile, the investment capacity of healthcare organisations, particularly hospitals, is limited. As a result, structural implementation has not materialised and proven digital applications have not yet been embedded sustainably enough to support the continuity of specialist healthcare in crisis situations.

With this in mind, this call for grant applications focuses on projects aimed at the implementation and adoption of existing digital applications in routine specialist healthcare. The objective is to integrate these applications sustainably into healthcare processes, so that they can be deployed effectively in crisis situations to safeguard the continuity of routine healthcare.

2.2. Objective

Through this call for grant applications, ZonMw and its commissioning body VWS aim to stimulate the accelerated implementation and adoption of existing digital applications in care processes that demonstrably contribute to safeguarding the continuity of routine specialist healthcare during crisis situations.

2.3. Scope and definitions

Crisis situations

Crisis situations are defined as situations that temporarily place increased demand on healthcare services and disrupt the provision of healthcare due to the emergence of one or more imbalances. Examples include a sudden influx of patients, the forced relocation of patients, or shortages of staff, beds, materials or other resources.

Examples:

- New or recurring outbreaks of infectious diseases or pandemics;
- Mass influx of casualties (war or disaster);
- Climate-related disruptions or natural disasters.

Digital applications

Within this call, only existing digital applications are eligible that:

- Comply with the definition of e-Health or e-Support as used by the National Healthcare Institute of the Netherlands[4]; and
- Have already been applied in practice within a healthcare organisation in the Netherlands.

[3] Digital transformation in healthcare: time to make choices | IT&health; Medicines are not perfect. So then why digital tools? | IT&health

[4] Dutch Healthcare Institute (2025); Guidance on the assessment of digital and hybrid care.

According to the definition provided by the Dutch Healthcare Institute, e-Health refers to:
Care and support delivered digitally or in a hybrid (digital and physical) format, with the aim of supporting or improving people's health. Digital refers to using a computer, mobile phone or other device, typically requiring software or an app and an internet connection. These are applications that provide care and support to patients or clients in meeting their healthcare needs. Examples include digital consultations, telemonitoring and digital treatment programmes.

According to the definition provided by the Dutch Healthcare Institute, e-Support refers to:
Digital applications that can be used to support healthcare professionals and patients or clients, for example by digitalising administrative, communication, logistical and support processes. e-Support can be applied both in primary healthcare processes and in secondary organisational processes. Examples include digital access to patient records, patient portals, digital appointment management and automation of administrative or registration processes.

Existing digital applications
A digital solution that has been technically developed and is operationally deployable, and whose functionality has already been established in the Netherlands.

Suitability for use in crisis situations
Digital applications must demonstrably be suitable for use in situations where one or more imbalances occur within routine specialist medical care. This may include applications that:

- Make workflows more flexible and enable healthcare organisations to rapidly and responsibly implement alternative ways of working during crises, including for patients who avoid care. Examples include telemedicine, self-management and remote monitoring, allowing patients to remain at home longer and reducing pressure on specialist care.
- Make data and knowledge available in real time during crises, enabling well-informed decisions regarding patients and treatment plans. Examples include triage software, clinical decision support systems and 'patient-like-me' dashboards that support faster and more efficient diagnosis and treatment.
- Help distribute demand, reduce peak pressure and monitor capacity during crises. This allows for timely adjustments and helps determine where capacity is available to accommodate patients. Examples include capacity management software, demand-supply dashboards and rostering applications.

Other digital applications are also eligible, provided they convincingly contribute to the objective of this call and meet the definitions used in this scheme.

Impact: contribution to continuity of routine specialist healthcare in crisis situations
Applications must demonstrate how the project contributes to safeguarding the continuity of specialist healthcare, particularly in situations of increased pressure or crisis.
This contribution may be reflected in:

- preventing or reducing cancellations, delays or care avoidance;

- reducing the burden on healthcare professionals and institutions, for example by decreasing the number of in-person outpatient consultations;
- managing patient inflow and/or promoting efficient and timely discharge;
- strengthening patient participation and self-management;
- supporting appropriate care in the home environment, enabling patients to remain at home longer and reducing pressure on specialist healthcare.

In their application, applicants must clearly and verifiably describe how these effects will be achieved and monitored.

Activities not eligible for grant funding
This grant funding is not intended for:

- fundamental or basic scientific research;
- concept development or exploratory studies without concrete implementation within the project duration;
- digital applications without a demonstrable link to routine specialist medical care;
- digital applications that do not meet the definitions of eHealth or digital support used in this call;
- the development of a new digital application.

3 Key principles

In developing the project, three key principles must be taken into account. These principles are leading in the assessment of applications and are reflected in the assessment criteria.

1. Appropriate use of digital applications in crisis situations
Projects must demonstrably align with existing crisis protocols at both hospital and regional level and contribute to their practical feasibility. In this way, the use of digital solutions strengthens the continuity and adaptability of care during periods of increased pressure as well as in routine care.

The use of digital applications should focus on planned care in urgency class 4, as defined in the 'Framework for the Preservation of Non-COVID Care' by the Federation of Medical Specialists (FMS)[5] (Table 1). These applications can be deployed when routine healthcare must be scaled down during a crisis and measures are taken to reduce inflow and promote outflow. In doing so, projects contribute to relieving pressure on healthcare capacity and maintaining essential continuity of healthcare during crisis situations.

[5] [5]Federation of Medical Specialists (2020); 'Framework for maintaining non-COVID care'. This document provides a further definition of classes 1 to 5, including the preferred duration of healthcare;

Klasse		Definitie in dit document	Termijn van zorg
Klasse 1 en 2	*Semi-acute zorg*	Zorg noodzakelijk, zeer hoog risico op gezondheidsschade en/of verlies van levensjaren, bij uitstel > 1 week.	Uitgevoerd < 1 week
Klasse 3	*Kritieke planbare zorg*	Aanmerkelijk risico op permanente gezondheidsschade en/of verlies van levensjaren, bij uitstel > 6 weken.	Uitgevoerd < 6 weken
Klasse 4	*Overig planbare zorg*	Enig risico op permanente gezondheidsschade en/of verlies van levensjaren, bij uitstel.	Planbaar > 6 weken
Klasse 5	*Overig planbare zorg*	Geen permanente gezondheidsschade en/of verlies van levensjaren bij uitstel te verwachten.	Planbaar > 6 weken

Table 1 Source: 'Framework for the Continuation of Non-Covid Healthcare', Federation of Medical Specialists.

2. Involvement of the end-user

When implementing digital solutions, such as applications for healthcare at home or close to home, it is essential to take into account the diverse and sometimes complex needs of users. Even within groups with similar socio-demographic characteristics, differences exist in care needs, skills and preferences. Digital solutions must therefore be carefully designed and flexibly applied within care processes, so that they align with personal circumstances and with users' willingness and ability to receive care and support through digital means[6].

By involving end users, it is ensured that the digital application has the appropriate characteristics to be effectively deployed and sustainably adopted.
The term 'Involvement' is understood to mean: consulting, seeking advice, collaborating with and/or enabling participation in decision-making in both the preparation of the grant application and the execution of the project.

3. Change management as a prerequisite for success

The successful implementation of a digital healthcare application within healthcare processes requires, above all, attention to human behaviour and organisational change, even more so than technological change. Previous projects have shown that too often implementation starts from the technology, while change management receives insufficient attention, to the detriment of effectiveness and sustainable embedding. In this grant funding round, explicit attention is therefore required for creating support, engaging professionals and patients in the change process, and designing processes that can be scaled up in crisis situations.

[6] Splinter, M.J., Ikram, M.K., Helsper, C.W. *et al.* Patient perspectives on telemedicine during the COVID-19 pandemic: a mixed-methods community-based study. *BMC Health Serv Res* **23**, 803 (2023). https://doi.org/10.1186/s12913-023-09794-w

4 Terms and Conditions

When applying for a grant from ZonMw, there are rights, conditions and obligations to bear in mind. These are based on the Dutch General Administrative Law Act (Awb). Section 4.2 of the Awb contains specific provisions that apply to grants received from ZonMw. In addition, ZonMw's General Terms and Conditions Governing Grants also apply.

4.1. Conditions

4.1.1. Who is eligible for grant funding?

A grant may be applied for on behalf of an organisation, namely public-law or private-law legal entities established in the Netherlands. A grant application may only be submitted by a main applicant, either individually or on behalf of a consortium.

The following entities may act as main applicant:
Organisations established in the Netherlands:

- hospitals;
- rehabilitation centres;
- specialised hospitals;
- independent treatment centres;
- other institutions providing specialist healthcare financed under the Health Insurance Act (Zvw)

These parties may also act as co-applicants in a consortium.

Co-applicants
In addition to the above-mentioned institutions, the following organisations may act as co-applicants:

- organisations in nursing, caring and home care (VVT);
- primary care organisations, including GP practices and district nursing services;
- collaborative networks or partnerships, such as networks for healthcare information exchange;
- support organisations focused on healthcare, such as regional support structures (ROS)

Organisations that do not fall within the above categories are not eligible as main or co-applicants.

4.1.2. Avoidance of State aid

ZonMw does not award grants where this results or may result in unlawfully granting State aid[7]. As a result, the following State aid measure applies to this funding round: Exemption Decision for Services of General Economic Interest (DAEB) As (part of) the activities to be carried out within a project for this call for grant applications are classified by ZonMw as a Service of General Economic Interest (SGEI), this means that specific funding conditions and budgetary rules apply. You can find out more about the DAEB Exemption Decision for Services of General Economic Interest in Annex 1 – State Aid – DAEB, as well as the

[7] Article 107 of the Treaty on the Functioning of the European Union.

requirements that have to be met under the DAEB Exemption Decision. In addition, the following measures apply to prevent unlawful State aid: A realistic and sound budget must be submitted and will form part of the assessment process (using the prescribed format). Please use the template provided on the grant page.

- After approval, the authorised representative of your organisation must declare that no public funding has previously been received for the same project activities.
- Midway through the project, ZonMw will request information on costs and benefits in order to monitor potential overcompensation.

Further information about State aid can be found on the ZonMw webpage Vrijstellingverordeningen staatssteun.

4.1.3. Collaboration and contributions by third parties

ZonMw encourages the participation of parties in collaborative projects. However, such projects will not receive grant funding if the arrangements lead to the provision of illegal State aid, or if ZonMw's General Terms and Conditions Governing Grants or the conditions of the call for grant applications cannot subsequently be met. Collaboration is encouraged in this programme, but it is not mandatory.

In the grant application and budget, the following must be made clear:

- Which parties are participating. Describe how each party will be actively contributing to the project; these should in any case be parties who appear in the budget as a party intending to claim a portion of the grant funding. Also include parties that will be making an active contribution to the collaborative project on their own account and at their own risk.
- Which party or parties will sign a sponsorship agreement and what their cash or in-kind contribution will be.
- Which parties will be hired or, if as yet unknown, which activities are expected to be performed by third parties, plus the related costs that will be incurred (including VAT). For additional information and the conditions applicable to hiring/contracting, see the ZonMw webpage ZonMw-webpagina Subsidies en Samenwerking/bijdragen van derden.

Agreements on collaborations and sponsorships must be firmly in place prior to submission of the detailed grant application.

Letter of Commitment / Letter of Intent: Because ZonMw requires assurance that a project's collaborating parties/sponsors will be legally bound to provide the agreed contributions, each collaborating party or sponsor must provide a Letter of Commitment, which is to be submitted together with the detailed grant application. For this purpose, please use the template on the ZonMw webpage ZonMw-webpagina Subsidies en Samenwerking/bijdragen van derden. In other cases of collaboration, each collaborating party is required to submit a Letter of Intent when submitting the detailed grant application. After potential approval, a formal collaboration agreement will be requested.

Collaboration and sponsorship agreements
On the ZonMw webpage Subsidies en Samenwerking/bijdragen van derden, you can find more information about the various forms of collaboration and the kinds of contributions (sponsorship/contract) permitted,

along with sample agreements and an explanation of the conditions the agreement must meet. The conditions referred to on this webpage and in the explanation comprise an integral part of this call for grant applications. When ZonMw requests draft collaboration and/or sponsorship agreements, it grants funding only on the condition that it has also accepted these agreements.

4.1.4. How much funding can I apply for?

The total available grant budget for this Funding round totals €4,000,000. Per project, a grant of between €100,000 and €250,000 may be applied for, for a duration of up to 18 months.

Accountancy costs up to a maximum of €3,500 may be included in the budget of projects costing €125,000 or more. In line with changes to ZonMw's General Terms and Conditions Governing Grants effective from 1 April 2022, a signed auditor's report must be submitted after completion of the project, in addition to the final financial report, for projects costing €125,000 or more. This also serves to prevent overcompensation and, consequently, unlawful State aid.

The following activities are eligible for grant funding, provided that they directly contribute to the implementation, scaling or targeted further development of the digital application and demonstrably aim to strengthen the continuity of routine specialist medical care in a crisis situation or in preparation for such a situation. These activities may include:

- Stakeholder and context analyses, including interviews, workshops and risk analyses, aimed at the use of the digital application in situations of increased pressure on care or loss of capacity.
- Implementation and change management, including project planning, communication, user training and team coaching, aimed at accelerated or scaled deployment under crisis conditions.
- Technical integration with existing systems, including connections to electronic patient records (EHRs), patient portals and data migration, insofar as necessary for scalable deployment during a crisis. This may also include adaptation or targeted further development of existing technology, such as optimisation of software functionalities for use in crisis situations. Costs related to technical prerequisites should be included in the project budget. These costs must be proportionate to the total project budget and appropriate to the scale of the digital application.
- Designing and implementing a crisis-oriented implementation plan.
- Knowledge sharing and knowledge development related to crisis deployment, including compensation for (medical) professionals with demonstrable experience in crisis-oriented implementation.
- Training of staff aimed at the use of the digital application under crisis conditions.
- Communication activities directed at staff and patients regarding the use of the digital application during a crisis situation.
- Effectiveness research, insofar as it is aimed at substantiating the contribution to continuity and resilience of care.

As a result, the digital application must be integrated into the standard care process as well as into the crisis protocol or contingency plan applied in a crisis situation. In addition, the impact of the project must be demonstrated.

The grant may not be used for:

- Operational costs associated with maintaining a digital application after the project period has ended.

4.1.5. Practical conditions

Your grant application must meet the requirements below in order to be considered

.

- Applications must be written in Dutch or English. English is preferred in connection with the peer review process.
- The project must start before 1 July 2027 and have a maximum duration of 18 months.
- The requested grant amount must be between €100,000 and €250,000 and comply with the conditions described in Section 4.1.4.
- No funding may have been granted for (part of) the same activities under another scheme, such as IZA transformation funds. After approval of the grant, this must be formally declared by the authorised representative of the applicant organisation(s). Failure to comply with this condition may result in unlawful State aid and withdrawal of the grant.
- Applicants and co-applicants must meet the eligibility criteria as described in Section 4.1.1.
- The role of each project team member must be clearly described in the application form, (co-applicant, partner organisation, funder). The expertise and experience of each project team member under section '2.1 Project Team Members' must be clearly described in the application form. To do this, 'Yes' under Section '1.4 Additional project members' must be ticked.

- The following annex(es) are mandatory:
    - Budget (please refer to the correct format on the grants page)
        - ZonMw calculates the staff costs using the salary tables or rates applicable to the grant recipient concerned. If this is not applicable, ZonMw calculates the staff costs using the applicable collective agreement (CAO) or salary scheme.
        - Third-party costs may be included where these concern project activities carried out by third parties contracted by the applicant (up to a maximum of €125/hour incl. VAT). Third parties do not include (other) healthcare institutions, which may only participate as (co-)applicants.
        - A portion of the project budget must be allocated to communication activities. This must be included in the budget.
    - Annex 1: in cases of collaboration and/or sponsorship: a Letter of Commitment or Letter of Intent per collaborating party/sponsor. See also Section 4.1.3.
    - Annex 2: Declaration of agreement for submission of the full grant application. See also Section 6.3.
    - Annex 3: An optional annex containing figures and tables may also be added. If you would like to support your application with figures and/or tables, you can add them here. You can submit multiple figures and tables, but these must be combined into 1 document. If included, these will form part of the assessment.

4.2. Obligations

Certain obligations apply once a grant has been awarded. These are set out in ZonMw's General Terms and Conditions Governing Grants. In addition, the following obligations apply:

Conditions for valorisation: ZonMw aims to ensure broad access to the projects it funds; therefore, the ten principles for Socially Responsible Licensing (MVL in Dutch) should be applied when licensing the results. If applicable, describe the agreements made with collaborating parties and any third parties regarding claims to intellectual property rights. Also indicate how these parties will comply with the ten principles.
Communication: ZonMw aims to share the impact of funded projects publicly in a narrative format throughout the course of the project. For example, through interviews or video series. Participation in such communication activities is mandatory.
Interim and final reporting: Each project must submit at least one progress report and one final report to ZonMw. The formats for these reports will be provided by ZonMw. The requirements for the final report depend on the scope of the project.
Midway through the project, ZonMw will request information on costs and benefits in order to monitor potential overcompensation.
Programme meeting: In view of the programme's action-learning approach, ZonMw organises programme meetings. All projects are expected to participate in these meetings. The funded projects will share (interim) results and experiences during the meeting. This enables the programme committee, participants from other funded projects and interested parties to be informed, ask questions, and provide solicited and unsolicited advice. This will take place no more than twice and no later than 6 months after completion of the project.
Collaboration agreement:
Collaborations (if relevant) must be in place prior to submission of the detailed grant application. The signed collaboration agreement should be approved and signed by all parties before the start of the project. The Letter of Commitment or Letter of Intent should be submitted along with the detailed grant application.

5 Assessment and prioritisation

5.1. Assessment procedure

The assessment procedure for the grant application consists of several steps:

1. After submission of your grant application, it is first assessed whether the detailed grant application complies with the conditions set out in this call. Please note that ZonMw may contact you within two weeks after the submission deadline to make any administrative corrections required to (still) meet the submission conditions. You will have one opportunity to make these corrections, for which you will be given up to 2 working days. The main applicant must be reachable by both telephone and email.
2. If the application meets the stated conditions, a written assessment of the quality of the application will follow by external, independent experts (reviewers), including the opportunity for a written rebuttal, and a final assessment by the programme committee.
3. Based on the programme committee's assessment, ZonMw will decide which projects are awarded funding and which are rejected.

For more information on the procedures for assessing grant applications, please refer to the infographic 'Applying for a grant in 10 steps' and the applicant procedure brochure.

5.2. Relevance criteria

Alignment with scope and objectives of the call for grant applications

- The project clearly aligns with the objective and associated principles of the call for grant applications, as described in Chapters 2 and 3.
- The application clearly describes which crisis scenario(s) and imbalance(s) the project addresses, substantiates the impact of the crisis or imbalance on routine specialist healthcare, and explains how the digital application is used within the care process to mitigate this impact.
- The application convincingly demonstrates that the project focuses on further implementation of a digital application that has been technically developed, is operationally deployable, and whose functionality has already been established.
- The application also describes which conditions the digital application meets to ensure usability in crisis situations, including scalability, robustness and interoperability in accordance with national standards.
- The application demonstrates alignment with objectives and agreements in the field of digital and hybrid care and the health information system, as set out in agreements such as IZA, AZWA and HLO.
    - It is clear how data integration is organised and to what extent choices regarding data infrastructure align with agreements on the positioning of the nationwide network between VWS, ZN and Cumuluz.
    - It is clear how data is made accessible in a simple and secure manner to both treating healthcare professionals and the person to whom the information relates.
    - It is clear how the selected digital applications and platforms comply with existing guidelines, such as the guidelines for applications and algorithms of Digizo.nu.

Impact and use of results

- The application clearly describes the expected effect of implementing the digital application within the care process on the continuity of routine specialist medical care during a crisis situation.
- The application provides insight into how the effectiveness, efficiency and scalability of the adapted care process are substantiated using concrete indicators.
- It describes the expected results, the (knowledge) products to be delivered, and how these can be used by relevant parties.
- It explains which agreements will be made with relevant parties during the project to ensure the embedding and consolidation of the results after completion of the project.

Target groups and stakeholders

- The application provides insight into which parties and (end) users are relevant to the project and justifies why certain parties are or are not involved. This may include healthcare professionals, patients, chain partners (such as VVT and primary healthcare) and network or collaborative organisations.
- The term 'Involvement' is understood to mean: consulting, seeking advice, collaborating with and/or enabling participation in decision-making in both the preparation of the grant application and the execution of the project.

Diversity

- The application describes how attention is paid to diversity and differentiation within the target group, based on characteristics such as digital skills, sex and gender, age, socio-economic status, educational level, migration and cultural background, and sexual diversity, where relevant to the project's theme. See Chapter 3, Principle 2.

5.3. Quality criteria

Objective

- The aim of the project, the intended outcomes and the final deliverables are clearly described. The intended results must be concrete, measurable and formulated in a SMART manner.

Approach

- The plan of approach is logically structured and clearly describes which activities will be carried out in which phases.
- The plan includes a substantiated implementation approach, including an analysis of the current and desired situation, alignment with existing working methods, relevant facilitating and hindering factors, and appropriate implementation strategies. The use of an implementation model or framework is strongly encouraged. Tips on how to compile an implementation plan can be found on the ZonMw website.
- The application clearly describes how the project is organised, including a clear distribution of roles and responsibilities among the parties involved.

- It describes how the impact of the project will be monitored and evaluated throughout its duration, including the use of appropriate measurement methods such as effect studies, monitoring data or progress reports.
- The application clearly explains how change management is applied, including creating support, training and guiding users, and embedding new working methods in daily practice. See Chapter 3, Principle 3.
- It also describes how the digital application will be integrated into existing crisis protocols and/or contingency plans at institutional and/or regional level. See Chapter 3, Principle 1.
- The application explains how the digital application will be sustainably embedded in care processes, including during non-crisis periods, covering aspects such as financing and operation, availability of required infrastructure, integration into the quality cycle, and maintaining up-to-date information in the 'cold phase'.

Project team

- The application convincingly demonstrates that the project team has the required substantive, technical and change management expertise to successfully carry out the project within the proposed time-frame.
- The application describes how the team is organised and how collaboration between the parties is structured.
- Responsibilities and tasks within the team are clearly defined and aligned with the project's objectives and activities.
- If external parties are subcontracted, the application must describe which parties are involved and why. For additional information and the conditions applicable to hiring/contracting, see the ZonMw webpage Subsidies en samenwerking, bijdragen van derden.

Feasibility

- It is plausible that the objective of the grant application will be achieved within the specified time frame, using the available expertise, staffing, facilities and resources. Expected barriers and how these will be addressed are clearly described.
- The grant application clearly explains how the project's objective can be achieved without exceeding the budget. If not, the document explains how any ineligible costs will be covered.

5.4. Prioritisation

The assessment committee will consider both the relevance and quality of the grant application when assessing and prioritising the applications. Committee members score each proposal on quality (1–4) and relevance (1–3), as shown in the matrix below.

The applications will be ranked based on these scores. Grant applications must at least be rated as *Sufficient and Relevant* to be considered for funding; applications with lower scores will not be eligible for funding. When determining priority, the proposals rated as *Highly relevant* will be considered first, followed by those rated as *Relevant*. The relative weighting of an application's relevance and quality will be based on the prioritisation matrix below.

If two or more grant applications are equally relevant and of equal quality, and there is insufficient funding to approve all grant applications, the committee will prioritise:

1. The geographical distribution of the applications
2. The assessment criteria relating to the guiding principles set out in the call (see references) will be given greater priority in the assessment.

Relevance (1-3) / ***Quality (1-4)***	**Highly relevant**	**Relevant**	**Largely irrelevant**
Good	1	3	Reject
Adequate	2	4	Reject
Fair	Reject	Reject	Reject
Unsatisfactory	Reject	Reject	Reject

6 Submission

6.1. Submission via Mijn ZonMw

Grant applications may only be submitted by the main applicant using ZonMw's online application system (Mijn ZonMw). The closing date for submitting a detailed grant application is 16 June 2026 at 14.00.

You can view the full timeline for this funding round here.

6.2. Tips

- ZonMw has switched to a new online application system called Mijn ZonMw. If you have never used this system before, you will first have to register as a 'New user'.
- For more information, see the Mijn ZonMw Manual.

We recommend that you print out a Word version of your application (using Mijn ZonMw) and carefully review it for errors before submitting your application digitally. Please note that some characters (such as quotation marks) may not be converted correctly if you create your application in Word and copy it into Mijn ZonMw. You can correct these errors manually in Mijn ZonMw.

6.3. Declaration of agreement for submission of the full grant application

The 'Declaration of agreement for submission of the full grant application' must be signed by the individual with administrative responsibility and the main applicant. The signed declaration may be uploaded as part of the application in Mijn ZonMw or sent by email to ZonMw, for the attention doorgangregulierezorgPP@zonmw.nl The declaration must be received no later than one week after submission.

6.4. Substantive questions

For content-related questions, please contact the programme telephone line on +31 (0)70 515 0441 or via doorgangregulierezorgPP@zonmw.nl.

6.5. Technical questions

If you have any technical questions about using ZonMw's online application system, please contact the Service Desk from Monday to Friday between 08:00 and 17:00, +31 (0)70 349 51 76, servicedesk@zonmw.nl. Please include your telephone number in your email so that we can call you back if necessary.

6.6. Downloads and links

The ZonMw website provides more information on:

- ZonMw General Grant Provisions
- 'Applying for funding in 10 steps'
- What must I submit?
- Terms and Conditions
- Assessment of grant applications
- Grants and Collaborations/contributions from third parties
- State aid exemption

- FAIR data management
- Open Access
- Implementation and impact
- Mijn ZonMw Manual
- Declaration of agreement for submission of the full grant application
- Programme page: Transition from Routine Care to Pandemic Preparedness

7 Annexes

- Annex 1 – State Aid – DAEB

Annex 1 – State Aid – DAEB

In this grant funding round, when companies apply for grant, ZonMw will release such funds under the DAEB Exemption Decision[8] provided the conditions below have been met.

ZonMw has designated the activities referred to under the heading 'Objective of call for grant applications' as economic activities of general interest. Prior to releasing the grant funds, ZonMw will task each of the relevant grant recipients of the activities described above with the administration of a Service of General Economic Interest by means of a decision (DAEB).

The DAEB consists (or partly consists) of implementing the activities described in the project proposal. Parties who receive grants in this funding round are obligated, on the grounds of Article 5(2) of the Exemption Decision for Services of General Economic Interest to list revenue and expenditure associated with activities in the service of general economic interest separately from revenue and expenditure for other activities that do not fall within the DAEB.

Project funding shall not exceed the maximum lead time of the project. In all cases, the maximum duration of a project will not exceed 10 years as required by the DAEB Exemption Decision.

The requested grant sum must not exceed the net cost of the planned project activities. The parameters for calculating the compensation for each project are listed in budget documents on the grant page. The calculation methods specified in the budget documents are in line with article 4 of the DAEB Exemption Decision.

ZonMw will reclaim any demonstrated overcompensation on the grounds of Article 6(2) of the Exemption Decision for Services of General Economic Interest. Midway through the project, ZonMw will carry out an interim check (as part Section 3.2 referred to in this call) to determine whether overcompensation has occurred.

In case of a consortium, if it is not yet clear what parties will participate in the consortium at the time of the grant application, you may add these parties to the consortium at a later date. You must notify ZonMw in writing when adding a new party to the consortium. The new party shall not be a formal partner in the consortium until ZonMw has approved their participation. All parties must comply individually with the terms of the DAEB Exemption Decision.

If it is found that the project activities were not executed, or not executed in full, or in case of non-compliance with obligations associated with the grant provided, ZonMw may decide on a reduced grant sum and recover any advances paid (or a part thereof).

[8] Commission Decision of 20 December 2011 on the application of Article 106(2) of the Treaty on the Functioning of the European Union to State aid in the form of public service compensation granted to certain undertakings entrusted with the operation of services of general economic interest (2012/21/EU), OJ EU 2012 L7/3.