Continuation of Regular Care

Regional data solutions for specialist medical care

Please note: you can only submit a detailed grant application if you have previously submitted a project idea in this funding round. If you decide to submit a detailed grant application despite a negative recommendation, you must notify ZonMw within two weeks of receiving the recommendation via doorgangregulierezorgPP@zonmw.nl.

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Deadline: 20 October 2026, **14.00**

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1 Summary

Who can apply?
The Continuation of Regular Care (Pandemic Preparedness) programme is aimed at Netherlands-based providers of specialist medical care. Main applicants can request a grant on behalf of a consortium consisting of four to seven parties, provided that a number of specific conditions are met.

The co-applicants may include university hospitals (no more than one per consortium), rehabilitation centres and categorical institutions providing specialist medical care. If desired, GP practices, home care organisations and existing cooperation structures, such as an RSO, regional acute care networks (ROAZs) or GP groups (*Hagro's*), may also be included.

What for
The aim of this call is to ensure that care capacity is used flexibly and optimally so that specialist medical care can continue even during a pandemic or crisis situation. In addition, the outcomes may also be valuable in situations where care capacity is limited, including in non-crisis times.

Grants are available for innovative and cooperative projects focusing on one of two themes:
1. Implementing and/or scaling up data applications for the coordination of regular specialist medical care in situations where care capacity is scarce.
2. Using data to make predictions about the pressure on regular specialist medical care.

Separate budgets are available for each of these themes.

What to request
The grant allocation process will consist of two phases. During the first phase, applicants must submit a project idea; in the second phase, they will be invited to submit a detailed application. This call relates to the detailed grant application.

In this funding round, consortia can apply for a maximum of €1,500,000 in funding for projects with a duration of up to 18 months. The exact applicable budget depends on the size of the consortium in accordance with the scheme below. This applies to both themes.
- 4 parties: maximum € 900.000,-
- 5 parties: maximum € 1.100.000,-
- 6 parties: maximum € 1.300.000,-
- 7 parties: maximum € 1.500.000,-

A total of €9,300,000 will be made available as part of this funding round. This breaks down as follows:
- €5,900,000 for Theme 1: 'capacity management'.
- €3,400,000 for Theme 2: 'early detection and prediction'.

When

Submission deadline for detailed grant application	Tuesday 20 October 2026, 14.00
Receipt of evaluation reports	Tuesday 8 December 2026
Deadline textual rebuttal	Wednesday 23 December 2026
Review meetings	February 2027*
Decision	March 2027*
Latest start date	No later than six months after approval

* These dates are preliminary. Changes may occur.

2 Aim of this call for grant applications

2.1 Background

The Dutch healthcare system is under constant pressure. There is a growing demand for care, which is compounded by labour shortages and the increased complexity of care. As a result, it is becoming increasingly difficult to meet regular care needs. In times of crisis, such as during a pandemic, capacity becomes even scarcer. When demand for acute care increases, vital access to regular specialist medical care cannot always be guaranteed.

This call for grant applications is part of the Continuation of Regular Care (Pandemic Preparedness) programme, which aims to use data, digital tools and policy measures to achieve flexibility in the supply of regular (non-acute) care in the event of care scarcity. The programme encourages optimal preparation to ensure the continuation of regular care in order to avoid treatments delays. It also intends to help keep care accessible in non-crisis situations by facilitating the right care in the right locations.

This round focuses on improving mutual data availability and data applications for **capacity management**, **early detection** and **prediction**. These are essential prerequisites for achieving the aforementioned objectives.

Many care institutions have already launched individual initiatives to improve data availability. The most effective way to address care scarcity, however, is to scale up and connect these initiatives at regional and national levels. Collaboration, scalability and interoperability – which require technical building blocks and agreement systems that facilitate nationwide connectivity and scaling – are therefore essential prerequisites within this call.

Crises highlight the importance of cooperation between healthcare providers, based on shared data access and data applications. Cooperation between healthcare providers ensures good and accessible care while also contributing to the improved distribution of available care capacity. These are matters of national interest. The lack of adequate action on these issues is also evident from a recent survey of 1,100 physicians by the Federation of Medical Specialists (FMS), in which 97% of respondents indicated that patients are at risk due to data availability issues between different healthcare providers.[1] Clearly, the market has failed to make the necessary improvements.

Within the current healthcare system, the required interventions can only be implemented through additional investments, despite the fact that they do not generate additional resources. Although such investments are often less financially viable at local level, they are indispensable in crisis situations, when scarce resources must be used efficiently in order to ensure the continuity of regular care. The Directorate of Curative Care of the Ministry of Health, Welfare and Sport has therefore made programme funds available to ZonMw to more effectively ensure the continuation of regular specialist medical care.

In the area of data availability, agreements have also been made in the Integral Care Agreement (IZA). This call complements the policy objectives of the IZA.

2.2 Aim and applicants

This funding round aims to ensure the flexible and optimal use of care capacity so that specialist medical care can continue even in times of care scarcity. This will be made possible through digital data tools and enhanced regional cooperation.

To achieve this objective, funds will be made available to regional and/or national consortia of care institutions, which can either be existing or new partnerships. These consortia can submit an application aimed at improving mutual data availability and/or implementing data applications that contribute to flexible care capacity.

[1] "Poor availability of patient data threatens patient safety", FMS news release, 19 March 2025.

2.3 Programme and themes

More information on the programme this funding round is part of can be found on the programme page. This funding round falls under Line 1 of the programme. The grant funding will be distributed as widely as possible in this round. Under Line 2, it will then be possible to bring together or scale up proven projects from this round (and previous rounds) supra-regionally or nationally. ZonMw will organise programme meetings during the programme's run. All Line 1 projects will be invited to participate in these meetings, where regional partnerships will be able to share their experiences through action-based learning.

Both themes will contribute to the flexible and optimal use of specialist medical care capacity. **A consortium or organisation may submit a maximum of one detailed application per theme.** This means that an organisation cannot participate in multiple consortia submitting applications for the same theme, either as the main applicant or as a co-applicant

2.3.1 Theme 1: Capacity management

Funding is available to support the development, implementation and/or scaling up of data applications for the coordination of regular specialist medical care in situations where care capacity is scarce. This encompasses the visualisation en prediction of logistical capacity and flow. Examples include tools (such as dashboards) for regional or national demand management and the use of AI models to support patient triage. Creating the right preconditions, for instance by improving mutual data availability, can be part of the grant application.

2.3.2 Theme 2: Early detection and prediction

Funding is available to support the development, implementation and/or scaling up of applications that can make data-driven predictions about the pressure on regular specialist medical care. This encompasses pattern and trend recognition by use of both structured and unstructured data as well as free-text information on patients, at regional and supra-regional levels. These could be predictive applications based on AI models, applications that have proven effective in managing specialist medical care based on data from both primary and secondary care, or visualisations of future scenarios aimed at supporting the decision-making processes of healthcare administrators at different levels.

2.4 Key principles

For both themes, applications must show how the project will contribute to:

- the faster scale-up of specialist medical care when needed;
- increasing the agility of specialist medical care by improving mutual cooperation between departments/healthcare providers and care institutions;
- the flexible use of capacity;
- improving patient flow within the chain;
- the coordination of care for patients within the chain.

3 Conditions and obligations

You must take account of certain rights, conditions and obligations when applying for a ZonMw grant. 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. ZonMw's General Terms and Conditions Governing Grants also apply.

3.1 Conditions

This funding round consists of a project idea phase and a detailed grant application phase. Whereas the project idea should offer a concise project description, the detailed application should be more comprehensive and provide more detail about the approach. Section 4.1. 'Assessment procedure' outlines the assessment procedures for both phases. You may only submit a detailed grant application if you have previously submitted a project idea. If you decide to submit a full grant application despite a negative recommendation, you must notify ZonMw within 2 weeks of receiving the recommendation via doorgangregulierezorgPP@zonmw.nl.

In order to be considered, your detailed grant application must meet the requirements listed below.

3.1.1 Who is eligible for a grant?

Legal persons and legal entities established in the Netherlands under public or private law may apply for grant funding. A grant application can only be submitted by a main applicant on behalf of a consortium.

The main applicant must meet the following conditions:

- The organisation aims at providing specialist medical care and has a leading role in the regional care chain
- Possesses sufficient IT and data knowledge to:
  - take on a leading role in the project;
  - take on a leading role in ensuring the project achieves its desired outcomes.

Consortia should consist of four to seven parties. Besides the main applicant, these include at least three co-applicants. They may include general hospitals, one university hospital (no more than one per consortium), rehabilitation centres or categorical institutions providing specialist medical care, GP practices and home care organisations. Existing cooperation structures, such as regional acute care networks (ROAZs), a RSO or GP groups (*Hagro's*), may also participate as co-applicants. Other care institutions and organisations that are part of an existing partnership providing specialist medical care can be part of the consortium as well.

3.1.2 Additional conditions

ZonMw will assess your application based on the conditions set out below. Your application will only be admitted to the assessment process if it meets these conditions.

1. **Consortia:**
   A consortium or organisation may submit no more than one detailed grant application per theme. This means that an organisation cannot participate in multiple consortia submitting applications for the same theme, either as the main applicant or as a co-applicant. If the eligibility check of the detailed grant applications reveals an overlap between consortia, ZonMw will notify the main applicant of the overlapping organisation. The relevant organisations will then have to discuss this overlap and coordinate with each other.

2. **Avoiding double public funding**
   Applicants must conduct a landscape analysis to assess whether there are any relevant publicly funded initiatives that may overlap with their proposal. If there are overlaps, these should be mapped and presented in an overview. Projects that have previously received grant funding as part of the IZA's transformation objectives are not eligible for this call. This is to avoid the double use of public funding for the same purpose.

By conducting and signing the landscape analysis, applicants certify that there is no duplication of IZA transformation funding.

3. **Authorised applicants:**
   Only individuals who hold a position that contributes directly to the project's objectives may serve as main applicant or co-applicant. These are:

   - Directors of care institutions
   - Professors
   - Lecturers
   - Physicians
   - Chief Medical Information Officers (CMIOs), Chief Nursing Information Officers (CNIOs) en Chief Information Officers (CIOs)
   - Staff from capacity management, BI or similar departments
   - Individuals working in similar positions with relevant expertise

4. **Project focus:**
   The project must be related to the coordination of regular specialist medical care. This includes planned surgical procedures, diagnostics, outpatient visits and non-operative care.

5. **Duration:**
   The project's duration must not exceed 18 months.

Within this grant call, no grants will be awarded to fund:

1. The infrastructure required for dashboards or other data applications (such as hardware and/or cloud solutions).
2. Efforts to strengthen the research infrastructure and scientific research.
3. The sole coordination of acute care. However, the project or application should be related to acute care.
4. Project deliverables in the form of studies or reports.

3.1.3 Avoiding state aid

No grants will be awarded by ZonMw if this would or could lead to the wrongful allocation of state aid[2]. For this funding round, the execution of approved projects is considered a public task. These activities aid the public health care interest, are not commercial and therefore non-economical. As such, there is in principle no state aid.

Please note: when external experts are consulted (e.g. software suppliers and related consultancy), this part of the project may be subject to state aid. This is not the case if it can be argued that the activities that are executed by the aforementioned experts are as secondary activities Inextricably linked to the main activities of the project. For this, an assessment will be made per application after submission. If this part is subject to state aid, ZonMw will provide this share of the grant under article 18 of the General Block Exemption Regulation (GBER). This means that for these activities a 50% contribution of the applicant(s) is required.

ZonMw's webpage on state aid exemption regulations offers more information about state aid.

3.1.4 Collaboration and contributions from third parties

ZonMw encourages the participation of parties in collaborative projects. However, such projects will not receive grant funding if this would or could 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 be met.

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

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

- Which parties are participating. Describe how each party will be actively contributing to the project; these parties should in any case appear in the budget as parties intending to claim a portion of the grant funding. Also include parties that will be actively contributing to the collaborative project as partners, acting on their own behalf and at their own risk.
- With which party or parties a sponsorship agreement will be concluded, and what their cash or in-kind contribution will be.
- Which parties will be hired or, if this is not yet known, which activities are expected to be performed by third parties, plus the related costs that will be incurred (no more than €125 per hour including VAT). For additional information and the conditions applicable to hiring/contracting, see the ZonMw webpage Grants and Collaborations/contributions from third parties.

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

Letter of Commitment / Letter of Intent

In the case of matching funding: 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 Grants and Collaborations/contributions from third parties.

In all other cases of collaboration, a letter of intent per party is required at the submission of the detailed grant application. After approval of the application, subsequently a collaboration agreement is requested.

Collaboration and sponsorship agreements

On the ZonMw webpage Grants and Collaborations/contributions from third parties, 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.

3.1.5 How much funding can I apply for?

The total grant budget available for this funding round is €9.3 million.

For Theme 1 (capacity management) the available budget is €5.9 million and for Theme 2 (early detection and prediction), the total available budget is €3.4 million. If all of the funding for one of the themes has been allocated, this may be supplemented with funding from the other theme, should this still be available.

A maximum of €1,500,000 can be requested per project, for a duration of up to 18 months. The exact applicable budget depends on the size of the consortium in accordance with the scheme below. This applies to both themes.

- 4 parties: maximum € 900.000,-
- 5 parties: maximum € 1.100.000,-
- 6 parties: maximum € 1.300.000,-
- 7 parties: maximum € 1.500.000,-

Auditing costs may be included in the budget per consortium partner, up to a maximum of €3,500, if the project costs of the partner in question are €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. Universities and university medical centres are not permitted to include auditing costs in their budgets. Separate arrangements have been made with these institutions

concerning the mandatory auditor's report. Please contact your financial department for further information.

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).

Subsequent funding
Follow-up grants may be awarded after this funding round (Line 2). Project leaders managing projects supported by funding from this round (Themes 1 and 2) may apply for a follow-up grant, provided the following requirements are met:

- Regional consortia cannot apply for a follow-up grant but must unite into one national consortium to be eligible.
- This national consortium should comprise three to six consortia that received grants under Themes 1 or 2 in this funding round.

The aim of these projects and partnerships should be to strengthen the resilience of care in times of crisis or during a pandemic, and to implement data applications for capacity management (Theme 1) and early detection (Theme 2) nationwide.

To facilitate action-based learning, the programme will be continuously evaluated with the Ministry of Health, Welfare and Sport and the relevant field parties. As the design of this funding round may change as a result of these discussions, the above information is for indicative purposes only, and no rights may be derived from it.

3.1.6 Practical conditions

Outlined below are several key aspects to consider when submitting a detailed grant application.

Detailed grant application

- Write your application in Dutch or English. In view of the evaluation process, English is preferred. Detailed grant applications should be presented in the format provided by the application form on My ZonMw.
- It is mandatory to include a budget with your grant application. Please ensure that the budget clearly shows which parties within the project receive funding and which activities they will carry out for this (who does what for which funding). The total amount may not deviate by more than 30% from the amount requested in the project idea. Use the budget template available on the webpage of this funding call.
    - Reserve part of your project budget for communication. Include this in the budget of the full application.
    - Use the appropriate salary scale corresponding to the type of organisation: NFU, VSNU, or other; see also the explanation in the budget template.
- You can apply for a maximum of €1,500,000 per theme, and the funding period must not exceed 18 months.
- The project should start no later than six months after approval of the detailed grant application
- Your submission should include the following annexes:
    - **Annex 1: Schedule**
      Visualise the project's schedule using a Gantt chart. Mandatory/no format/max. 1 A4 sheet/PDF.
    - **Annex 2: Letter of Commitment/Intent**
      A Letter of Commitment/Intent for each collaborating party/sponsor (see also section 3.1.4).
    - **Annex 3: Declaration of agreement**
      The declaration of agreement for submitting the full application (see also section 5.3).
    - **Annex 4: State aid – if activities fall under Article 25 (GBER):**
        - completed and signed declaration regarding recovery of state aid;

    - completed and signed declaration that the undertaking is not in difficulty;
    - completed and signed declaration on cumulation of state aid.
- **Annex 5: Landscape analysis**
  Landscape analysis (see section 3.1.2.2 on additional conditions and prevention of double funding).
- **(Optional) Annex 6: Figures and tables**
    - Optional/no format/max. 1 A4 sheet/PDF.
    - If you would like to support your application with figures and/or tables, you can add them here.

These practical conditions will be checked after you have submitted your application (admissibility check). If your application meets all the conditions, it will be declared admissible and enter the assessment process. If your application does not meet the practical conditions, you will be given one opportunity to rectify this, if possible. ZonMw will inform you of this as soon as possible after the deadline, explaining which section needs to be supplemented or amended in order for your application to be eligible for assessment. **You will then have two working days to make the necessary changes and resubmit your detailed grant application.**

3.2 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:

- **Interim and final reporting**
  Each project must submit at least one interim report and a final report. The formats for these reports will be provided by ZonMw. The requirements for the final report depend on the scope of the project.

- **Programme meeting**
  To facilitate action-based learning, ZonMw will organise a programme meeting once a year. All Line 1 projects will be invited to participate in these meetings, where the approved projects can share their preliminary results and experiences. The meetings also provide an opportunity for the programme committee, participants from other approved projects and originally interested parties to be informed, ask questions and give solicited and unsolicited advice. There will be no more than two programme meetings, which will take place no later than six months after the project is completed.

- **Conditions for knowledge transfer**
  ZonMw strives to make the projects it funds widely accessible; therefore, the ten principles for Socially Responsible Licensing should be applied when licensing project outcomes. 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.

- **Collaboration agreement**
  Final agreements regarding collaborations 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 Letters of Commitment/Letters of Intent should be submitted along with the detailed grant application.

- **Data management plan (DMP)**
  The data management plan must be submitted directly after the detailed grant application is accepted and before the start of the project. Preparation for post-acceptance phase (DMP templates).

4 Assessment and prioritisation

4.1 Assessment procedure

This funding round will consists of two phases: a project idea phase and a detailed grant application phase.

As described in Section 3.1.6, both project ideas and detailed grant applications will be reviewed for admissibility upon submission. Only admissible applications will be subject to substantive assessment.

During the project idea phase, the programme committee has assessed the relevance and overall quality of the project ideas. The committee has selected the most promising projects that best fit the objective of this call for grant applications. The applicants who submitted these project ideas have been invited to flesh out their proposals in a detailed grant application. If you are considering submitting a detailed grant application despite not having received an invitation to do so, please contact doorgangregulierezorgpp@zonmw.nl. within two weeks of receiving the project committee's assessment.

The assessment procedure for the detailed grant application phase consists of the following procedures:

1. The grant application will be assessed by at least two independent reviewers on quality. The reviewers are experts in the field, but not involved in the grant application. The main applicant is then requested to respond to the anonymised review assessments in writing (rebuttal).
2. Applicant are potentially invited to take part in an interview assessment with the programme committee. They will be requested to briefly present their application, after which committee members will ask questions on the application, review assessments and the rebuttal. These questions may relate to all given assessment criteria. If the total number of applications exceeds 8, the review meeting may be based solely on the textual rebuttal resulting from step 1, without the additional interview.
3. The programme committee will provide a final assessment of the application based on the relevance, quality and budget, review assessments, the textual rebuttal and potentially the interview assessment.

Please see the infographic 'Applying for funding in 10 steps' and the procedural information for grant applicants (in Dutch) to learn more about the assessment procedure for grant applications.

4.2 Relevance criteria

Alignment with the scope and objectives of the grant call:

- It is clearly provided how the project contributes to the objective of the grant call and the associated key principles as described in Sections 2.2 and 2.4.
- It is clearly provided how this project relates to the organisation of acute care.
- Explain how your grant application relates to one of the two themes of Line 1, as described in Section 2.3.

Diversity and inclusion:

- Describe how you will involve a diverse group of stakeholders or end users with experiential expertise, including parties from primary and secondary care, throughout all stages of project implementation. By 'involve', we mean that you consult them, seek their advice, collaborate with them, or include them in the decision-making process when preparing the grant application and during project implementation. Experts by experience should also be included in the project team. By 'diverse group of stakeholders', we mean that the experts by experience should not all come from within your own organisation; they should also include your members and people who are not members of your organisation.

Knowledge transfer, implementation and consolidation:
The application must explain:

- What results are expected, to which parties the results are relevant, and how the results will be disseminated.
- What (knowledge) products will be delivered, and how these can be used by relevant parties.
- What agreements are made with relevant parties during the project period for securing and consolidating the results, including during non-crisis times.
- How the results will be secured in the regional context after the end of the funding period, how they will be made transferable to other regions or institutions, and what indicators will be used to monitor the impact of implementation.
- How the project (including any data applications) can be scaled up or implemented nationwide, taking into account standardisation, unity of language and technology, and other uniformity principles.

Use and access of data

Data use

- A clear description is given of the data used to provide insight into care capacity and/or make predictions.
- It is clear how data will be made available to all parties within the consortium and/or the region. This includes the sources, who will process the data and where it will be stored.
- It is clear who owns the developed infrastructures and how these will be funded and maintained after the project period.

Alignment with goals and agreements on digital and hybrid health care and the health care information systems in agreements as IZA, AZWA, HLO.

- It is clear how the data link is set up and to what extent data exchange is possible with existing national infrastructures (as Cumuluz and Generieke Functies).
- It is clear how unity of language and standardisation are ensured, for example through healthcare information building blocks (zibs) and terminology systems such as SNOMED CT.
- It is clear how the project ensures that both attending healthcare providers and care recipients can easily and securely access the data.
- It is clear how the chosen digital applications and platforms meet the requirements of existing guidelines such as the guideline applications and algorithms by Digizo.nu.

FAIR data management

- ZonMw encourages the optimal use of data. You do not need to submit a data management plan until your application has been approved. If you will not be collecting new data and/or using existing data, please state this in your grant application.
- The webpage Instructions on FAIR data management for grant applicants explains how projects can ensure the reusability of FAIR data and metadata. The guiding principle is that existing data files should be used wherever possible. If new data is collected, existing standards, models and terminologies should be adhered to as much as possible.

4.3 Quality criteria

Problem definition and objective:

- The objective of the grant application is clearly described.
- The objective aligns with the scope of this grant call. It also provides insight into how care coordination is currently set up and how this will be improved by the data application for capacity management and/or prediction.

Approach:

- The strategy is clear, feasible and appropriate for achieving the objective.
- The strategy includes concrete descriptions of the activities you will carry out. We recommend using Grol and Wensing's model for this purpose (see also the ZonMw implementation plan). For tips on how to write an implementation plan, visit the ZonMw website.
- The strategy clearly sets out the role of each party within the consortium and explains how collaboration will take place.

- The strategy clearly describes how the digital tool or initiative will remain available, including in non-crisis times. It also provides an overview of any agreements on funding and the availability of the necessary infrastructure.

Feasibility:

- The project has a clear and feasible schedule with a maximum duration of 18 months. Activities aimed at securing the project's results are also included in this schedule.
- The grant application clearly explains how the project's objective can be achieved without exceeding the budget. If this is not the case, it outlines how the additional costs will be covered.

Consortium:

- In the 'Project group members' section of the application form, the applicant must clearly indicate which parties will participate in the consortium, and which parties will be hired as external contractors.
- The grant application clearly shows that the consortium meets the conditions set out in Section 1, and clarifies whether the hiring of external experts has been considered if specific expertise is not available within the consortium.
- The project group has proven expertise in implementation, data availability (health data and data sharing) and data management, and is thus able to ensure quality, effectiveness and compliance with laws and regulations within the project.
- The grant application clearly describes how the consortium is structured. It also lists the participating parties and explains their respective roles, and outlines how collaboration will take place.
- The grant application clearly explains how the project will collaborate with existing organisations and partnerships in the region, including those involved in acute care coordination.

4.4 Prioritisation

The assessment committee will consider both the relevance and quality of detailed grant applications in assessing and prioritising the applications. Committee members will score each proposal in terms of quality (1-4) and relevance (1-3). For more details, see the matrix below.

The applications will be ranked based on these scores. Grant applications must at least be assessed as Adequate and Relevant to be considered for funding; applications with lower scores will not be eligible for funding. When determining priority, the proposals assessed as Highly relevant will be considered first, followed by those assessed 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, in given order:

1. the potential for nationwide scale-up
2. the geographical distribution of the applications;
3. proven partnerships;

Relevance (1-3) ***Quality (1-4)***	**Highly relevant**	**Relevant**	**Largely irrelevant**
Good	1	3	Reject
Adequate	2	4	Reject
Poor	Reject	Reject	Reject
Insufficient	Reject	Reject	Reject

5 Submitting your application

5.1 Submission via My ZonMw

Detailed grant applications may only be submitted by the main applicant using ZonMw's online application system (My ZonMw). The deadline for detailed grant application submissions is Tuesday 20 October 2026, at 14.00.

5.2 Tips

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

We recommend that you download a Word version of your application (from My ZonMw) and that you carefully review your application for errors before submitting it digitally. Please note that some characters (such as quotation marks) may not be copied correctly if you wrote your application in Word and then pasted it into My ZonMw. You can correct these errors manually in My ZonMw.

5.3 Statement of agreement for submission of detailed grant application

The 'Statement of agreement for submission of detailed grant application' must be signed by the individual with administrative responsibility and the main applicant. The signed statement can be added to the application in My ZonMw or sent by email no later than one week after submission to doorgangregulierezorgPP@zonmw.nl.

5.4 Substantive questions

If you have any substantive questions, please contact Anne Ruth Schaaphok via doorgangregulierezorgPP@zonmw.nl.

5.5 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 8.00 and 17.00 (+31 70 349 51 76, servicedesk@zonmw.nl). If you send an email, please include your telephone number so that we can call you if necessary.

5.6 Downloads and links

The ZonMw website provides more information on:

- ZonMw's General Terms and Conditions Governing Grants
- Applying for funding in 10 steps
- What must I submit?
- Conditions and obligations
- Assessment of grant applications
- Grants and Collaborations/contributions from third parties
- State aid exemption
- FAIR data management
- Open Access
- Implementation and impact
- My ZonMw Manual
- Statement of agreement for detailed grant application
- Continuation of Regular Care – Pandemic Preparedness

6 Annexes

6.1 Annex 1 – State Aid – GBER

Please note: thise section is only relevant if part of the grant will awarded under the GBER. See section 3.1.3 of this call.

To qualify for a grant under the General Block Exemption Regulation (GBER), in addition to the substantive criteria of this call for grant applications, applicants must meet a number of specific requirements under the GBER. You can find these below.

- ZonMw will not award a grant if it is not sufficiently plausible that your application meets all the definitions and conditions of the GBER, or if – in the opinion of ZonMw – awarding the grant would lead to awarding state aid unlawfully within the meaning of Article 107 of the Treaty on the Functioning of the European Union (TFEU) [3].

- ZonMw will not award a grant if the date of commencement of the work on the project or the date of commencement of the activities is earlier than the date of submission of the grant application[4].

- ZonMw will not award a grant to undertakings against which a recovery order has been issued as a result of a previous decision by the European Commission declaring aid granted by the Netherlands to be unlawful and incompatible with the single market[5]. When submitting your grant application, please attach a completed and signed Declaration order for recovery of state aid (in Dutch).

- ZonMw will not award a grant to undertakings in difficulty[6]. When presenting your grant application, please attach a completed and signed Declaration undertaking not in difficulty.

- Accumulation of grants or other types of state aid for the same eligible costs (entirely the same or partly overlapping) may not result in exceeding the maximum aid intensity. If an administrative body or the European Commission has awarded a grant for the same eligible costs (entirely the same or partly overlapping), ZonMw will only award an amount such that the total amount of the grant does not exceed the amount that may be allocated based on the GBER[7]. When submitting your grant application, please attach a completed and signed Declaration on the accumulation of state aid.

[3] Section 1(5) GEBR
[4] Section 6 GEBR
[5] Section 1(4)(a) GEBR
[6] Section 1(4)(c) GEBR. Financial difficulty as referred to in Section 2(18) of the GBER.
[7] Section 8 GEBR