



NIERSTICHTING

Je nieren zijn je leven.

Dutch Kidney Foundation

Call for Pre-proposals

Consortium Grant 2020

Information Sheet 18 December 2019

The Dutch Kidney Foundation (DKF) Grant Requirements ('Subsidievoorwaarden Nierstichting Nederland') apply to all awarded DKF subsidies as well as all proposals for DKF subsidies. Applicability of general and other conditions of the applicant, the applicant's institute and of third parties is explicitly excluded.

Disclaimer

The execution of a DKF Call for proposals, selection of pre-proposals for full application and positive DKF grant award decisions are conditional on DKF revenues and budgetary means. The DKF explicitly reserves the right to cancel an initiated Call for proposals, to suspend a running procedure or to lower a grant amount in relation to earlier statements.

Grant

The Consortium Grant is an initiative of the section Healthcare & Innovation (C&I) of the Dutch Kidney Foundation (DKF). The advisory board for this call is the International Scientific Advisory Board (ISAB). The C&I Program Committee (PC) has decision authority.

Call and Budget 2020

- The Consortia Grant is part of a Call for Pre-proposals. The deadline for this call is **Wednesday the 11th of March 2020**, 23:59h (digital). The deadline for full applications is expected at **Wednesday the 5th of August 2020**.
- The total available budget for this call is € 1.500.000.

Scope

This call is open to all topics relevant to kidney patients and/or prevention of (progression of) chronic kidney disease (except renal cancer) and to all types of research ranging from basic to implementation and from behavioural to social to medical research, within the conditions of this grant.

Aims

Funding translational research consortia in order to:

- initiate more translation and application of renal research
- stimulate the internal cohesion and collaboration within the Dutch renal research field
- enhance the international weight and quality of Dutch renal research.

Applicant

The applicant of the Consortium Grant proposal is the Consortium Principal Investigator (PI). The PI is a leading researcher with a strong track record in renal research whose working base is a research institute in the Netherlands. Younger candidates are explicitly included for eligibility. The PI is affiliated to, not necessarily employed by, a Dutch UMC department of nephrology. The PI is the first responsible for management and execution of the Consortium.

Criteria and Priorities

Pre-proposals and selection for full applications are assessed using the criteria listed below:

- **Consortium Coherence** → *the internal strength of the proposed project and the expected synergy of the consortium*
- **Linking Basic and Applied Research with a Translational Perspective** → *how the proposal is directed at translational research and how it is aimed at reaching impact*
- **Broad Impact** → *the expected impact of the proposal for patients, risk groups and/or the general public as well as the impact from a scientific, clinical/preventive and societal perspective*
- **Strategic and International Value** → *the matching of the proposal with science and policies on a national ('[Beating Kidney Disease](#)', the strategic agenda and mission of the Dutch renal field) and international level*

Full proposals are assessed on call specific criteria, relevance and quality using the criteria listed below. A detailed description of the relevance and quality criteria can be found in the 'DKF Criteria Set' on our website for professionals.

Relevance

- Innovative potential
- Impact for patients, risk groups and/or the general public
- Scientific impact
- Clinical/preventive impact
- Societal impact
- Cost-benefit
- Choice of target group(s)
- Knowledge transfer, implementation and follow-up

Quality

- Rationale and intervention
- Quality of the individual groups and research environment
- Work plan
- Human studies
- Animal studies
- Approach and feasibility

Consortia criteria

- Consortium Coherence
Is the research program well-focused and structured? Is the division into project areas and individual projects convincing? Do the individual projects clearly fit in with the overall goals? Is each research group's expertise essential in the proposed research program? What is the potential for cooperation between the individual projects? Are productive collaborations in place? Are synergies to be expected? Are the consortium's self-monitoring and control set up adequately? Are management and administration handled appropriately?
- Linking Basic and Applied Research with a Translational Perspective
Does the proposal connect basic and applied research in an inherently necessary and meaningful way in view of the expected clinical outcome? Are there realistic and important prospects for clinical applications and/or medical developments? Is the expected time scale of this within short or medium term (five or ten years after beginning the proposed research)?
- Strategic and International Value
How is the proposed consortium positioned internationally? What are its prospects in international competition? What is the international visibility? What relationships exist to thematically related institutions or larger projects, including those at other locations? How does the project match with (inter)national science policies? How does the project fit in with 'Nierziekte de Baas', the joint Dutch renal strategic agenda for innovation and research (in English 'Beating Kidney Disease') and the [Dutch National Research Agenda](#).

Proposals are assessed on relevance and quality from the patient's perspective according to the following criteria:

- Relevance for (future) patients
- Patient reported outcome measures
- Feasibility and risks
- Information and support
- Patient participation
- Communication of results

Conditions

The DKF General Funding Requirements (1 January 2017) apply. Additional conditions are described below.

1. Grant

- Proposals submitted to this call can not be submitted in other DKF calls in the same calendar year. This applies to pre-proposals (whether they are selected for full application or not) as well as full applications.
- The grant application budget is calculated with the DKF Project Funding Model (PFM), which awards standard personnel years in different categories. For more information, see the PFM information sheet on our website for professionals.
- A Consortium Grant awards up to € 1.500.000 for a research period of 4 up to 5 years. (Proposals for smaller projects can be submitted in the DKF Innovation Call, PhD Student Call, Kolff Call and Collaboration Call. Note that specific conditions apply.)
- A proposal may include a budget for extra expenses (outside the PFM lump sums for personnel years) for fees for patient representatives, equipment and consumables, and for outsourcing technical parts of the project. This budget for extra expenses must not exceed 20 percent of the total requested budget. The extra budget for outsourcing (as part of the budget for extra expenses) must not exceed 10 percent of the total requested budget. This budget for extra expenses and its motivation have to be specified on the application form. The total maximum budget for a Consortium Grant remains € 1.500.000. The DKF will assess the proportionality of the extra budget proposed.
- The Consortium Grant is co-funded in cash or in kind by the participating university medical centres (UMCs) or research institutes.
- A Consortium Grant can be co-funded by other organizations and companies. In that case:
 - There are no (potential) conflicts between the conditions and requirements of the Consortium Grant and the conditions and requirements of the co-funder(s);
 - Co-funding is unconditional with respect to intellectual property rights and publication of results;
 - A contract for co-funding must be approved by the DKF.

2. Collaboration

- A Consortium is a collaboration of at least 3 research teams from at least 2 different UMCs or research institutes. The proposed collaboration is of intrinsic value.
- Existing and new collaborations can submit in this call, including collaborations of projects that have acquired a Consortium Grant earlier of which the formal end date falls before the deadline of the full applications for this call.
- The DKF requires a Consortium whose proposal is accepted for full application to start a collaboration with the Dutch Kidney Patient Association (Nierpatiëntenvereniging Nederland) aiming to involve patients during the set-up of the project.

3. Participation

- The majority of the participating research teams belong to a UMC or a research institute in the Netherlands.
- The majority of the participating research teams belong to a nephrology department, or if not belonging to a nephrology department, have their main focus on renal research.
- First exception, the participation of 1 or 2 research teams based at an institute outside the Netherlands ('foreign teams') is encouraged under the following conditions:
 - The foreign team has its main focus on renal research;
 - The grant budget of foreign teams is calculated in accordance with the DKF Project Funding Model. At most 33 percent of the total requested budget can be allocated to foreign teams.
- Second exception, the participation of 1 or 2 research teams not having their main focus on kidney research ('non-renal teams') is admitted under the following conditions:
 - The non-renal teams contribute to the Consortium in accordance with the DKF Project Funding Model. At most 33 percent of the total requested budget can be allocated to non-renal teams.
- The expertise of each research team is indispensable to realize the research program goals.
- On the whole, the majority of the UMCs or research centres of a Consortium is located in the Netherlands.

4. Research

- A Consortium is focused on an important renal research theme and has well-defined goals. It is expected to contribute to innovation in renal research, therapies and patient care.

- The research within a Consortium may vary from basic to applied and belongs to one of the following disciplines:
 - Clinical nephrology and epidemiology;
 - Dialysis;
 - Kidney transplantation;
 - Paediatric nephrology;
 - Regenerative nephrology;
 - Renal genetics;
 - Renal immunology and pathology;
 - Renal physiology and cell biology;
 - Social and behavioural nephrology;
 - Vascular biology and inflammation with relevance for renal disease.
- A Consortium research program consists of at least three work packages. A work package is a conceptually relatively independent project which is directed toward reaching the goal of the research program. Work packages are tightly interconnected in the overall organization of the project.

5. Translational perspective

- A Consortium aims at connecting basic and applied research and at stimulating translational research and application of research results.
- A Consortium strives for a high number of physician researchers as direct participants in carrying out the research.
- A Consortium project is aimed at application of the research results in clinical practice within seven years after the formal start of the project.

6. Agreements, Data Sharing and Intellectual Property Rights

- After a Consortium Grant has been awarded, the Consortium participants must sign a Grant Agreement with the DKF and a Consortium Agreement between themselves. Templates for the agreements are provided by the DKF.
- Consortium participants shall comply with the DKF Data Sharing Policy and GDPR. Participants must strive for rapid and wide availability without restrictions of research data resulting from research funded by the Consortium Grant. Data availability may be delayed as a consequence of procedures for protection of intellectual property rights (IPR). A Data Sharing Plan is part of the Consortium Agreement.
- IPR protection is handled according to the ownership follows inventorship principle.
- IPR management must be conducted in collaboration with the DKF and the IPR departments of the participating research institutes. The Consortium timely informs the DKF of any plans and activities regarding IPR protection and licensing or IPR transfer to third parties.
- The DKF will not develop an IPR portfolio.
- The DKF may challenge planned IPR protection or patent usage that it considers to be inhibiting or restraining scientific endeavour, renal research or advances in renal patient care/prevention of CKD.
- Data and IPR management plans must be specified in the full grant application.
- Consortium participants must timely report to the DKF any results that are of value for the communication of results of DKF projects: e.g. forthcoming publication in a prominent scientific journal, forthcoming publication of research results that have a high impact on patient care, etc.

7. Publications

- The DKF encourages research groups to implement and follow the ARRIVE (Animal Research: Reporting of In Vivo Experiments) guidelines in the design and reporting of animal research to increase its reproducibility and quality.
- The DKF supports and encourages Open Access publishing, preferably via the Gold Route which makes the final version of an article freely and permanently accessible for everyone, immediately after publication. More information can be found on openaccess.nl.

8. Patient Involvement

Patients must be involved in the early stages of a project proposal for participation and/or advice. A PI whose pre-proposal is accepted for full application must involve patients in the Project Team and/or must involve patients to advise about the project when writing the full proposal. A first step in

establishing patient involvement is to contact the Dutch Kidney Patient Association (Nierpatiënten Vereniging Nederland), a local kidney patient association or an organization supporting patients with a specific kidney disease. Please take care contacting patient organizations in an early stage.

9. Symposia

The DKF strongly encourages project teams to organize symposia to strengthen cohesion and collaboration, to improve project impact and to promote dissemination, transdisciplinary exchange, communication and publicity of the results. Support for direct costs can be requested in the separate Consortium Meeting Grant. More information, incl. conditions that apply, can be found in the Infosheet Consortium Meetings.

Application and Assessment Procedure

- A Consortium Program funding round has a call for pre-proposals followed by full application upon invitation. Full application without pre-application is not admitted.
- Pre-proposals are assessed by the DKF on complying with the conditions.
- The ISAB advises the DKF on selecting pre-proposals for full application.
- The DKF decides on selection of preproposals for full application. Pre-proposals are either accepted for full application or rejected.
- Consortia whose pre-proposals are accepted for full application involve patients during the set-up of the project via the Dutch Kidney Patient Association.
- Full proposals are reviewed by at least three international reviewers. Possible conflicts of interest are to be avoided in appointing reviewers.
- Applicants have the opportunity to write a rebuttal.
- Individual ISAB members provide a summarizing assessment of each full proposal based on the reviews and the rebuttal.
- The ISAB discusses the applications in an ISAB meeting and provides a final advice with priority ranking to the DKF.
- The grant award decision by the DKF is expected in December 2020.
- Pre-proposals, full proposals and rebuttals are written in English. For all submissions, the most recent versions of the relevant DKF forms are used.

Monitoring

Consortium projects are monitored by the ISAB and the DKF by means of progress reports and review meetings. In consultation with the consortium, the DKF schedules at least four review meetings throughout the duration of the project as funded by the DKF. A positive decision by the DKF after the Midterm Review is explicitly required for continuation of the project. More information is provided in the Evaluation Plan and Infosheet Consortium Meetings.

Information

More information can be found on our [website](#). For questions about this call please contact our Secretary Healthcare and Innovation, research@nierstichting.nl or +31(0)35 697 8015.