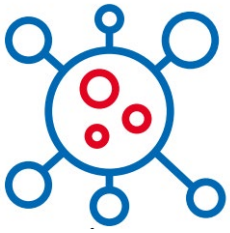
Explanation of the 2021 Synergy partnership for HIV Cure

This Synergy partnership aims to accelerate a cure by:

- Investing in impactful research project(s) that span across institutes and disciplines.
- Accelerating of the development and uptake of a cure through an investment in linking and learning among professionals and stakeholders involved in cure.

The Synergy partnership consists of two pillars:

1. ***Connective Impactful research projects to accelerate a cure:*** Project(s) that accelerate a cure by focusing on the potential synergy among existing projects and span across institutes and disciplines.
2. ***Linking and learning between NL4Cure partners:*** a sustainable, continuous and integrated knowledge flow on HIV Cure related topics for all stakeholders: especially PLHIV, HIV physicians, HIV nurses.



This document is an appendix to the 'Synergy partnership' document and it consists of the following parts:

- Our procedures
- Our criteria: eligibility and assessment criteria
- Explanation of the application form & budget form

We have tried to make sure we gather all information necessary to review the proposals and to come to a funding decision. However, it is possible we are missing essential information. In this case we will contact the project leader. The project leader is responsible for supplying the requested information and to do it in a timely manner.

How to submit a proposal

Proposals for the 2021 Synergy partnership need to be submitted only via our **online application form.** The link to the form will available in august our website.
The complete application needs to be submitted not later than **Monday the 20th of September 2021, 11:00 CEST**. If you have any questions about your application or the application process, please contact us by e-mail before the deadline has expired at research@aidsfonds.nl. We aim to respond as quickly as possible. After the submittal deadline, incomplete or otherwise incorrectly submitted applications will be declared ineligible. For details see our list of criteria in the chapter of this call.

Who can apply?

Project leaders from Dutch organisations with relevant experience in HIV cure.
We prefer to receive one application. This may consist of separate parts and several 'penvoerders' but synergy must be clear. If more than one application is filed, selection might be needed.

Before you start

Engagement of people with HIV

Aidsfonds values the involvement of people with HIV in HIV-Cure related activities. Involvement can be done at different levels (informing, advising, co-creating, etc.) and at different stages (preparation of the project plan and planned activities, recruitment of participants, dissemination of results). In this partnership we expect a plan of how involvement of people with HIV is meaningfully embedded. An integral part of the assessment procedure is that your project proposal is reviewed by a panel of people with HIV. In the application form we provide you with guidelines on how to most optimally inform this panel of your project plans.
For more information about engagement of people with HIV please visit participatiecompas.nl and www.participatiematrix.nl.
We strongly advise you to involve people with HIV early on. Please be aware that if you would like their involvement in your project, they will need reasonable time and appropriate reimbursement for their provided time and efforts.

Our procedures

Application assessment process

- In consultation with the chair of the Scientific Advisory Board (SAB; in Dutch "Wetenschappelijke Adviesraad"), Aidsfonds assesses the eligibility and admissibility for further assessment, based on the below mentioned admissibility criteria.
- (Inter)national external referees will peer-review the applications based on the assessment criteria (see below). We aim for a minimum of two and a maximum of four referees per application. A panel of representatives of people living with HIV (PLHIV) will review the applications based on relevance and involvement of PLHIV in research.
- The applicant has the opportunity to submit a rebuttal to the anonymized review reports.
- The quality of the review reports will be assessed by the SAB after the rebuttal is received. The board is free to divert from the reviewers' assessments.
- (A selection of) applicants will be invited to give a presentation to explain their proposal. This selection, based on the assessment criteria, may be made by the SAB depending on the number of applications. Applicants who are not invited to give a presentation will be informed by e-mail. This also means that for these projects the Scientific Advisory Board will give a negative grant advice to the Executive Director of Aidsfonds.
- The presentations will take place in November. This will be face-to-face unless COVID-restrictions do not allow meetings in person.
- The SAB including representatives of PLHIV weighs and internally discusses the applications, making use of the application, reviewer reports, rebuttals, Aidsfonds' previous experiences with the applicants, the aim of this call, and Aidsfonds' organisational strategy. If the requested budget exceeds the available budget, the SAB will give an advice on which one(s) to fund.
- The SAB has the opportunity to request a revision of the application. The applicant will be given at least five working days to submit a revised version of the application.
- The SAB will formulate a grant advice for the Executive Director of Aidsfonds.
- Based on the advice of the SAB, the Executive Director of Aidsfonds decides whether an application is eligible for a grant. In principle, the Executive Director of Aidsfonds has discretionary power to decide which proposals are funded.
- Each applicant will receive a message about the funding decision along with the considerations in **December 2021**.

Timeline

Cohort call	Dates (provisional)
Call open	June 2021
Deadline to submit your proposal	Sept 20th 2021 11.00 CET
Rebuttal	Mid- End October
Pitches in presence of the Scientific Advisory Board including PLHIV representatives	November
Funding decision by Aidsfonds' Executive Director	Mid-End December

Due to circumstances it might be necessary to adjust the timeline during the assessment procedure and/or request additional information about the cohort from the applicant. If this is the case, we will contact the applicants by email.

Our criteria

We kindly ask you to take note of the criteria mentioned below, as they will be applied strictly.

For this call the grant regulations ("Voorwaarden)" and Terms and Conditions as listed on the Aidsfonds' website apply. By submitting an application, the applicant is aware that these Terms and Conditions will apply and that these are non-negotiable.

Eligibility criteria

Applicant

- An applicant is allowed to be the main applicant *only once*. In cases where a person submits more than one application, the one we receive first will be dealt with.
- For the research part: The applicant (project leader) must (soon) be employed at a widely recognised Dutch institute for scientific research and must hold a PhD in the relevant discipline and have experience with managing large projects.
- For the linking and learning part: The applicant (project leader) must (soon) be employed at a recognized organisation and have relevant experience in the HIV field and managing large projects.

Application

- The application must contribute to an HIV Cure and to the NL4Cure research agenda.
- The application must contribute to impactful research project(s) that span across institutes and disciplines and/or acceleration of the development and uptake of a cure through an investment in linking and learning among professionals and stakeholders involved in cure.
- The application must have a clear impact-route[i] [ii], addressing the aspects of the aim and the deliverables.
- If more than one application is submitted, the harmonization/ connection between the individual parts must be clear.
- The project must be hosted in the Netherlands.
  However, collaboration with international universities or research institutes can be submitted and funded. A clear explanation of the added value for the project must be provided by the applicant;
- The application must be written in English; unless specifically mentioned otherwise.
- The Dutch information in part 3 must be easy to understand for non-scientific skilled lay-men and well written in Dutch. If not, the application is not eligible.
- The application must be submitted via our online application form, following the guidelines and before the given deadline;
- The application must be co-signed by the financial manager of the section or department and by the competent authority of the institute where the applicant is working (based on the valid mandate arrangements);
- The project must start before the 1st of March 2022. If not, the project grant will be withdrawn;

Budget

- The budget that is applied for consists of staff costs and material costs. Aidsfonds follows the "Agreement Funding Scientific Research".

Assessment criteria

The following aspects play a role in the assessment process:

This Synergy-partnership aims to accelerate a cure as follows:

- by investing in impactful research project(s) that span across institutes and disciplines.
- by accelerating of the development and uptake of a cure through an investment in linking and learning among professionals and stakeholders involved in cure.

This partnership will build on the strengths of the cure field in the Netherlands, aims to offer incentives for collaboration and allows the partners to strengthen their collaboration. With this partnership we will also accelerate a cure by positioning NL4Cure in the international Cure field. In the design and execution of this partnership, the NL4Cure partners are in the lead. This will demand strong collaboration and engagement of partners.

a) Project aim rationale

- Relevance and impact for HIV Cure.
- Connection to the NL4Cure research agenda.
- Building upon the strengths of the Dutch field and connecting to existing platforms and projects where possible.
- Open & collaborative process which allows new people to join.

b) Project specification

- Feasibility
  This includes: quality of the work plan, adequacy of the method, realistic planning, identification of risk factors, and efficient staffing and budget for the duration of the project.
- Impact: as addressed in the impact plan. (including addressing the aspects of the aim and the deliverables).
- Delivering the expected deliverables as listed in the 'Synergy partnership' document.
- Involvement of people with HIV
  This includes a clear rationale on the involvement at the different stages of the project.
- Quality of the applicant and collaborators.
  This includes the expertise and potential of the applicant and collaboration. The quality of projects that received grants previously from Aidsfonds might be taken into consideration as well.

c) Relevance for Aidsfonds

This includes relevance for the aim of this call and Aidsfonds' organisational strategy, for the NL4Cure HIV cure research agenda, and for people living with HIV.
In addition, the diversity in proposed projects and attractiveness to the general public might play a role in the grant advice of the SAB and/or in the final decision of the Executive Director of Aidsfonds.

Applications that do not fully meet the criteria will be declared 'ineligible'. Ineligible proposals will be irreversibly excluded from the assessment procedure.

Explanation of the Application form

The application should be submitted only via our **online application form**.
This document provides an explanation to the application form.

The application form consists of the following parts:

1. General information and project information: for the pillar Research (*in English*, for experts), filled-in by the lead agency for this part.
2. General information and project information: for the pillar Linking and Learning (*in English*, for experts), filled-in by the lead agency for this part.
3. Project information per pillar *in Dutch* (non-scientific language, for public and 'doelgroepen' beoordeling).
4. General information for internal use: to be filled in by all lead-agencies.
5. Use of human product, animal models and biological risk: Aidsfonds strongly discourages the use of animal models. Filled in by the scientific research lead organization (and by the Linking and Learning if relevant).
6. Financial information from each lead agency. Budget per lead agency (download the excel from the website).
7. Completed annexes by each lead agency.

Part 1: Project information: Research

Connective Impactful research projects to accelerate a cure: Project(s) that accelerate a cure by focusing on the potential synergy among existing projects and span across institutes and disciplines.
If more than one project is created, each project should fill in this part.

1. **Project title in English for laymen**

Please list a title as short and specific as possible in English (max. 15 words).

2. **Project acronym** (if applicable)

3. **Principal Investigator**

Name, affiliation

4. **Co-participants**

Name individual co-participants and collaborators and their affiliation.

5. **Duration**

State the duration of the project in years (max 4 years).

6. **Start date**

The project should start by March 2022.

7. **Requested budget**

Please make sure this information matches with the budget form. *Please only use numbers, no dots and/or comma.*

8. **Pitch your project: English laymen summary**

Pitch your project here in 125 words. Address the *what*, *why*, *who*, *where* and *how* of your project.

Project Rationale:

9. **Overall project aim including relevance for cure and background** *(max. 500 words)*

What is the aim for this application? Why is it relevant for cure and what is the background of the field/project.

10. **Work packages and research questions**

What are the work packages and sub research questions of your project? A maximum of four questions of max 50 words per question is allowed.
Make sure the question (hypothesis) is clear and specific. The aim should be directed at the results, not at the effort/activity.

11. **Explanation of the project structure and collaborators**

How is each part structured, who are involved, in what part and what are the roles and responsibilities. Who are the lead agencies.
Explanation of the structure: what the different components are and how they are connected, complementary and have added value.
First name applicant, surname applicant, institute applicant and the department.
Role and responsibility. There is an opportunity to upload a figure.
Upload also a document that serve as a MoU (memorandum of understanding, signed by all participating partners)

12. **Focus of the project in relation to the research agenda**

Please indicate what topic and subtopic of the research agenda in Appendix I of the 'HIV cure research topics' your project focuses on.

13. **How does this project make use of existing projects and how does it create synergy with other research projects?**

14. **To which specific currently running projects does it link?**

Aidsfonds funded (refer to the name and number of AF funded project, see appendix) and non-AF funded.

15. **Explanation of the process to create this proposal:**

Explain what the process has been and how it has ensured to create the most impactful project, making use of the partners in the (cure) field and giving new people the opportunity to join.

Project Specification:

Work plan: Quality and feasibility:

The applicant has the opportunity to attach one A4 page for the impact route, figures and illustrations. The legend should be added to the application form (and not in the attachment). The figures/illustrations should be clearly readable when the attachment is printed on A4 sized paper.

16. **Design and planning** *(max. 1000 words)*

Describe how you will answer the research question. Be sure to be specific. Include a timeline per year and per research question milestones and when the progress on the outputs will be reached and - if applicable - go/no go milestones.

17. **What is the impact route** (possible to use an illustration)

What will be the impact and how will it be reached. Make sure to use the ZonMw provided information to build a plan/ application with a clear impact-route[iii][iv], addressing the aspects of the aim and the deliverables.

18. **Expected output per research question**

Output consists of the measurable products of a project, for example published peer reviewed articles, reviews, book chapters, instruments, infrastructure, datasets, software tools or designs, patents, reports (policy based or adaptations of guidelines), patents/licenses, and new medication.

19. **Result dissemination and implementation**

How will you ensure dissemination and implementation? Explain how the results will be disseminated. Do not limit this to 'scientific publication'. Explain what the next steps would be to implement the results or for further research to reach the next step (e.g. in vivo studies, clinical studies, adaptation of clinical guidelines). Explain what the role of the applicant will be to ensure knowledge transfer.

20. **How will there be cconnection to international cure-initiatives resulting in positioning of NL4Cure in the international cure field?**

For example: outreach of NL4Cure to the Delaney collaborations[v] at science and community (board) level.

21. **Communication, exchange and synergy between the research and linking & learning.**

How is the communication and knowledge exchange between the pillars organised. What are the specific plans and expected outputs/ deliverables. What is the synergy between the pillars? Make sure this is integrated in the work plan and appropriately budgeted and structured.

22. **What are the activities to engage stakeholders and researchers at all levels (e.g. at PI's but also post-doc/ PhD students) across disciplines and/or institutes.**

Make sure this is integrated in the work plan and appropriately budgeted and structured.

23. **Risk factors** (min. 50 words)

What are possible risk factors for the feasibility of the project? How will you approach them?

24. **Are patients or target groups involved in the design, execution or results dissemination of this project?** (For more information, see this article)

What have you done to make this project patient- and/or target group-focused? Are patients or target groups involved in the design, execution or results dissemination of this project? If yes, how? If no, why not?

25. **Experience, motivation and potential of the partners** *(500 words)*

What is the experience, motivation and the potential of the partners? Aidsfonds would like to encourage young investigators who do not have a track record yet, but might have the potential to be the next generation of AIDS researchers.

26. **Scientific publications of the applicant and research group** ***(max. 5)***

Also provide a URL.

27. **Excellence of the research proposal** *(max. 200 words)*

Every year, the number of high-quality applications and the total amount of money applied for is much higher than the available budget of Aidsfonds. The scope of the projects covers all areas of HIV/AIDS prevention, treatment and care, ranging from basic immunology to social sciences. Please explain why Aidsfonds should specifically fund you and your project.

28. **Some of the deliverables are encouragements and/or for the applicant to consider whether it is applicable. Explain which of the following are incorporated: If yes, how. If not, why?**
    - This pillar can be combined with the linking and learning pillar by interchange of personnel and/or bringing in international expertise (knowledge/technical).
    - If applicable, bring recently developed COVID-knowledge that can be useful for HIV Cure into the HIV Cure field (e.g. mRNA vaccine technique).
    - We encourage involvement of new people/ partners/ organizations.
    - We encourage the inflow of new talent and the career-development of current young investigators.

29. **Have you requested budget for international collaboration?** If yes, please explain the added value for the project and what the gain is for both institutes.

Part 2: Project information: Linking and Learning

Sustainable, continuous and integrated knowledge and collaboration for all stakeholders.

1. **Project title in English for laymen**

Please list a title as short and specific as possible in English (max. 15 words).

2. **Project acronym** (if applicable)

3. **Principal Investigator**

Name, affiliation

4. **Co-participants**

Name individual co-participants and collaborators and their affiliation.

5. **Duration**

State the duration of the project in years (max 4 years).

6. **Start date**

The project should start by March 2022.

7. **Requested budget**

Please make sure this information matches with the budget form. *Please only use numbers, no dots and/or comma.*

8. **Pitch your project: English laymen summary**

Pitch your project here in 125 words. Address the *what*, *why*, *who*, *where* and *how* of your project.

Project Rationale:

9. **Overall project aim including relevance for cure and background** *(max. 500 words)*

What is the aim for this application? Why is it relevant for cure and what is the background of the field/project.

10. **Work packages and activities**

What are the work packages and activities of your project? A maximum of four sections of max 50 words per question is allowed.

Make sure the question (hypothesis) is clear and specific. The aim should be directed at the results, not at the effort/activity.

11. **Explanation of the project structure and collaborators**

How is each part structured, who are involved, in what part and what are the roles and responsibilities. Who are the lead agencies.

Explanation of the structure: what the different components are and how they are connected, complementary and have added value.

First name applicant, surname applicant, institute applicant and the department.

Role and responsibility. There is an opportunity to upload a figure.

Upload also a document that serve as a MoU (memorandum of understanding, signed by all participating partners)

12. **Focus of the project in relation to the research agenda**

Please indicate what topic and subtopic of the research agenda in Appendix I of the 'HIV cure research topics' your project focuses on.

13. **How does this project make use of existing projects and how does it create synergy with other projects?**

14. **To which specific currently running projects does it link?**

Aidsfonds funded (refer to the name and number of AF funded project, see appendix) and non-AF funded.

15. **Explanation of the process to create this proposal:**

Explain what the process has been and how it has ensured to create the most impactful project, making use of the partners in the (cure) field and giving new people the opportunity to join.

<u>Work plan: Quality and feasibility:</u>

The applicant has the opportunity to attach one A4 page for figures and illustrations. The legend should be added to the application form (and not in the attachment). The figures/illustrations should be clearly readable when the attachment is printed on A4 sized paper.

16. **Design and planning** *(max. 1000 words)*

Describe how you will achieve the deliverables. Be sure to be specific. Include a timeline per year and per activity milestones and when the progress on the outputs will be reached and - if applicable - go/no go milestones.

17. **Expected output per work package/ activities**

Output consists of the measurable products of a project, for example published peer reviewed articles, reviews, book chapters, instruments, infrastructure, datasets, software tools or designs, patents, reports (policy based or adaptations of guidelines), patents/licenses, and new medication.

18. **What is the structure (including role, responsibilities)?**

    What is the theoretical framework that you are building on for these activities to be impactful? Evidence based

19. **What is the impact route** (possible to use an illustration)

What will be the impact and how will it be reached. Make sure to use the ZonMw provided information to build a plan/ application with a clear impact-route[vi][vii], addressing the aspects of the aim and the deliverables.

20. **Project monitoring and evaluation and result dissemination**

How will you monitor and evaluate the activities and impact.
How will you ensure dissemination and implementation? Explain how the results will be disseminated.

Aidsfonds has listed deliverables for this part. Explain how each of these will be reached.

21. **How will this project aim at: 'access to and uptake of sustainable and integrated knowledge/information on HIV Cure (research, news and trial participation) to PLHIV, nurses and physicians fitting with their needs'?**

22. **How will this project create a learning program on community engagement in cure research and trials for all involved stakeholders?**

23. **How will this project create a formal and skilled community advisory board and a pool of community advisor/reviewers on HIV cure?**

24. **How will knowledge and tools from international cure community programs be integrated into this program?**

25. **How will connection to international cure-initiatives resulting in positioning of NL4Cure in the international cure field be achieved?**

For example: visibility to Dutch activities by outreach to and engagement with the Delaney collaborations[viii] community (board) level.
What activities will be explored to engage international stakeholders?

26. **Communication, exchange and synergy between the research and linking & learning.**

How is the communication and knowledge exchange between the pillars organised. What are the specific plans and expected outputs/ deliverables. What is the synergy between the pillars? Make sure this is integrated in the work plan and appropriately budgeted and structured.

27. **Risk factors** (min 50 words)

What are possible risk factors for the feasibility of the project? How will you approach them?

28. **Are patients or target groups involved in the design, execution or results dissemination of this project?** (For more information, see this article)

What have you done to make this project patient- and/or target group-focused? Are patients or target groups involved in the design, execution or results dissemination of this project? If yes, how? If no, why not?

29. **Experience, motivation and potential of the partners** *(500 words)*

What is the experience, motivation and the potential of the partners?

30. **Have you requested budget for an international collaboration?** If yes, please explain the added value for the project and what the gain is for both institutes.

PART 3: Nederlandse informatie voor publiek en ervaringsdeskundigen

Onderstaande informatie zal worden gelezen en beoordeeld door mensen die leven met hiv ('ervaringsdeskundigen'). Het is van belang dat de tekst voldoende informatie geeft én begrijpelijk is voor mensen die geen onderzoekers zijn. Zie deze bijlage voor meer informatie. Beantwoord alle vragen in het Nederlands. De ervaringsdeskundigen zullen het project beoordelen op relevantie voor de eindgebruiker en op betrokkenheid van eindgebruikers bij de opzet, uitvoering en implementatie van het project.

1. **Projecttitel** *(max. 20 woorden)*
2. **Naam en affiliatie aanvrager**
3. **Naam en affiliatie samenwerkingspartner**
4. **Nederlandse samenvatting** *(max. 100 woorden)*

5. **Beschrijving van het project**
   A. Project pitch (samenvatting) *max. 200 woorden*
   Omschrijf kort de aanleiding (probleem, urgentie) en achtergrond (wat is al bekend?). Formuleer ook de doelstelling en relevantie van uw project. Kortom: stel u voor dat u in één minuut het project zou mogen toelichten in de lift voor een belangrijk persoon.

   B. Plan van aanpak: methode *(max. 400 woorden)*
   Omschrijf kort de methode waarvoor u gekozen heeft voordat u de volgende vragen beantwoordt. Omschrijf wat, hoe en waarom u het gaat doen. Voeg bij voorkeur een stroomschema van het project toe.

6. **Hoe draagt dit project bij aan het vinden van een genezing van hiv?** *(max. 200 woorden)*

Geef aan waarom dit project van belang is en voor welke doelgroep. Wat is er nieuw aan dit project, welke resultaten verwacht u dat dit oplevert en voor wie? Wat verwacht u na afloop van het project bereikt te hebben en wat draagt dat bij een het vinden van een hiv-genezing op de korte (3 jaar) en lange termijn (10 jaar).

7. **Risico's voor studiedeelnemers** *(max. 150 woorden)*

Wat zijn de risico's voor de studiedeelnemers?

8. **Belasting voor studiedeelnemers** *(max. 150 woorden)*

Wat is de belasting voor de studiedeelnemers? Wat moet een deelnemer precies doen en hoe vaak? Welke activiteiten moet een deelnemer uitvoeren, hoe vaak en waar?

9. **Haalbaarheid van het project** *(max. 150 woorden)*

Omschrijf de haalbaarheid van de studie in termen van werving van voldoende deelnemers, samenwerking met relevante disciplines, aanwezigheid van randvoorwaarden etc.

10. **Participatie van mensen met hiv** *(max. 150 woorden)*
    A. Zijn vertegenwoordigers van de doelgroep betrokken bij het ontwerp, de uitvoering, de verspreiding en/of implementatie van de studie? Zo ja, hoe? Zo nee, waarom niet?

    B. Vul deze matrix in: participatiematrix

11. **Representativiteit** *(max. 150 woorden)*

Biedt u aandacht aan 'diversiteit' als het gaat om de studie-deelnemers? En zijn betrokken cliënt (-vertegenwoordigers) voldoende representatief voor de doelgroep van dit onderzoek?

12. **Ethiek en veiligheid** *(max. 150 woorden)*

Is er al een patiëntenbrief (pif) beschikbaar? (zo ja, voeg deze toe).
Is goedkeuring door de METC aangevraagd of al toegekend?
Geef aan hoe u rekening houdt met de privacy van studiedeelnemers.

13. **Communicatie** *(max. 150 woorden)*

Welke communicatiemiddelen worden in en buiten het project ingezet?
Hoe worden verschillende belanghebbenden op de hoogte gebracht van de resultaten?

14. **Implementatie van de resultaten** *(max. 150 woorden)*

Indien het project succesvol is, wat zijn dan logische vervolgstappen?
Hoe kunnen de resultaten in de praktijk worden gebruikt en op welke termijn kan dit plaatsvinden?

PART 4 - General information applicant - This information will NOT be send to the reviewers

1. **Project leader and contact person**

The project leader is the person accountable for the scientific and financial aspects of the project. Only one person can be listed as a project leader. The project leader is also the main contact person for Aidsfonds during the application procedure. The email address listed here, will be used by Aidsfonds to correspond about the application process. The project leader is responsible for informing Aidsfonds about changes in contact information during the procedure.

2. **Organisation name and address**
3. **Head of department**

4. **Financial agent**

Please list the name of the person who is responsible for the financial administration of your project. The grant agreement is an agreement between the project leader's organisation and Aidsfonds. If more than one organisation is involved, it is recommended that an agreement between the participating partners is arranged. The organisation of the project leader is responsible for adequate financial management between the participating organisations.

5. **Place of research**

Please list the place where the research will take place. In case it is identical to the institute of the project leader, 'As above' can be listed.

6. **Keywords**

Please list **five** keywords that describe your research ('HIV' is not necessary), for example dendritic cells, apobec, signalling or neurology, behaviour, aging, and MRI.

7. **Research discipline**

Please indicate the research discipline of your project. More than one is possible.
Virology, Immunology, Clinical Research, Social Sciences, Epidemiology, Psychology

8. **Experimental approach:** In vitro / ex vivo / in humans / in animals

Please indicate whether you will make use of any of the enlisted scientific methods.

9. **Project reach** *(max. 20 words)*

Explain how many people will be reached by this project and their circumstances (for example 30 children living with HIV). Please note that these should be those who will be **directly affected** by the project. In the case of basic research this might be the scientific community.

10. **End beneficiary**

Who are the **end beneficiaries** of this project? For example pregnant women, general population (in case of HIV vaccine for example), men who have sex with men, children, or people living with HIV.

11. **Planned start date of the project**

The project should start before the 1st of March 2022.

12. **Participants and collaborators**

Please list the participants and/or collaborators in this project, their role and the amount of time they will work (hours per week). Supervision and/or collaboration is not eligible for financing.

13. **Suggested reviewers** ***(max. 3)***

Suggested reviewers will be taken as suggestions, other external reviewers may be selected by Aidsfonds to review your proposal. The quality and relevance of the suggested reviewers will be thoroughly checked. Collaborators with whom you have worked with since 2007 are not eligible as reviewers.

14. **Excluded reviewers** ***(max. 3)***

Are there reviewers you would like to exclude from reviewing your proposal?

15. **Involvement of members of Scientific Advisory Board (SAB):**

Are any of the Board member closely involved with you or this project and therefore have a conflict of interest?

PART 5: Use of human products, animal models and biological risks

For research and if applicable also for linking and learning.

The questions will be visible in the online portal. This section contains the explanation.

1. **Human test subjects**

Here, you should indicate if symptomatic and/or asymptomatic people are involved in the project. How many people will be involved in the research? Has a request for permission been submitted to a recognised METC, the ACS, the Central Committee on Research Involving Human Subjects (CCMO - *Centrale Commissie Mensgebonden Onderzoek*) or the Population Screening Act (WBO - *Wet op het bevolkingsonderzoek*) Commission? When is the response available? If a request has not been submitted, when is permission required to ensure the time schedule of the research is not disrupted? When asked, the project leader is obliged to show Aidsfonds documents that demonstrate permission has been given before the start of the project - or this part of it - to implement the project's experiments. If not, the grant will be withdrawn.

2. **Test animals**

Aidsfonds does not encourage the use of test animals. We will only take the application into consideration when an explanation that justifies using test animals is given. Moreover, vivisections need to comply with legal requirements (Dutch Animal Testing Act – *Wet op de*

Dierproeven). Therefore, it is obligatory to ask for and receive permission from the relevant commission. Submitted (and possibly granted) research that involves test animals must be in accordance with the aforementioned law. If one or more conditions in this law have received a waiver, this needs to be included in the project description. In accordance with Article 11 of the Dutch Animal Testing Act, only test animals that are specifically raised for this purpose can be used, if possible. Permission of the relevant commission should be given on time, before the start of the project or this part of the project. When asked, the project leader is obliged to show Aidsfonds documents that demonstrate permission has been given for experiments within the project. If not, the grant will be stopped and withdrawn.
Aidsfonds grant applicants should agree to the Animal Experiments Openness Code (*Code Openheid Dierproeven*). Not agreeing to and not following this code might result in Aidsfonds discontinuing and reclaiming the funds.

3. Biological risks

Please indicate if experiments that might involve biological risks will be implemented, namely in the field of recombinant DNA research, research involving the use of radiation or radioactive materials, and research involving the use of pathogenic micro-organisms. If so, you need to indicate which class of laboratory facilities the experiments belong to, and if the required permissions, licences and facilities are available. When asked, the project leader is obliged to show Aidsfonds the documents that demonstrate permission has been given for the experiments within the project. Aidsfonds grant applicant should agree to the Code of Conduct for Biosecurity. Not agreeing to and not following this code might result in Aidsfonds declaring the grant application inadmissible.

4. Other permission

Is additional permission required to successfully complete this study? If so, indicate what permission is required, from what body, and when the permission needs to be given to be able to start the project on time.

PART 6: Financial information

1. Budget application

Specify the budget you are applying for and include a break-down of spending. Make sure that the amounts are similar to the amounts listed in the budget appendix.

2. Other funding sources

Please indicate if other funds have been granted, have been applied for, or will be applied for, for the research or part of the research for which you might receive a grant from Aidsfonds.
If this is the case, what person or organisation provides the additional funds? Contributions from pharmaceutical companies also need to be listed here.

3. Budget form

Please the budget form from the website complete it, and sign the form.
After signing, upload the form as a pdf here.

4. Budget explanation

The applied for budget may consist of staff costs and/or material costs. Part-time staff or multiple appointments are allowed as well. Give a brief explanation of what you are applying for and why.

I. Staff costs

In this call there is the opportunity to request funding for supporting, coordinating and executing staff. In case of funding research projects, Aidsfonds uses so-called standard amounts for staff costs. The standard amounts consist of net salary costs, holiday pay, end-of-year payments, employer contributions, and other staff costs (including advertising costs, training costs and costs for replacement in case of illness). Please be aware that therefore other 'opslag' costs are not allowed. For other functions, the guiding labor agreements applies.

Aidsfonds follows the Agreement Funding Scientific Research of NWO and VSNU. The agreement is followed by NFU (on behalf of the University Medical Centres), KNAW, ZonMw and the Health Funds section of Goede Doelen Nederland. The so-called standard amounts for staff costs that Aidsfonds uses are determined each year by VSNU and NWO and are based on the collective labour agreement of Dutch Universities for the different scientific functions, increased with bestowals for employers contributions, other staff costs, holiday pay and end-of-year payments as well as an annual indexation. The salaries are based on the collective labour agreement of the Dutch universities for different scientific occupations, such as PhD students and senior scientific assistants, including postdocs and other researchers at a similar level (scale/step 11.0) and non-scientific staff (intermediate vocational education [*MBO*] level, scale/stop 7.5; higher vocational education [*HBO*] level, scale/step 9.3; academic level, scale/step 11.2).

The standard amounts (see Table 1) specify the maximum amounts that are paid for the indicated role in case of a full-time appointment.
The standard amounts include the end-of-project payment. The end-of-project payment amounts to one month of the aforementioned staff costs and bestowals for each year of the actual appointment. In case an employee works for part of a one-year appointment, the payment will be calculated proportionally based on one month (for example, in case of a 2.5 years appointment, a 2.5 months payment). In case of an actual appointment of less than one year, an end-of-project payment will not be given.

The total amounts of Ia should be filled out at III. At Ib the contribution to staff costs by other funding sources (for example, the own institute, other funders) should be listed. Listing of the total costs is sufficient.
Give the sum of Ia and Ib (totals only) at 1c.

Table 1. Standard amounts staff costs, including bestowals and end-of-project payment, in case of a full-time appointment (in Euros), valid as of 1 July 2021 (based on salary amounts in the collective labour agreement of Dutch universities as of 1 July 2021)
http://www.nwo.nl/financiering/hoe-werkt-dat/salaristabellen

	1st year	2nd year	3rd year	4th year	Total
PhD candidate/PhD researcher[1]	52001	62622	66800	71905	253328
Scientific staff[2]	81315	83198	85124	87094	336731
Non-scientific staff: Intermediate vocational education[3]	60562	61963	63399	64866	250790
Non-scientific staff: Higher vocational education[4]	72797	74482	76207	77971	301457

[1] In Dutch: *Promovendi*

[2] In Dutch: *Senior wetenschappelijk medewerker*

[3] In Dutch: Niet- wetenschappelijk personeel *Middelbaar Beroepsonderwijs* (MBO)

[4] In Dutch: Niet- wetenschappelijk personeel *Hoger Beroepsonderwijs* (HBO)

Non-scientific staff/Scientific education[5]	87093	89110	91173	93284	360660

II. Costs of materials

This refers to a specification of the costs of materials for which a grant is applied for via Aidsfonds. The costs of materials will be paid for in accordance with the amounts given in the grant provision. They only relate to the direct costs of materials, insofar they have been applied for and given.
Costs that could fall under costs of materials are also bench fees (max € 5.000,- per appointed personnel) and publication costs (max. € 5.000,- per project. See below for specific conditions). Funding of other special costs of materials can be requested in consultation.
Infrastructure costs (housing, office automation) and overhead costs will not be paid for.
Costs for equipment that has been produced in-house can be paid for if applied for and granted. Because public access to research results applies and because of the grant source, in principle the applicant is not liable for VAT. Therefore, no grant will be given for possible VAT.
A bench fee of € 5.000,- per appointment will be provided for the appointed researcher for the complete project duration. This bench fee intends to stimulate the scientific career of the researcher. Promotion and conference visits abroad, amongst other things, can be paid from this fee. Travelling abroad required for the research should be included in the costs of materials.
Publication costs:
Aidsfonds supports free access to scientific information, for example via Open Access magazine articles. We require researchers to publish their results in Open Access, preferably via the Golden Road. This usually means that the publisher is paid in advance to give free access to an article directly. This payment is called Article Processing Charge (APC). In principle, the employer pays the APCs of a researcher. If not and if the researcher can prove this, we offer the opportunity to invoice the publication costs for publications that directly emanate from this project up to the maximum amount of € 5.000,-, provided that these costs are not paid for by the institute itself, the article is available Open Access, Aidsfonds is mentioned correctly (including the project number), and the costs are invoiced when the project is still underway.

Please specify the costs of materials funded through other sources (own resources, other funders). Listing the total costs will suffice. Particularly where implementing pharmacological research (with patients), you should explicitly indicate if a grant has been received from the relevant pharmaceutical producer (and if so, the amount).

III. Total costs

Here, an overview of the costs is listed Please also list this amount at question 7 of the application form. The total budget available for this call is 1.200.000, of which we aim for €950.000 for scientific research and €250.000 for linking and learning.

IV. Signatures

Here, fill out the date the application has been signed.
The application should be co-signed by the financial manager of the section or department. In addition, the application must be co-signed by the competent authority of the institute where the applicant is working (based on the valid mandate arrangements).

[5] In Dutch: Niet- wetenschappelijk personeel *Wetenschappelijk onderwijs* (WO)

ANNEX IV - BANK DETAILS

Please fill in this form by typing – a handwritten form will not be accepted

Project number:	
Project name:	

Name of the bank:	
Address of the bank:	
Town of the bank:	
Country of the bank:	
SWIFT-code (8 letters min., 11 digits max)	
Bank sorting code:	

Partner's account number [6]	
IBAN number (in Europe only):	
Account currency	

Account holder:	
Address:	
Town/Country:	

For the Partner to be signed by two legal representatives:

Signature: **Signature:**

Name, Last Name: **Name, Last Name:**

Position Held: **Position Held:**

Date: **Date:**

[6] *In the event of a change in the bank account details Aidsfonds should be informed of this by the two legal representatives of the partner in writing. The account has to be in the Partner's name.*

Appendix I - HIV cure research topics (adopted from the NL4Cure research agenda)

Aidsfonds is committed to the NL4Cure research agenda. The topics are divided into four main sections: social engagement, viral reservoir, cure strategies, and clinical research. It is important, however, to realise that they cannot be addressed in isolation. It is critically important to take the synergy between these areas into account to ensure a fast progression towards a cure.

A. Social engagement research

Social engagement research is primarily concerned with understanding the views, experiences and support of PLHIV and other HIV cure stakeholders in general and HIV cure research in particular, to shape the acceptability and success of HIV cure strategies. The following research questions are considered a priority:

1. Views of PLHIV and other stakeholders

Awareness and support: To what extent are PLHIV, their important others, key populations, and community leaders aware of the global pursuit of an HIV cure and the successes that have been achieved? To what extent is there support for the pursuit of an HIV cure amongst communities and community leaders?
Importance and meaning: What is the importance and meaning of an HIV cure for PLHIV, their important others and key populations? What are their views on the benefits, risks, and acceptability of specific HIV cure models and what factors influence these views? What do PLHIV expect of an HIV cure strategy and to what extent do specific HIV cure strategies meet these expectations?
Communication and decision-making: How do PLHIV prefer to receive information about HIV cure research? How is information best framed to ensure optimally informed decision-making? How can the uncertainty of cure research be communicated best to manage expectations, including expectations about the timeframe for achieving a cure?
HIV-related stigma: Does the potential of an HIV cure contribute to a possible reduction in HIV stigma, including self-stigma and structural stigma? Does reduced stigma related to (the prospect of an) HIV cure (research) promote HIV testing in key populations? Is there a possibility a new HIV-related stigma will arise, affecting PLHIV who remain not-cured?
Impact of HIV cure on HIV prevention: Does the potential of an HIV cure affect attitudes regarding HIV-risk, -severity, and -prevention? Does a focus on HIV cure result in risk compensation among PLHIV or key populations?

2. Ethics and practice of involvement

Ensuring appropriate participation: How are PLHIV, key populations, and other stakeholders involved in HIV cure research? To what extent does involvement of PLHIV in HIV cure research reflect Meaningful Involvement of PLHIV and Affected Communities (MIPA)? How can MIPA in HIV cure research be strengthened?
Advancing HIV cure research: What information sharing, agenda setting, and advocacy initiatives are undertaken, by whom, and with what effect? What actions are required to increase political and policy support?
Normative and salient ethical concerns: What are, conceptually, the ethical challenges of HIV cure research and future implementation? What are salient ethical issues and concerns from the perspectives of PLHIV, HIV care providers, purchasers, policy-makers, and medical/human research ethics committees?

What would be supporting or helpful documents and tools for ethics committees, so that they can make well-considered decisions?

B. Viral reservoir

The lifelong persistence of HIV in various cells from different organs throughout the body, even when antiviral therapy is taken, forms a major barrier for cure. Currently, there are no methods to accurately determine the nature and number of cells carrying viruses in an individual "reservoir". For the development and monitoring of HIV cure strategies, it is essential to develop methods to analyse the size and nature of the reservoir and to get better insights in how we can control or eliminate it. Three areas of research that are needed are:

A. Defining the size and nature of the reservoir

In order to develop and investigate the effect of cure strategies, it is important to be able to define and measure the relevant viral reservoir. This includes the size, the cellular composition, and the anatomical location of the viral reservoir, as well as the characterisation of the cells that are capable of producing new virus.

B. Mechanisms involved in viral latency

This includes the role of the pro-viral integration site, epigenetics, transcriptional silencing, and differential expression of (unknown) cellular proteins in viral latency.

C. Mechanisms and correlates of immune control

This includes identification of mechanisms and correlates of immune control by using cohorts of elite controllers, post-treatment controllers, and/or treatment interruption.

C. Strategies to eliminate or reduce the HIV reservoir

Several approaches are being explored in parallel to achieve a cure by **'controlling virus replication'** and **'approaches to reduce or eliminate the viruses'.** It is likely that these approaches will have to be combined in order to come to a successful cure.
The approaches that are most promising to reduce or eliminate the reservoir are:

1. Approaches to control virus replication:

This includes several methods for achieving control by **'locking or blocking'** virus replication in the cell through inducing molecular control, by enabling the immune system to keep HIV infected cells under control (through induction of cellular and/or humoral immunity). This topic also includes identification of molecular targets to control viral replication, boosting the immune system to control viral replication, and prevention infection of target cells by cell- and gene therapy to modify immune cells.

2. Approaches to reduce/ eliminated HIV infected cells

This includes approaches to **reduce or eliminate the viruses**. This can be achieved by reactivating the virus out of latency (**shock**), followed by approaches that **kill/ remove HIV infected cells (kill)**.
For 'shock', the identification of new reactivators and improving the activity of existing classes is needed. For the 'kill', molecular understanding of what makes HIV-specific cell killing by immune cells dysfunctional/exhausted is critical. Strategies need to be developed that stimulate cell killing by immune cells or that restore/prevent these defects in order to enhance the killing of HIV-reactivated cells.

This topic may include approaches such as: checkpoint blockade, killing of infected cells through recruitment of CD8+ T cells or delivery of cellular toxins, and cell- and gene-therapy to enhance the immune system. In addition, approaches for infected cell killing by therapeutic vaccination or engineering of antibodies recognising HIV infected cells are also included.

3. Elimination of the virus (infected) cells through cell or gene therapy

This includes cell- or gene therapy to eliminate HIV from infected cells.

D. Translational/ (pre-) clinical research

1. (pre)-Clinical studies to find a cure

This includes the validation pre-clinical findings, the translation of promising findings and strategies from social engagement, knowledge about the reservoirs, and the strategies to cure HIV into new cohort/interventional studies. This is not limited to findings generated from the Dutch HIV cure research setting.

2. Cohorts and patient-material based studies

This includes using the Dutch well characterised clinical cohorts and stored material for HIV cure research. This may also include studies on exceptional patients that exhibit an unusual phenotype or disease course (e.g. viral controllers as mentioned in the research agenda in chapter 2.2 Immune Control) of relevance for cure studies, including in currently underrepresented groups. In addition, pro-active cure related case finding/characterisation to gain new insights in HIV persistence is also included in this topic. Translational studies using knowledge on ex vivo responses to identify patients that may have a potential in vivo response that could be included in trials, are also included here.

3. Social engagement questions related to translational 'proof of principle' trials

With the transition to translational "proof of principle" trials, new opportunities and questions are arising. For example, how can PLHIV successfully be engaged in cure research, in decision making, and in participation in clinical studies? Addressing the social engagement questions in relation to clinical studies is also included in this topic.

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[i] https://www.zonmw.nl/fileadmin/zonmw/documenten/Maatschappelijke_impact/ZonMw_praatplaat_mouse_over_A4.pdf
[ii] https://www.youtube.com/watch?v=2PKRXSC37xw
[iii] https://www.zonmw.nl/fileadmin/zonmw/documenten/Maatschappelijke_impact/ZonMw_praatplaat_mouse_over_A4.pdf
[iv] https://www.youtube.com/watch?v=2PKRXSC37xw
[v] https://www.niaid.nih.gov/research/mdc
[vi] https://www.zonmw.nl/fileadmin/zonmw/documenten/Maatschappelijke_impact/ZonMw_praatplaat_mouse_over_A4.pdf
[vii] https://www.youtube.com/watch?v=2PKRXSC37xw
[viii] https://www.niaid.nih.gov/research/mdc