Call for Joint R&D Project 2023

Call for projects 2023

Healthcare Innovation for vulnerable patients

Topics and Regulations

Expression of Interest Form

'Connect' Set-up Help Form

**Deadline: 30 June 2023 at 2pm**

Electronic Submission only at

funding-request@innoviris.brussels and jduplicy@innoviris.brussels and agryspeirt@innoviris.brussels

More info?

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**Regional context**

In 2020, the Regional Innovation Plan (RIP) identified Health and Well-being as one of the six priority societal challenges for Brussels. The RIP stresses the importance of developing a personalised, accessible and inclusive health policy, oriented towards users and prevention and also favouring access to advanced diagnoses and adapted therapies.

This position is reinforced by the Regional Economic Transition Strategy (Shifting Economy), which emphasises that the Brussels-Capital Region should rely on its economic, research and innovation fabric to respond to priority societal challenges. It was therefore decided when developing the Shifting Economy to mobilise the Joint R&D Call for Projects (JRDIC) to cover health, in particular the issues surrounding the beginning and end of life.

**Choice of topic**

Through its JRDIC programme, Innoviris supports cutting-edge research and groundbreaking innovation that combines the know-how of innovative companies with the excellence of research centres. Moreover, the topic of the call for projects should be in line with the regional innovation strategy while taking into account the presence of competent research centres, the marked interest of economic players (companies) and the potential for collaboration between research centres and companies.

Taking into account these criteria and after consultation with representatives from the academic sector and public and economic players, the topic "start of life, end of life" has been broadened to cover the widest possible spectrum of health vulnerabilities.

The topic of the JRDIC 2023 call for projects is therefore:

**Healthcare Innovation for vulnerable patients**

**Health vulnerability and patients targeted by the call**

We are not all equal in health. While we are all continuously exposed to the risk of being "injured" either physically or mentally, certain groups of people, because of their physical or mental condition, are exposed to greater risks to their well-being, health and quality of life.

In the context of this call, we are targeting patients who are physically or mentally vulnerable, whether long term (disability, infirmity) or temporary (during pregnancy, etc.) [[1]](#footnote-1).

In the context of the JRDIC call for projects, we have defined patients belonging to one (or more) of the following six groups as vulnerable:

* pregnant women
* children from before being born to early childhood
* the elderly and people at the end of their lives
* people with mental health problems
* people with disabilities
* people with chronic illness and cancer

More explicitly, **pregnant women**, because of their pregnancy, suffer a higher mortality rate than other women of their age when suffering from placental abruption[[2]](#footnote-2) or (pre)eclampsia[[3]](#footnote-3). They also require increased health monitoring in case of gestational diabetes.

**Newborns** are a fragile population because their immune system is still immature (they have never encountered an infectious agent, all their immunity is still to be built up) or because their physical development is not complete (flexible and unwelded skull bones, making the head very vulnerable to impact). From two to six months of age, infants are also at risk of cot death.

The **elderly**, due to their loss of autonomy, are often victims of domestic accidents (fractures from falls, burns, poisoning in case of overdose of medication). They are also at increased risk of developing neurodegenerative diseases that require diagnosis, monitoring and changes in their lifestyle.

**People at the end of life** require access to pain-relieving palliative care. Pain is still the most common and important clinical symptom due to disease progression and multi-organ failure. At present, pain control remains critical, yet the need for comfort and well-being is particularly important at the end of life.

**People with mental disorders** suffer a major impairment in thinking, emotional regulation and behaviour. This affects one in every eight people all over the world[[4]](#footnote-4). For these people, delays in diagnosis and care, high rates of inappropriate hospitalisation, frequent re-hospitalisation or discharge from hospital with no continuity in care all increase the risk of a breakdown in their evolution and of their condition developing into more serious pathologies.

**People with disabilities** should be able to live in an accessible, fair and inclusive world[[5]](#footnote-5). Even today, disability can be a barrier to their inclusion in society. Technology can help overcome certain barriers and meet certain needs while taking into account the question of uses and the potential for appropriation of innovations by the people concerned[[6]](#footnote-6).

**People with chronic illness** or **cancer** suffer a long-term condition (more than six months) with a limited prospect of recovery. These conditions develop slowly and often worsen over time. There is a wide variety of chronic diseases: cancer, diabetes, fibromyalgia, multiple sclerosis, severe depression, asthma, cardiovascular diseases... The treatment of a chronic illness involves regular medical care, so it is important to have a comprehensive view of medical data by health care providers in order to avoid redundant and painful medical examinations and to avoid harmful drug interactions. As treatment is spread over long periods of time, it is important that it does not have any significant side effects. It should ideally involve limited intakes.

**Goals and fields of the projects submitted**

The goal of this call for JRDIC projects is therefore to support medical innovation that meets the needs of **vulnerable people** by accelerating the development of innovative health tools designed to **improve their health, well-being and/or quality of life**.

To reach this goal, a wide range of health sectors are involved (telemedicine, mobile health, medical devices, new medicines, etc.) and all areas of technological innovation can be mobilised (3D printing, virtual reality, biotechnology, AI, etc.).

The projects submitted should also aim to promote human technology and data management for the benefit of the patient. The technology developed and the use of data should thereby play a facilitating and supportive role in serving patients while maximising the opportunity for patients to make their own decisions according to their own health needs and wishes[[7]](#footnote-7).

**Examples of inspiring projects**

In this section, we are going to present some inspiring examples that reflect the wide range of possible projects in this area.

**Pregnant women**

Fifteen percent of pregnant women are rhesus negative. During pregnancy, all these women receive medication to avoid a possible incompatibility with their future baby, who could be rhesus positive. However, this incompatibility only occurs in 60% of cases and therefore 40% of pregnant rhesus-negative women are given unnecessary treatment. A specific screening solution has been developed by the Jacques Boy Biotechnology Institute to find out the blood rhesus of the unborn child by means of a simple blood test, to identify the risks of blood incompatibility and to only treat cases that require it[[8]](#footnote-8).

Every year, obstetricians have to resort to instrumental assistance for 10-15% of women who give birth vaginally. Through its research programme "Human reproduction programme", the WHO supports the development of solutions to limit the number of caesarean sections. In this context, a sterile device has been developed in a collaborative project between Southmead Hospital in Bristol, England and the University Hospital of Besançon, France. By facilitating the progression of the baby's head into the maternal pelvis, this medical device facilitates instrumental assistance in obstetrics and is a promising alternative to caesarean section[[9]](#footnote-9).

**Infants and young children**

Newborns are a vulnerable population, especially in cases of prematurity, twins or when they are carriers of a genetic disease. The deployment of new "smart" medical devices allows for better monitoring of their development and increases their chances of survival. For example, connected and non-invasive medical devices such as skin patches allow a set of parameters (heart rate and oxygen level) to be recorded in real time and continuously. This data, interpreted by algorithms, monitors the progress of the young patient and alerts in case of respiratory distress or cardiac problems[[10]](#footnote-10).

Fifty years after the first exoskeletons for adults were developed, prototypes of paediatric exoskeletons for children as young as three years old are finally being developed. This specially adapted exoskeleton consists of an adjustable titanium suit connected to a battery and is operated with springs assisted by artificial intelligence. By fitting the child's body closely from trunk to toe, the exoskeleton allows the young child to stand up and move with a natural gait. This invention, which is currently being tested in rehabilitation centres and hospitals, aims to improve the health and well-being of children in wheelchairs[[11]](#footnote-11).

**The elderly and people at the end of their lives**

Palliative care is available to help people suffering from serious and progressive illness by ensuring their physical and also psychological well-being. Thanks to technological advances in recent years, Virtual Reality (VR) is now seen as adjunct treatment in medical care. Pain symptoms in patients at the end of their life can thus be relieved by VR solutions. As pain is the most common and most important clinical symptom due to disease progression and multi-organ failure, monitoring is critical at this stage of life[[12]](#footnote-12).

The elderlies are prescribed numerous drugs since they are more likely to suffer from different chronic conditions, such as high blood pressure, diabetes and arthritis. A whole range of problems arise from this over-medication: overdoses, inappropriate treatment and drug interaction. The development of IT solutions, associated with patients and coupled with the computerisation of medical prescriptions, would make it possible to carry out a comparative assessment of medicines and to alert in the event of a risk of overdose or interaction, for example.

**People with mental health problems**

The coordination of care and the involvement of the patient in the organisation of his or her own care are two major challenges in mental health care. The development of a new digital tool that maps, compares and assesses the strengths and weaknesses of the social support network of vulnerable patients has helped to adapt integrated and personalised care for vulnerable patients. This new solution also improves the engagement process and communication between professionals and non-professionals.

Innovation in mental health that combines digital and artificial intelligence brings new solutions in care[[13]](#footnote-13). These are solutions integrating e-health technologies and data collected on the patient to remedy breaks in the care of people suffering from mental disorders. E-health thus takes on its full role in the issues of prevention, early detection, diagnosis, clinical strategy, city-hospital coordination and therapeutic roaming.

**People with disabilities**

People with reduced mobility are kept in an immobile position for a long time. This causes a painful consequence: the compression of the flesh between the seat of the chair and the bones, causing sores known as pressure sores. A device equipped with sensors in a cushion placed on the seat of the chair records and analyses the patient's data to prevent the formation of pressure sores in real time[[14]](#footnote-14).

Spinal cord injuries and cerebral palsy cause spastic movements that limit mobility and are accompanied by chronic disabling pain. A neuromodulation combination incorporating 58 electrodes stimulating 40 major muscle groups has been developed. Based on the principle of reciprocal inhibition, the combination ensures the relaxation of spastic muscles while activating weak muscles. It has enabled patients to improve their mobility and balance, while reducing persistent chronic pain[[15]](#footnote-15).

**People with chronic illness and cancer**

Despite numerous initiatives to improve the management of discharge planning and care transition for patients with chronic illnesses such as cancer, a number of challenges remain, including care transfer, follow-up, support and communication among health professionals. In this context, the development of a knowledge exchange portal can play a crucial role. This portal brings together researchers, nurses and other professional and patient partners in a new interactive space to share their knowledge (both tacit and scientific) and improve the continuum of cancer care, from prevention to palliative care. This new tool contributes to the improvement of discharge planning and care transition through the use of knowledge and the renewal of clinical practices[[16]](#footnote-16).

Nearly 425 million people had diabetes in 2015, and this number is expected to rise to over 640 million by 2040. Given that this is a major public health problem, research into and the development of new drugs could go beyond insulin replacement therapies. Another focus is the development of treatments to prevent diabetes complications and the personalisation and optimisation of treatment through digital innovation.

**Call rules and scheduling**

**Eligibility conditions (from the Project Outline stage):**

* The project should involve at least one research organisation (university, higher education institution or research centre) with at least one head office in the Brussels-Capital Region AND one company whose R&D activities are based in the Brussels-Capital Region;
* The project may thus involve the participation of more than one research organisation and more than one company. However, the balance of efforts (person-months) between academia and industry should respect a 1/3 – 2/3 balance; i.e. the sum of efforts of all partners from academia or industry should not be greater than 2/3 the total efforts of the project;
* Companies should be in an healthy financial situation as defined by EU legislation (cf. <https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32014R0651%20> p.19, §18);
* Companies should provide proof of their ability to finance their share in the project;
* Companies should have fulfilled their obligations in the context of previous support initiatives allocated by the Region;
* Projects should fall within the scope of the defined call topic;
* Expected outcomes of the project should have a favourable impact for partners in the Brussels Region (jobs, expertise, etc.).

**Work programme and funding:**

* Academic teams are expected to perform world-class research activities while companies are expected to put the research results into practice;
* Project duration should be between 1.5 and 3 years;
* Funding rates are given in the following Table:

|  |  |
| --- | --- |
| Micro and Small Company | 60% |
| Medium Company | 50% |
| Large Company | 40% |
| Research Organisations | 100% |

Since writing a solid full proposal is time- and resource-consuming and may constitute a barrier to entry, Innoviris is making available a **Connect *subsidy*** to cover part of the associated costs. This subsidy amounts to a maximum of 7500 Euros per partner (with a limit of 25,000 Euros per consortium). We encourage companies to dedicate part of this subsidy to investigate the IP aspects of the collaboration. Only consortia submitting a full proposal will receive the subsidy. Interested partners should fill in the *Connect* application form attached to this document.

**Evaluation Criteria:**

* Innovative character of the project;
* Excellence of the research programme, contributions beyond the current state of knowledge;
* Quality of the delivery plan (work programme, methodology, expertise of the teams, planning);
* Level of technological transfer from academia to industry and synergies between the partners;
* Assessment of the project outcomes from a business perspective;
* Contribution to the call’s main goal;
* Impact of the project outcomes on economical and societal challenges of the Brussels Region.

**Timetable:**

* **3 April 2023**: Launch of the call ;
* **30 June 2023 at 2pm:** Deadline for Innoviris to receive:
	+ The expression of interest form (electronic submission only at funding-request@innoviris.brussels and jduplicy@innoviris.brussels et agryspeirt@innoviris.brussels)
	+ Optional: the CONNECT form (attached to the above project outline forms);
* **31 July 2023:** Invitation to submit full proposals for consortia whose expression of interest has been retained. The selection of expressions of interest will be based on the eligibility requirements. However, if there is a high number of applications in regards to the budget available, Innoviris may go beyond the sole eligibility criteria and use the evaluation criteria (cf. above) to retain only the best eligible proposals;
* **17 November 2023 at 2pm:** Deadline for Innoviris to receive:
	+ The full project presentation form (electronic submission only at funding-request@innoviris.brussels and jduplicy@innoviris.brussels)
* **In January 2023:** oral defence in front of a jury of experts and Innoviris – Innoviris evaluates the assessment aspects while the experts will assess the technical side of the project;
* Based on the evaluation, Innoviris will recommend that the Brussels Government fund the best ranked projects as allowed in accordance with the budget allocated to the call.
* **From 1 February 2024 to 1 June 2024:** projects start.

**IP strategy:**

In an open innovation programme, it is fundamental for the partners to engage early in negotiations on the IP (intellectual property) aspects of their project. **Innoviris asks applicants to have agreed on a high level intellectual property strategy at the time when the expression of interest is submitted**. Furthermore, **a signed consortium agreement will have to be submitted together with the full proposal.** The consortium agreement should set the framework for a successful project implementation. This is a private agreement between the partners, which sets out their rights and obligations, and does not involve Innoviris. Amongst others, the agreement will define the way an academic partner will be remunerated in the case of an actual IP transfer to an industrial partner.

*Should you have any questions, please feel free to contact Innoviris:*

*Jonathan Duplicy,* *jduplicy@innoviris.brussels**, 02/600.50.52*

*Aiko Gryspeirt,* *agryspeirt@innoviris.brussels**, 02/600.50.27*

**Project presentation form**

**Deadline: 30 June 2023 at 2pm**

**[English is the preferred language but submissions in French and Dutch are welcome]**

# One-page overview

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| **Explanatory note to be deleted** |
| Please fit the content into one page |

Project Title: …………………………………………………………………………

Project Keywords: …………………………………………………………………………

Project Duration: xx months

Project Partners: …………………………………………………………………………

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Project Summary [NB. This summary might be used to anticipate the selection of experts. Please be as detailed as possible:

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# Consortium presentation

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| **Explanatory note to be deleted** |
| * Please copy/paste the relevant tables if the consortium is made up of more than two partners. Each table should fit in one page.
 |

## Research Organisation(s)

|  |  |
| --- | --- |
| Research organisation | Name: …………………………. |
| Research unit | Name: …………………………Research activities: …………………………………………………………………………..…………………………………………………………………………………………………………..………………………………………………………………………………………………………….. |
| Persons in charge | Person legally authorised to bind the organisation: Name: ………………………… Position: …………………………Administrative manager for the project:Name: ………………………… Position: …………………………E-mail: ………………………… Telephone number: …………………………Technical and scientific manager for the project:Name: ………………………… Position: …………………………E-mail: ………………………… Telephone number: ………………………… |
| Role in the project | *Describe the role of the Partner in the project and the specific skills he will bring to the project* |

## Company(ies)

|  |  |
| --- | --- |
| Company | Name: …………………………..Company No. ………………………….Bank account No. …………………………. [Please append a bank identification document ]Sector: …………………………Size: micro-small-medium-large company**Please provide the company’s 2022 accounts in an annex.** |
| Company Division | Name: …………………………R&D activities: …………………………………………………………………………..…………………………………………………………………………………………………………..…………………………………………………………………………………………………………..………………………………………………………………………………………………………….. |
| Persons in charge | Person legally authorised to bind the organisation: Name: ………………………… Position: …………………………Administrative manager for the project:Name: ………………………… Position: …………………………E-mail: ………………………… Telephone number: …………………………Technical and scientific manager for the project:Name: ………………………… Position: …………………………E-mail: ………………………… Telephone number: ………………………… |
| Role in the project | *Describe the role of the Partner in the project and the specific skills he will bring to the project* |

# Presentation of the project

## Goals

*2 pages:*

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## Innovative nature

*1 page: Explain how the project is innovative both from an industrial and an academic point of view*

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## Match with the call topic

*Half a page: Explain how the project matches with the call goal*

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## Assessment of the project outcomes

*1 page: Explain how results will be assessed both from a business and an academic point of view (jobs, expertise, growth, publications, spin-offs, etc.) and the impact the project will have on the Brussels Region from a social, environmental and ecosystem perspective.*

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## Budget estimate

-Total Budget estimate: xx €

-Total Subsidy estimate: xx €

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| **Explanatory note to be deleted** |
| * Please copy/paste the table below and rename the title to cover the whole consortium.
* The budget is not definitive at this stage and will be readjusted at the Full Project Proposal stage.
 |

|  |
| --- |
| **Partner X** |
| Estimated effort (persons/month) | X MM  |
| Provisional budget | 0 €  |
| Funding rate | **X %**  |
| Subsidy | 0 €  |
|  |  |
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# Signatures

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| **Explanatory note to be deleted** |
| * Please copy/paste the table below and rename the title to cover the whole consortium.
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| **Partner X** |
| By signing the document, I certify that (please tick the boxes):

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|[ ]  I have read and agree to the programme guidelines; |
| [ ] [ ]  | All the information provided in this document is correct;I am attaching the 2022 accounts (for industrial partners);  |
|[ ]  The IP aspects of the project have been discussed with the other partners and an IP strategy has been agreed upon; |
|[ ]  I am aware that a signed consortium agreement will be requested at the same time as the submission of the full proposal (if the expression of interest is retained). |

Name (legal representative): …………………………..Position: ……………………….Signature and date:  |
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| **CONNECT 2023**  |

**Request for Subsidy**

***One form per participant***

**Name of the applicant**

*"Project title"*

|  |
| --- |
| **Type of Partner** |
| [ ]  Academia[ ]  Company  |
| **Budget**  | **€***XXXX*  |
| **Funding rate**  | *%* |
| **Subsidy requested (max € 7,500)** | **€**  |
| **Period**  | **1 August 2023 to 17 November 2023** |

**General context:**

In order to encourage the teaming up of academic partners with companies to set up interesting R&D projects in the field of health, Innoviris provides the possibility of covering parts of the costs associated with preparation. A maximum amount of € 7,500 can be granted to each partner in the consortium (with a total cap of € 25,000 per consortium) in order to cover the personnel costs of the person(s) in charge of discussing, negotiating and writing the proposals, and also, if needed, legal advice on intellectual property issues.

**Process:**

* The application form for set-up support should be submitted to INNOVIRIS together with the expression of interest form before 30 June 2023 at 14:00;
* If your expression of interest is selected and the consortium is invited to send in a full project proposal, your CONNECT subsidy will be accepted upon submission of the latter. Should no full proposal be submitted, the partners will not be eligible for the CONNECT subsidy, and the costs incurred will not be covered; your CONNECT application will also be automatically rejected if your expression of interest is not selected.
* Each partner of the consortium can submit a CONNECT form, and the consortium shall ensure that the maximum amount does not exceed the limit;
* The CONNECT subsidy covers the period between the submission of the expression of interest and the full proposal;
* Expenditure can be covered up to the date on which the final project proposal is submitted to Innoviris;
* Cost statements must be submitted within two months of the submission of the full proposal;
* For companies only: as this subsidy is considered as de minimis aid, a sworn statement should be attached to the CONNECT form (see Annex 1).

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# Detailed description of the preparatory work and necessary actions for setting up the project

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| **Informative note to be deleted** |
| Please describe in detail all actions that will be undertaken for setting up the full proposal, and for which you are requesting funding from the Region (drafting of full proposal, meetings, etc.).  |

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# Budget for setting up the project

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| **Explanatory note to be deleted** |
| **Copy and paste the table below** Draw up the budget for the project preparation for the relevant period (including sub-contractors), using the template provided If your organisation is liable for VAT, the expenses to be taken into consideration should not include VAT.Admissible costs cover:* staff costs incurred in the context of setting up the project,
* legal advice on IP subcontracted.

Only expenses incurred after Innoviris has made a positive decision on the expression of interest and after submission of the full proposal will be covered. **Staff costs:**These include expenses relating to the remuneration of the team in charge of setting up the project (local coordinators, researchers, etc.). Applicants should distinguish between employees (1.1) and self-employed workers (1.2). The average person/month cost shall be considered as an average of the unit cost for the different members of the team (local coordinators, researchers, etc.) of the specific partner. Each amount should be calculated on the basis of an average of costs, meaning that salary slips or invoices should be submitted at the stage when expenses are verified. **Overheads:**This is a fixed amount to cover additional costs incurred as a result of the setting-up of the project (secretariat, bookkeeping, telecommunications, inspections, travel in Belgium, etc.). The fixed amount is set at 10% of the amount for salaried staff costs (1.1).**Subcontracting costs:**These costs cover the expenses linked with legal consulting services in order to solve IP questions during the preparation of the project.**Financing rate:*** 70% for companies
* 100% for research organisations
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **Staff costs** |  |  | **€** |
| **1.1** | **Employees/salaried staff** |  |  | **€** |
|  | ***Number of person/months for the preparation of the project*** | ***Average person-month cost[[17]](#footnote-17)*** | ***Total***  |
|  |  |  | € |
| **1.2** | **Self-employed staff** |  |  |  | **€** |
|  | ***Number of person/months for the preparation of the project*** | ***Average person-month cost*** | ***Total***  |
|  |  |  | € |

|  |  |  |
| --- | --- | --- |
| **2.**  | **Overheads**  |  **€** |
|  | 10% of **salaried** staff costs |  |

|  |  |  |
| --- | --- | --- |
| **3.**  | **Subcontractors**  | **€** |
|  | Legal IP services  | € |

|  |  |
| --- | --- |
| **TOTAL** **INTERVENTION RATE** |  **€****%** |
| **SUBSIDY REQUESTED** | **€** |

# Authorisation and signature

By signing the document, I certify that (please tick the boxes):

|  |
| --- |
|[ ]  I have read and agree to the programme guidelines; |
|[ ]  All the information provided in this document is true and accurate; |
|[ ]  I authorise Innoviris to proceed with the necessary investigation for the examination of this application. |

**Signature by the legal representative:**

Name: …………………………..

Position: ……………………….

Signature & date:

# Annex 1- Declaration of Honour (only to be filled in by companies)

**Sworn Statement**

*I, Mrs/Ms/Mr …..., in my capacity as administrator, manager, director of the company:*

*Name of Company: ….*

*Address: …*

*Company Number: …*

*Having submitted an application for funding for the project entitled "..... " in the framework of Joint R&D Project 2023 - Healthcare innovation for vulnerable patients*

*Subsidy requested:* ***……. €***

*This intervention of the Brussels-Capital Region is granted to me by reference to European Commission Regulation 1407/2013, dated 18 December 2013, concerning the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union for de minimis aid (published in the Belgian Official Gazette number L 352 dated 24 December 2013).*

*I hereby acknowledge that the amount of the subsidy mentioned above does not bring* ***the total amount*** *of aid already granted to me under said Regulation* ***to an amount exceeding € 200,000 over a period of 3 fiscal years****.*

*This limit shall apply regardless of the form of the aid or the nature of the subsidising entity. The amount of aid granted in this case must therefore be taken into account if I receive further de minimis aid at a later stage.*

*I hereby declare on my honour that the present statement is truthful and complete*

*Date: Signature*

1. Pascal Puig, VULNERABILITY, HEALTH AND CARE VULNERABILITY, HEALTH AND CARE

Article by Caroline Lantero, David Mottet, Delphine Teles, Pascal Puig

From the file "Colloquium on Vulnerability and Basic Rights" - 19 and 20 April 2018 - Université de la Réunion" RDLF 2019 chron. No. 11 <http://www.revuedlf.com/non-classe/vulnerabilite-sante-et-soins/#haut> [↑](#footnote-ref-1)
2. https://www.msdmanuals.com/fr/professional/gyn%C3%A9cologie-et-obst%C3%A9trique/anomalies-de-la-grossesse/d%C3%A9collement-placentaire-h%C3%A9matome-r%C3%A9troplacentaire [↑](#footnote-ref-2)
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12. https://www.lumeen.com/actualite/aux-hcl-la-realite-virtuelle-trouve-sa-place-en-soins-palliatifs [↑](#footnote-ref-12)
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14. https://www.mistergaspard.com/accueil/dispositif-gaspard/ [↑](#footnote-ref-14)
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16. https://www.sciencedirect.com/science/article/pii/S2352802815000964?casa\_token=MSXSuX2yF6UAAAAA:Psl4HCgKUlNMl6bzFOWaBfQifaBzTpg1DvXyj6IxpIBZmTeEwgupbVpv7LmgoC-V5oFr1VL0pA [↑](#footnote-ref-16)
17. This is the average cost for the various types of profiles working on the preparation of the full proposal [↑](#footnote-ref-17)