

Aidsfonds

RFP: Bridge Funding for Dutch HIV Cure Cohort Infrastructure

Notice to Applicants: All data and narrative responses must focus strictly on the stabilization, maintenance, and continuity of existing operational infrastructure, biobank assets, and core technical personnel. Requests to fund new, independent clinical or interventional trials are not eligible.

Data Use and Confidentiality: Aggregated data from Part A may be used by Aidsfonds to compile a high-level landscape report of HIV cure cohort infrastructure in the Netherlands, to support future national funding advocacy. Individual cohorts will be named in this report only with the applicant's consent (see the last item of Part A). All other information in this application, including Part B, will be treated as confidential and shared only with the Aidsfonds staff administering this call and the members of the review committee.

Total fund: €425,000 | Maximum individual award: €212,500 | Award period: up to 12 months

Submission Deadline: 13 November 2026, 17:00 CET

GUIDELINES FOR APPLICANTS

Eligibility: Applications must come from an established consortium managing an existing, recognized HIV cohort, in partnership with a Dutch University Medical Centre (UMC) or national research institute. The grant agreement will be signed with a Dutch UMC or research institute. Only one application per cohort will be accepted.

Funding: The total budget is €425,000, with a maximum of €212,500 per award, for a funding period of up to 12 months.

How to apply: Complete Part A and Part B of this form and submit it as a single PDF to clungu@aidsfonds.nl by 13 November 2026, 17:00 CET, stating the cohort's name in the subject line. Late or incomplete applications will not be considered. Do not include participant-level or otherwise identifiable participant data.

Review and timeline: Aidsfonds will first check applications for eligibility. Eligible applications are then assessed by an independent review committee on: (1) the risk of losing infrastructure, samples or staff without bridge funding; (2) the value of the cohort for national and international HIV cure research; (3) the accessibility of samples and data to the wider research field; (4) the credibility of the sustainability plan; and (5) the appropriateness of the budget. We strive that applicants will be informed of the outcome by mid-December 2026; funded activities may start from 1 January 2027.

Reporting: Grantees submit a short narrative and financial report within three months of the end of the funding period.

Privacy: Aidsfonds processes the personal data provided in this application (such as names, positions and contact details of applicants) solely to administer and assess this call, in accordance with the GDPR and the Aidsfonds privacy statement (www.aidsfonds.nl).

Questions: Contact Cynthia Lungu (clungu@aidsfonds.nl).

PART A — Standardized Cohort Data Sheet

Tick (☒) all that apply; enter numbers where requested.

Applicant / contact person	Name, position, email: _____
Contracting institution	Legal entity that will sign the grant agreement: _____
Consortium partners	_____
Cohort name/ acronym	_____
Start year	_____ ☐ Ongoing ☐ End year: _____
Current status	☐ Active – recruiting ☐ Active – follow-up only ☐ Wind-down ☐ Paused / On Hold (due to funding gap)
Study design	☐ RCT ☐ Prospective cohort ☐ Observational ☐ Platform ☐ Other: _____
Population type	☐ Acute ☐ Early treated (<6 months) ☐ Chronic treated ☐ Elite/post-treatment controllers ☐ Heterogeneous
Sample size	Enrolled to date: _____ Currently in active follow-up: _____
Median follow-up	_____ years (range: _____)
Participant profile	% women: _____ % migrant/non-Dutch origin: _____ Age range: _____ ☐ Pediatric included
Data domains held	☐ Clinical ☐ Virological ☐ Immunological ☐ Genomic/host ☐ Socio-behavioral ☐ Other: _____
Sample types in biobank	☐ Serial plasma/serum ☐ PBMC ☐ Leukapheresis/large phlebotomy ☐ Lymphoid tissue ☐ Gut biopsy ☐ CSF ☐ Other (specify): _____
ART-timing samples	☐ Pre-ART available ☐ At/near ART start ☐ Longitudinal on-ART Median time-to-ART: _____
Reservoir measures done	☐ Total HIV-DNA ☐ Intact proviral DNA ☐ Cell-associated RNA ☐ QVOA ☐ Integration sites ☐ None yet ☐ Other (specify) _____
Sample access (external)	☐ Open ☐ On request (committee) ☐ Restricted to consortium ☐ Not currently available
Consent scope	☐ Future/unspecified use ☐ External sharing ☐ Genetic analysis ☐ ATI/interventional sub-studies
Annual running cost	approx. € _____ / year
Funding secured until	_____ ☐ funded ☐ partially funded ☐ unfunded beyond this date
Naming in landscape report	☐ Our cohort may be named in the Aidsfonds landscape report ☐ Use our data in aggregated/anonymized form only

PART B — Narrative

To be completed by the Cohort Lead/PI. Please keep each subsection concise — roughly 3–5 lines.

1. Overview & Description

Principal Investigator(s):

Participating centres / collaborators:

Short description

A concise paragraph: what the cohort is, its purpose, and its place in the research landscape. (max.150 words).

2. Scientific Rationale & Objectives

Primary research aim(s):

Key research questions addressed:

Relevance to the broader cure field:

How this cohort contributes to national (NL4Cure) and international cure priorities. Include a link to website describing the cohort if available.

3. Participant Profile, Equity & Engagement

Recruitment strategy:

Representativeness / diversity:

Inclusion of women, migrant communities, older participants; any known under-representation.

Community / PLHIV engagement:

Community advisory involvement, co-design, return of results.

Willingness to join interventional cure trials:

Including acceptability of analytical treatment interruption (ATI), where assessed.

4. Data & Sample Infrastructure (cure-relevant detail)

Biobank depth & sampling intervals:

e.g. frequency of sampling, longitudinal span, number of timepoints per participant.

Reservoir-relevant assets:

Pre-ART / early-treatment samples, leukapheresis products, tissue (gut, lymph node, CSF), rare populations.

Sample availability / depletion:

Roughly how much material remains; any high-demand samples nearing exhaustion.

Unique assets / strengths:

5. Access, Governance & Readiness

Access mechanism & turnaround:

How an external researcher requests samples/data; typical approval time; MTA/DTA in place?

Data standards & FAIRness:

Harmonised variables, linkage to other cohorts, metadata/findability.

Ethics & consent status:

Current ethics approval; any limits on future or external use.

6. Scientific Contributions & Outputs

6.1 Key publications (incl. major findings & contribution to knowledge)

6.2 Impact on the field & translation

Influence on cure strategies, guidelines, trial design; use as a platform/recruitment source for trials.

7. Collaboration & Positioning

National collaborations:

International collaborations:

Role in global networks / consortia:

8. Funding & Sustainability

Current funder(s) & key grants:

PI, funder, years.

Cost to sustain & runway:

Approximate €/year to maintain; specify the exact months/years of the gap between your previous grant and upcoming secured/pending cycle.

Minimum viable support:

Individual award cap is €212,500. Explain how this amount contributes to your minimum viable support.

9. Gaps, Needs & Future Potential

Scientific gaps this cohort could address:

Operational / infrastructure needs:

Opportunities for expansion or new research:

Relevance to upcoming funding calls / programmes:

10. Summary Statement

Include a direct statement on the immediate risk to the infrastructure if this bridge funding is not awarded.

11. Budget

Provide a detailed breakdown of how the requested funding (up to €212,500) will be allocated across a maximum 12-month period.

Personnel costs (€ / FTE):

Biobanking & Storage Logistics (€):

Detail the costs required to maintain sample integrity (e.g., liquid nitrogen, sample processing kits, shipping between UMCs)

Data Infrastructure and Compliance (€):

Other Operational Costs (€):

Itemize any other essential maintenance costs not covered above.

Justification narrative (max. 15 lines):

Explain why these specific costs are critical to preventing the immediate shutdown or fragmentation of the cohort.

Submit by 13 November 2026, 17:00 CET