



**PROJECT GRANT APPLICATION
– Digital signature page**

Applicant	
Project title	
Amount requested SEK	
Start date	
Institution/University	
Email	

Please answer the following questions:

1. Have you read the application guidelines Yes No
2. Have you completed all sections of the application form? Yes No

Signatures

(In order to be able to sign, you will need to download the pdf to your computer).

Applicant:

Name: Signature:

Head of Department:

Name: Signature:

Head of Finance:

Name: Signature:

Additional applicants:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Please send this digitally signed PDF by e-mail together with your application to the following address:
 submit@diabeteswellness.se
 Please quote "Project Grant 2026 – Sweden"