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## Project Grant Application Form

### Overview

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



## Project Grant Application Form

### I. Applicant information

<b>Title:</b>	<b>First Name:</b>	<b>Last Name:</b>
<b>Institutional Work Address. Please provide your university, hospital or research institute address:</b>		
<b>Postcode &amp; City:</b>	<b>Telephone:</b>	<b>Mobile:</b>
<b>Email:</b>	<b>ORCID:</b>	
<b>Position:</b>	<b>Anticipated time commitment on project (Hours/day):</b>	

### 2. Institutional information

#### Institution where the research will be carried out

<b>Institution/University:</b>	<b>Department (name &amp; address):</b>
<b>Contact address:</b>	<b>Postcode &amp; City:</b>

#### Head of Department and Department/Institution Authority

<b>Title:</b>	<b>First Name:</b>	<b>Last Name:</b>
<b>Address (including institution):</b>		
<b>Postcode &amp; City:</b>	<b>Telephone:</b>	<b>Email:</b>
<b>Position:</b>		



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### 3. Research project

**Title of the project:**

**Type of grant:**

Basic     Clinical

**Proposed start date:**

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**Does the proposal predominantly relate to:**

Type 1 diabetes     Type 2 diabetes

**Key words:**

**Scientific Summary/Abstract**

Maximum 1 700 character.

**Lay Summary:**

Describe the proposed research in simple terms that can be understood by a general audience. Maximum 2 100 character.



**Describe the relevance of the project to diabetes and its potential benefit to people living with diabetes:**

Maximum 4 600 character.



## **Project details**

**Does the research involve animals?**

Yes  No

**If yes, has ethical permission been obtained?**

**Aims & Objectives of the proposal:**

**Plan of study – please describe the plan of investigation and expected outcome.**

Where relevant please attach **maximum 2 pages** of supporting data/figures as supplementary. Maximum 10 500 character.





Are there any supporting figures?

Yes  No

If yes, please list documents attached:

References:



## Budgets and costs SEK

Total amount requested:	
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### Breakdown of Costs

Catagory	Amount SEK
Salaries:	
Consumables:	
Equipment:	
Animal purchase and maintenance:	
Publication Costs:	
Travel:	
Overhead*:	
Other:	

*\*Overhead costs of up to 10% of the total value of the grant may be considered.*

**Please clearly outline how the requested funds will cover the proposed work:**

Maximum 1 000 character



## Current / previous sources of funding and other grant applications

If you have previously received funding from the Diabetes Wellness Sverige, please complete the table below.

Date of award	Project title	Amount

Please provide details of all active and past grants:

Name of grant	Date of award	Duration	Amount



Has this application previously been submitted elsewhere including Diabetes Wellness Sverige?:

If yes, please outline the main changes/updates made to the current application with reference to the previous application.

Are you currently applying elsewhere for funding to support the work relating to the present proposal?

If yes, please give details:

#### **4. Financial information**

**Financial Administration (Please provide details of the officer who should be contacted for payment if the grant is awarded)**

<b>Title:</b>	<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>		
<b>Postcode &amp; City:</b>	<b>Telephone:</b>	<b>Email:</b>
<b>Position:</b>		







<b>MEMBERSHIP OF PROFESSIONAL ASSOCIATION</b>	
<b>Date:</b>	<b>Details:</b>

**Please send this application form together with the digitally signed PDF file, "Digital signature page", by e-mail to the following address:**

**submit@diabeteswellness.se**

**Please quote "Project Grant 2026 – Sweden"**