



**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: .....

**Please send this digitally signed PDF by e-mail together with  
your application to the following address:  
research@diabeteswellness.se**