



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**