



## Project Grant Application Form

### Overview

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



## Project Grant Application Form

### I. Applicant information

Title:	First Name:	Last Name:
Address:		
Postcode & City:	Telephone:	Mobile:
Email:	ORCID:	
Position:	Anticipated time commitment on project (Hours/day):	

### 2. Institutional information

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

Institution/University:	Department (name & address):
Contact address:	Postcode & City:

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

Title:	First Name:	Last Name:
Address (including institution):		
Postcode & City:	Telephone:	Email:
Position:		



## 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 ☐

**Scientific Summary/Abstract**

Maximum 1 700 character.

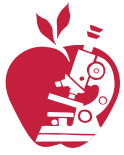
**Lay Summary:**

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:**

## **Breakdown of Costs**

**Salaries:**

**Materials and consumables:**

**Animal purchase and maintenance:**

**Equipment:**

**Other:**

**Detailed breakdown of costs and justification:**





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## **Current sources of funding**

Please provide details of all active grants:

Name of grant	Date awarded	Project title



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)**

Title:	First Name:	Last Name:
Address:		
Postcode & City:	Telephone:	Email:
Position:		



## CURRICULUM VITAE FOR .....

### PERSONAL DETAILS

Department:	Institution/University:	Email:
Address:		
Postcode & City:	Telephone:	Mobile:
Position:		

### ACADEMIC CAREER (list most recent first)

Date:	Career details with name of institution:

### QUALIFICATIONS (include relevant training, certifications and date for PhD qualification)

Date:	Details:

### MEMBERSHIP OF PROFESSIONAL ASSOCIATION

Date:	Details:

### RELEVANT PUBLICATIONS

Publication:	Full list of authors:



**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](mailto:submit@diabeteswellness.se)**