AG Fond

Stiftelsen Assar Gabrielssons fond

För klinisk forskning speciellt i cancersjukdomar

Ans.nr: Field filled by the foundation

Application for research grant

A. Information

- For the application to be processed by the foundation, the entire form **must be** completed and signed.
- The form and accompanying attachments must be submitted as **a single (1) continuous document in PDF format**.
- Attachments, images, documents, etc., that are not requested **should not be** submitted.
- The PDF document **must not exceed 10 MB** in size.
- Name the document "**FB**", the date, and the name. For example, "**FB 2026-09-01 Anna Andersson**".
- The PDF document (**1**) is sent via email to **stiftelser.filantropi@handelsbanken.se**
- Mark the email subject line with the foundation's name and the subject "**AG-fonden, research grant application**".
- A researchreport, **maximum one (1) A4 page in PDF format**, must be sent to **stiftelser.filantropi@handelsbanken.se** no **later than October 1st of each year during the course of the project.** Please mark the email subject line with the foundation's name and the reference "**AG-fonden, researchreport**".

B. Appendices

- ☐ **Project summary (half an A4 page)**
- ☐ **Detailed research plan (max. 5 pages)**
- ☐ **CV and list of publications**
- ☐ **Scientific report, 1 page (only for refinancing)**

C. Applicant and organization

Name of the organization:

Organization number:

Street address or P.O. Box:

Postal code:

City:

Institution or equivalent:

D. Bank and transfer details

Bankgiro number:

Amount applied for (SEK):

Cost center:

E. **Applicant and contact person**

Title:

First name:

Surname:

Email address:

Phone number:

Doktorand **Post-Doc** **Scientist**

F. **Project details**

Project title:

New project

Continued project

Project number/decision number:

Previously granted amount (SEK):

Start date (YYYY-MM-DD):

End date (YYYY-MM-DD):

Budget, summary (SEK)

	Total cost for the project:	Previously granted from the foundation:
Personnel costs incl. taxes and charges:		
Operating costs		
Equipment:		
Travel expenses:		
Other costs:		
Total:		

Financing plan

Donor:	Amount applied for (SEK):	Approved amount (SEK):
Total:		

G. Declaration and collection of personal data

Changed circumstances/plans

I undertake to notify the foundation of any changes regarding the submitted application.

Information regarding the processing of personal data

Personal data provided in your application, or otherwise recorded during the grant administration process, will be processed for subsequent administrative purposes, including potential publication. Such personal data may be supplemented with information from private and public registers—for example, updating address details using the national population address register (SPAR).

The Foundation is the data controller. Handelsbanken administers the Foundation and acts as the data processor.

Personal data is stored for as long as necessary to fulfill the purposes of the processing and to enable the Foundation to comply with its legal obligations.

If you wish to obtain information regarding the personal data about you that is being processed on behalf of the Foundation, you may submit a written request to Handelsbanken Stiftelsetjänst, 106 70 Stockholm. Please specify which foundation the request concerns.

Detailed information regarding the processing of personal data and the rights of data subjects in connection with such processing is available at www.handelsbanken.se.

Consent to the processing of special categories of personal data

If the document contains so-called special categories of personal data, your consent to the processing of such data is required. Under data protection legislation, "special categories of personal data" refers to personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, as well as the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health, or data concerning a natural person's sex life or sexual orientation.

By signing this document, I consent to such data being processed, where applicable, by the Foundation and the administrator to the extent necessary for the purpose of the processing.

H. Signature

Attestation

The supervisor certifies by their signature below that the information provided by the applicant is accurate. Furthermore, if the applicant is a researcher, they certify that no more than seven years have elapsed since the date of their doctoral defense.

The supervisor also certifies that any necessary approvals—such as ethical clearance—will be obtained before the project commences, and that the faculty and other resources required to carry out the project will be made available.

Supervisor's signature:

Supervisor's email address:

Printed name:

Supervisor's phone number:

I hereby certify on my honor and conscience that the information provided above is correct and truthful.
We acknowledge that we may be liable for repayment if incorrect information has been provided.

Applicant's signature:

City:

Printed name:

Date: