

**Urology Care Foundation
2024 Physician Scientist Residency Training Award – Site Competition
PROPOSAL AGREEMENT FORM**

This form must be completed in its entirety and uploaded into ProposalCentral for the proposal to be accepted and reviewed. Submitting a fully executed Proposal Agreement Form at the Proposal Deadline (**5:00 p.m. Eastern time February 29, 2024**) is required. Please type all responses except where signatures are requested.

Principal Investigator Section

I am submitting an application on behalf of _____ for consideration as a program site in the 2024 Urology Care Foundation Physician Scientist Residency Training Award competition.

I certify that the statements and information included in my application and on this agreement form are true and complete to the best of my knowledge. If my institution is approved as a Program Site for this award and matched with a trainee, I agree to conduct this program according to the guidelines as described in the Physician Scientist Residency Training Award – Program Site Program Announcement, including:

- Ensure that the Urology Care Foundation and award sponsor are acknowledged in any publication arising from work supported by the Physician Scientist Residency Training Award;
- Notify the AUA Office of Research in writing of any address/contact information change, receipt of additional funding, change in project status, change in mentor(s) and/or personnel involved in the project, or any other significant change to the program as described in the proposal before or during the award period of performance;
- Ensure the attendance of the trainee at all required Urology Care Foundation and AUA Office of Research activities unless approval to not attend the activities has been granted by the Office of Research;
- Adhere to both research progress reporting and financial reporting requirements of the program;
- Maintain an AUA membership in good standing, and ensure the AUA membership of the trainee, during the award period.

I understand and acknowledge the following:

- The Urology Care Foundation does not withhold taxes from the award (i.e., federal withholding, social security, local taxes, etc.) and the Physician Scientist Residency Training Award recipient will be responsible for filing any and all taxes;
- The award will be for a period of eight years, for the full duration of the clinical and research years of the trainee's residency, and that the trainee will maintain no less than 80% protected time for research during his or her research years.

Principal Investigator Signature

Print Name

Date

Urology Department Chair Section

I certify that the information included in this agreement form and the above-mentioned PI's application is complete and true to the best of my knowledge.

I certify this institution is in good standing with and accredited by the Liaison Committee for Medical Education (LCME), registered with the Association of American Medical Colleges (AAMC) Electronic Residency Application Service (ERAS®), and if approved as a program site that availability of a residency slot for use by the Physician Scientist Residency Training Award trainee will be sought post-haste.

I agree that all necessary support will be provided for the proposed program, which will include but not be limited to an appropriate research and training environment, laboratory equipment, and supplies to perform the research and ensure the development of the trainee for the duration of the award performance period.

I understand that if my institution is named an approved Program Site for the Physician Scientist Residency Training Award and a trainee is assigned to my institution, I will ensure that the training program is implemented in accordance with the guidelines as described in the Physician Scientist Residency Training Award - Program Site Program Announcement, including:

- Notifying the AUA Office of Research in writing of any address/contact information change, receipt of additional funding, change in project status, change in mentor(s) and/or personnel involved in the project, or any other significant change to the program as described in the proposal before or during the award period of performance.
- Adhering to both research progress reporting and financial reporting requirements of the program.

I understand and acknowledge the following:

- The Urology Care Foundation does not withhold taxes from the award (i.e., federal withholding, social security, local taxes, etc.) and the Physician Scientist Residency Training Award recipient will be responsible for filing any and all taxes.
- The award will be for a period of eight years, for the full duration of the clinical and research years of the trainee's residency, and that the trainee will maintain no less than 80% protected time for research during his or her research years.

Urology Department Chair Signature

Name

Date

Prospective Mentor(s) Section

If selected as a mentor for a Physician Scientist Residency Training Award recipient, I agree to provide mentorship and strong support for the recipient's clinical and research training, including but not limited to supervising the development of a research proposal to be submitted to the AUA Office of Research in due course of the award timeline. Further, I attest that I will also fulfill all mentor reporting requirements and ensure that all other recipient and institution reporting requirements are met as described in the corresponding Physician Scientist Residency Training Award- Awardee Program Announcement. **All potential mentors listed on the project must sign.**

Mentor 1 Signature	Name	Date
Mentor 2 Signature	Name	Date
Mentor 3 Signature	Name	Date
Mentor 4 Signature	Name	Date
Mentor 5 Signature	Name	Date
Mentor 6 Signature	Name	Date
Mentor 7 Signature	Name	Date
Mentor 8 Signature	Name	Date
Mentor 9 Signature	Name	Date
Mentor 10 Signature	Name	Date

Sponsoring Institution Section

On behalf of the institution detailed on page one of this form and reiterated below, I certify that the information included in this Proposal Agreement Form and the Primary Investigator's corresponding proposal is complete and true to the best of my knowledge.

I certify this institution is an accredited medical research institution in good standing with and accredited by the Liaison Committee for Medical Education (LCME), registered with the Association of American Medical Colleges (AAMC) Electronic Residency Application Service (ERAS®), and if approved as a program site that availability of a residency slot for use by the Physician Scientist Residency Training Award trainee will be sought post-haste.

If selected as a program site and matched with an awardee, the institution agrees to provide adequate support to the above listed project, including responsibility for the adequacy of the research environment, laboratory equipment, and the supplies to perform the proposed research and development of the trainee.

We understand that, if this institution is named an approved Program Site for the Physician Scientist Residency Training Award and a trainee is assigned, the Principal Investigator must complete the proposed program in accordance with the guidelines as described in the Program Announcement, including:

- Notifying the AUA Office of Research in writing of any address/contact information change, receipt of additional funding, change in project status, change in mentor(s) and/or personnel involved in the project, or any other significant change to the program as described in the proposal before or during the award period of performance.
- Adhering to both research progress reporting and financial reporting requirements of the program.

We understand and acknowledge the following:

- The Urology Care Foundation does not withhold taxes from the award (i.e., federal withholding, social security, local taxes, etc.) and the Physician Scientist Residency Training Award recipient will be responsible for filing any and all taxes.
- The award will be for a period of eight years, for the full duration of the clinical and research years of the trainee's residency, and that the trainee will maintain no less than 80% protected time for research during his or her research years.

Institution: _____

Institutional Representative Signature

Name

Date

Position Title: _____

Email: _____

Phone: _____