

**Urology Care Foundation
2025 Residency Research Award
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 Letter of Intent Deadline (**September 26, 2024 5:00 p.m. Eastern time**) is preferred. Submission at the Proposal Deadline (**October 24, 2024 5:00 p.m. Eastern time**) is required. Please type all responses except where signatures are requested.

Applicant Section

I am applying for a Urology Care Foundation Residency Research Award to support a research project that is:

_____ months in duration and anticipated to take place from
_____ (MM/DD/YYYY) to _____ (MM/DD/YYYY).

I certify that the statements and information included in my proposal and on this Proposal Agreement Form are true and complete to the best of my knowledge. If selected for a Residency Research Award, I agree to complete my research project according to the guidelines described in the 2024 Residency Research Award Program Announcement and will fulfill all reporting responsibilities therein, including the following:

- 1) Immediately notifying the AUA Office of Research at grantsmanager@auanet.org if I receive alternative funding, or no longer intend to receive or continue the Residency Research Award.
- 2) Maintaining the appropriate percent of protected research time (i.e., no less than an 80%) for the duration of the research project period.
- 3) Acknowledging the Urology Care Foundation and the sponsor in any publication arising from work supported by the Residency Research Award.
- 4) Reporting any changes to the proposed project via ProposalCentral, including any mailing or email address changes, receipt of additional funding, change in project status, or change in mentor and/or personnel involved in the project before or during the award period.
- 5) Attending all activities required by the AUA, its Urology Care Foundation, and sponsoring organization if applicable.
- 6) Having an active AUA membership during the award period.
- 7) Completing all interim and final institution, awardee, and mentor reporting requirements.

Applicant Signature	Name	Date
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Mentor Section

I certify that the information included in this Proposal Agreement Form and the above-mentioned applicant's proposal is complete and true to the best of my knowledge. I agree to provide mentorship and strong support for both the proposed research project and the applicant's training. I further attest that any funds needed to complete the project beyond those provided by the award are available through my or my institution's funding, and commit to provide any additional laboratory, departmental, and/or institutional resources needed to support the proposed project. I understand that the applicant must maintain at least an 80% level of effort for the duration of the award period, and commit to ensuring this effort. I will also fulfill all mentor reporting requirements described in the 2024 Residency Research Award Program Announcement. **All mentors listed on the project must sign.**

Primary Mentor Signature	Name	Date
Mentor 2 Signature	Name	Date
Mentor 3 Signature	Name	Date
Mentor 4 Signature	Name	Date

To be completed by the primary mentor only: Please describe your involvement in the development of this proposal.

Residency Program Director and Department Chair Section

I certify that the information included in this Proposal Agreement Form and the above individuals' proposal is complete and true to the best of my knowledge. I confirm that the applicant will receive at least 80% protected research time for the duration of the proposed award period. I agree to provide all necessary support for the duration of the award and will ensure that all reporting requirements are fulfilled as described in the 2025 Residency Research Award Program Announcement. I further attest that any funds needed to complete the proposed project, beyond those provided by this award or other resources, are available through the department or institution.

Residency Program Director Signature	Name	Date
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Urology Department Chair Signature	Name	Date
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Sponsoring Institution Section

On behalf of the above individuals' proposal and the institution listed below, I agree to fulfill all institutional and financial accountability reporting requirements described in the 2025 Residency Research Award Program Announcement. **I understand and agree that Residency Research Award funds WILL NOT be used for indirect costs or salary support, or costs for or related to any personnel other than the resident.** The institution recognizes that the Urology Care Foundation does not withhold taxes from the award (federal withholding, social security, local taxes, etc.), and that the institution and/or awardee are responsible for ensuring that appropriate federal and local taxes are accounted for.

Research Project Institution: _____

Institutional Representative Signature	Name	Date
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Position Title: _____

Email: _____

Phone: _____