

**Urology Care Foundation
2024 Boston Scientific Medical Student Innovation Fellowship
PROPOSAL AGREEMENT FORM**

This form must be completed in its entirety and uploaded into ProposalCentral for the proposal to be accepted and reviewed. **The proposal deadline is Thursday, March 7, 2024 at 5:00 p.m. Eastern time.** Please type all responses except where signatures are requested.

Applicant Section

I am applying for a Boston Scientific Medical Student Innovation Fellowship for 12 months of support with 100% percent protected research time.

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 fellowship, I agree to complete my research project according to the guidelines described in the 2024 Boston Scientific Medical Student Innovation Fellowship 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 Boston Scientific Medical Student Innovation Fellowship.
- 2) Maintaining the appropriate percent of protected research time for the duration the Boston Scientific Medical Student Innovation Fellowship.
- 3) Acknowledging the Urology Care Foundation and the sponsor in any publication arising from work supported by the Boston Scientific Medical Student Innovation Fellowship.
- 4) Reporting any changes to the proposed project to the AUA Office of Research at grantsmanager@auanet.org, 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, including but not li:
 - a. Attending a site visit at a mutually agreed-upon date and time as organized by the award sponsor;
 - b. Attending educational activities as organized by the award sponsor.
- 6) Having an active AUA membership during the award period and fulfilling any other applicable membership requirements.
- 7) Completing all interim and final institution, awardee, and mentor reporting requirements.

Applicant Signature

Name

Date

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 the proposal was prepared by the applicant under my supervision and guidance but with minimal assistance. I will also fulfill all mentor reporting requirements and ensure that all other applicant and institution reporting requirements are met as described in the 2024 Boston Scientific Medical Student Innovation Fellowship Program Announcement.

Primary Mentor Signature

Name

Date

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

Urology 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 the appropriate amount of 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 2024 Boston Scientific Medical Student Innovation Fellowship Program Announcement.

Urology Department Chair Signature

Name

Date

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 2024 Boston Scientific Medical Student Innovation Fellowship Program Announcement. **I attest that we will provide the required 100% matching funds for the fellowship, and that fellowship funds WILL NOT be used for indirect costs or salary support, or costs for or related to any personnel other than the awardee.** 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: _____