

**Urology Care Foundation  
2024 Research Scholar 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 (**November 9, 2023 5:00 p.m. Eastern time**) is preferred. Submission at the Proposal Deadline (**December 14, 2023 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 Research Scholar Award for \_\_\_\_\_ year(s) of support with \_\_\_\_\_ percent protected research time.

I understand that, if applying as a clinical fellow, I am only permitted to request one year of funding unless the fellowship includes two consecutive years of at least 50% 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 Research Scholar Award, I agree to complete my research project according to the guidelines described in the 2024 Research Scholar 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](mailto:grantsmanager@auanet.org) if I receive alternative funding, or no longer intend to receive or continue the Research Scholar Award.
- 2) Maintaining the appropriate percent of protected research time for the duration the Research Scholar Award.
- 3) Acknowledging the Urology Care Foundation and the sponsor in any publication arising from work supported by the Research Scholar 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 and fulfilling any other applicable membership requirements.
- 7) Completing all interim and final institution, awardee, and mentor reporting requirements.

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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 Research Scholar 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
Mentor 5 Signature	Name	Date
Mentor 6 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 Research Scholar Award Program Announcement.

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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 Research Scholar Award Program Announcement. **I attest that we will provide the required cost-sharing or matching funds for the award, and that Research Scholar Award 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: \_\_\_\_\_

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Institutional Representative Signature

Name

Date

Position Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_