

**Urology Care Foundation  
2024 Rising Stars in Urology 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. **The proposal deadline is July 30, 2024, at 5:00 p.m. Eastern time.** Please type all responses except where signatures are requested. All mentors listed on the proposal must sign.

**Applicant Section**

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 Urology Care Foundation Rising Stars in Urology Research Award, I agree to complete my research project according to the guidelines described in the 2024 Rising Stars in Urology Research Award Program Announcement and Notice of Award, and will fulfill all reporting responsibilities therein, including:

- 1) Maintaining at least a 50% level of effort for the Rising Stars in Urology Research Award research project during the award period.
- 2) Acknowledging the Urology Care Foundation program and the award sponsor in any publication arising from work supported by the Rising Stars in Urology Research Award.
- 3) Reporting any changes to the proposed project to the AUA Office of Research immediately, including any mailing or email address changes, receipt of additional funding, change in project status, or change in mentor(s) and/or personnel involved in the project before or during the award period.
- 4) Attending all required Urology Care Foundation and AUA Office of Research activities.
- 5) Maintaining an active AUA membership during the award period.
- 6) Completing all interim and final institution, awardee, and mentor reporting requirements.

I understand and acknowledge the following:

- 1) The award payment will be made directly to me and that the Urology Care Foundation does not withhold taxes from the award (federal withholding, social security, local taxes, etc.). I will be responsible for filing any and all taxes.
- 2) Funding is contingent on maintaining an extramural career development award.
- 3) I will be personally responsible for repayment of funds provided by the award in the case that I fail to meet the obligations of the award described in the Program Announcement and Notice of Award.

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Applicant Signature

Applicant 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 will also fulfill all mentor reporting requirements described in the 2024 Rising Stars in Urology Research Award Program Announcement and Notice of Award. **All mentors listed on the project must sign.**

Primary Mentor Signature	Primary Mentor Name	Date
Mentor 2 Signature	Mentor 2 Name	Date
Mentor 3 Signature	Mentor 3 Name	Date
Mentor 4 Signature	Mentor 4 Name	Date
Mentor 5 Signature	Mentor 5 Name	Date
Mentor 6 Signature	Mentor 6 Name	Date

## Urology Department Chair Section

Acting on behalf of the sponsoring institution, I certify and attest to the following:

- 1) That the information included in this Proposal Agreement Form and the above individuals' proposal is complete and true to the best of my knowledge.
- 2) That the applicant will be guaranteed at least 50% protected research time for the duration of the award period.
- 3) To provide all necessary support for the duration of the award.
- 4) To fulfill all institutional and financial accountability reporting requirements described in the 2024 Rising Stars in Urology Research Award Program Announcement and Notice of Award.
- 5) That award funds will be paid directly to the awardee for the sole purpose of salary supplementation and will not be used for fringe benefits, institutional indirect costs, or salary support for anyone other than the awardee.
- 6) In the case that the awardee fails to meet the requirements described in the Program Announcement, the institution will assist the AUA and the Urology Care Foundation in recovering funds from the awardee.
- 7) I acknowledge salary and/or benefits reduction is prohibited if the applicants should receive the award.

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Urology Chair Signature & Acknowledgement

Urology Chair Name

Date

Research Project Institution: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_