UROLOGY CARE FOUNDATION
2017 RESEARCH SCHOLAR PROGRAM
APPLICATION AGREEMENT FORM

Your application for Urology Care Foundation funding will not be accepted or reviewed until this three-page form is completed and submitted with your application. **Any forms received after 5:00 p.m. Eastern time on Thursday, September 8, 2016 will not be accepted.** Please type all responses except where signatures are requested. **NOTE: All mentors listed on the project must sign.**

Applicant Name: _____

Mentor Name(s): _____

Research Institution: _____

APPLICANT SECTION

Applications submitted to the Urology Care Foundation Research Scholar Program may also be submitted to other funding organizations (e.g., National Institutes of Health, American Cancer Society, Department of Defense, National Kidney Foundation). If you have pending applications for funding from these or other sources, please list them below or on a separate page, if necessary.

Program(s)	*Organization(s)*	*Notification Date(s)*
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I agree to notify the Urology Care Foundation immediately if I receive alternative funding, accept another position, or no longer intend to receive or continue a Foundation award. 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 named a Urology Care Foundation Research Scholar, I agree to complete my research project according to the guidelines as described in the 2017 Program Announcement, including:

1) Acknowledging the Urology Care Foundation program and the scholarship sponsor in any publication arising from work supported by the Research Scholar Program.

2) Notifying the Urology Care Foundation in writing of any address change, receipt of additional funding, change in project status, or change in personnel involved in the project before or during the award period of performance.

3) Attending all required Urology Care Foundation activities.

4) Having an active AUA membership during my award period.

Applicant Signature *Date*

MENTOR SECTION: PART A

I certify that the information included in this agreement form and the above individual's application is complete and true to the best of my knowledge. The application package submitted has been prepared by the applicant under my supervision and guidance, but with minimal assistance. I agree to provide all necessary support for the duration of the scholarship and abide by the reporting requirements of the program. I understand that, during the award period and within three years thereafter, I will make every attempt to serve on a Urology Care Foundation grant review panel, if requested. I understand that if the applicant is named a Urology Care Foundation Research Scholar, he or she agrees to complete the research project according to the guidelines as described in the 2017 Program Announcement, including:

1) Acknowledging the Urology Care Foundation program and the scholarship sponsor in any publication arising from work supported by the Research Scholar Program;

2) Notifying the Urology Care Foundation in writing of any address change, receipt of additional funding, change in project status, or change in personnel involved in the project before or during the award period of performance.

3) Attending all required Urology Care Foundation activities.

4) Having an active AUA membership during his or her award period.

I also agree to adhere to the financial reporting requirements of the program, which include periodic re-affirmation of matching funding and level of effort. **NOTE: All mentors listed on the project must sign.**

Mentor Signature	*Name (Printed)*	*Date*
Mentor Signature	*Name (Printed)*	*Date*
Mentor Signature	*Name (Printed)*	*Date*
Mentor Signature	*Name (Printed)*	*Date*
Mentor Signature	*Name (Printed)*	*Date*
Mentor Signature	*Name (Printed)*	*Date*

MENTOR SECTION: PART B

To Be Completed By The Primary Mentor Only: As requested within the 2017 Program Announcement, please describe your involvement in the development of this application.

DEPARTMENT HEAD SECTION

I certify that the information included in this agreement form and the above individuals' application is complete and true to the best of my knowledge. The application package submitted has been prepared primarily by the applicant under the supervision and guidance of the mentor(s), but with minimal assistance. I agree to provide all necessary support for the duration of the scholarship and abide by the reporting requirements of the program. I understand that if the applicant is named a Urology Care Foundation Research Scholar, he or she agrees to complete the research project according to the guidelines as described in the 2017 Program Announcement, including:

1) Acknowledging the Urology Care Foundation program and the scholarship sponsor in any publication arising from work supported by the Research Scholar Program.

2) Notifying the Urology Care Foundation in writing of any address change, receipt of additional funding, change in project status, or change in personnel involved in the project before or during the award period of performance.

3) Attending all required Urology Care Foundation activities.

4) Having an active AUA membership during his or her award period.

I also agree to adhere to the financial reporting requirements of the program, which include periodic re-affirmation of matching funding and level of effort.

Department Head Signature *Name (Printed)* *Date*

SPONSORING INSTITUTION SECTION

On behalf of the above listed research institution, we agree to the following:

To provide financial sponsorship to this candidate by providing at least equivalent amounts of the matching funds as it pertains to the specific scholarship of the Urology Care Foundation Research Scholar Program. We understand that funds are not to be utilized for indirect costs. As an accredited medical research institution, we agree 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 scholar. In the case that the awardee relinquishes the award or fails to meet the obligations of the award as described in the Program Announcement, the institution will assist the AUA and Urology Care Foundation in recovering funds from the awardee. We understand that the Urology Care Foundation does not withhold taxes from scholarship stipends (e.g., federal withholding, social security, local taxes). We understand that if the applicant is named a Urology Care Foundation Research Scholar, they agree to complete the research project according to the guidelines as described in the 2017 Program Announcement, including:

1) Acknowledging the Urology Care Foundation program and the scholarship sponsor in any publication arising from work supported by the Research Scholar Program.

2) Notifying the Urology Care Foundation in writing of any address change, receipt of additional funding, change in project status, or change in personnel involved in the project before or during the award period of performance.

3) Attending all required Urology Care Foundation activities.

4) Having an active AUA membership during his or her award period.

The institution also agrees to adhere to the financial reporting requirements of the program, which include periodic re-affirmation of matching funding and level of effort.

Signature of Institution Representative *Name (Printed)* *Date*

Institution Tax ID#_____

Please provide contact information for a designated grant administrator at your institution. Payments and any administrative inquiries will be directed to this individual.

Name: _____ Title: _____

Street Mailing Address (no P.O. Boxes): Phone: _____

_____ Fax: _____

_____ E-mail: _____

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