

**UROLOGY CARE FOUNDATION
2019 RISING STARS IN UROLOGY RESEARCH AWARD PROGRAM
APPLICATION AGREEMENT FORM**

Your application for the Urology Care Foundation Rising Stars in Urology Research Award will not be accepted or reviewed until this five-page form is completed and submitted with your application. **Any forms received via the proposal submission system after 5:00 p.m. Eastern time on Thursday, June 6, 2019 will not be accepted.** Please **type** all responses except where signatures are requested. **NOTE: All mentors listed on the project must sign.**

Applicant's Name
including degrees:

Mentor(s) Name(s)
including degrees:

Research Institution:

Project Title:

Collaborator(s) including
degrees (optional):

APPLICANT SECTION

I agree to notify the Urology Care Foundation immediately if I receive additional 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 Rising Stars in Urology Research awardee, I agree to complete my research project according to the guidelines as described in the 2019 Program Announcement, including:

- 1) 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.
- 2) Notifying the AUA Office of Research in writing of any address/contact information change, 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 of performance.
- 3) Attending all required Urology Care Foundation and AUA Office of Research activities.
- 4) Adhering to both research project progress reporting, financial reporting and post-award reporting requirements of the program, which include periodic re-affirmation of funding status and level of effort.
- 5) Maintaining an AUA membership in good standing during my award period.

I understand and acknowledge the following:

- 1) Payment of the salary stipend will be made directly to me and that the Urology Care Foundation does not withhold taxes from the award (i.e., federal withholding, social security, local taxes, etc.). I will be responsible for filing any and all taxes.
- 2) The award will be for a period of up to five years with no less than 50% protected time for research and is contingent on my maintaining an externally-funded 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.

Applicant Printed Name

Applicant Signature

Date

Payment Mailing Address (**no P.O. Boxes**):

_____ Phone: _____

_____ E-mail: _____

_____ AUA ID: _____

MENTOR SECTION:

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 award and abide by the reporting requirements of the program. I understand that if the applicant is named a Urology Care Foundation Rising Stars in Urology Research Awardee, he or she agrees to complete the research project according to the guidelines as described in the 2019 Program Announcement, including:

- 1) Acknowledging the Urology Care Foundation program and the scholarship sponsor in any publication arising from work supported by the Rising Stars in Urology Research Award Program;
- 2) Notifying the AUA Office of Research in writing of any address/ contact information change, 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 of performance.
- 3) Attending all required Urology Care Foundation and AUA Office of Research activities.

I also agree to adhere to both research progress reporting and 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.**

<i>Primary Mentor Signature</i>	<i>Name (Printed)</i>	<i>Date</i>
<i>Mentor Signature</i>	<i>Name (Printed)</i>	<i>Date</i>
<i>Mentor Signature</i>	<i>Name (Printed)</i>	<i>Date</i>
<i>Mentor Signature</i>	<i>Name (Printed)</i>	<i>Date</i>
<i>Mentor Signature</i>	<i>Name (Printed)</i>	<i>Date</i>
<i>Mentor Signature</i>	<i>Name (Printed)</i>	<i>Date</i>

DEPARTMENT HEAD SECTION

I certify that the information included in this agreement form and the above mentioned candidate's application is complete and true to the best of my knowledge. I agree to provide all necessary support including an appropriate research and training environment, laboratory equipment, and supplies to perform the proposed research and development of the awardee for the duration of the performance period of the award and abide by the reporting requirements of the program. I understand that if the candidate is named a Urology Care Foundation Rising Stars in Urology Research awardee, he or she must complete the research project according to the guidelines as described in the 2019 Program Announcement, including:

- 1) Acknowledging the Urology Care Foundation program and the sponsor in any publication arising from work supported by the Rising Stars in Urology Research award.
- 2) Notifying the AUA Office of Research in writing of any address/contact information change, 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 of performance.
- 3) Attending all required Urology Care Foundation and AUA Office of Research activities.

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

Department Chair Printed Name

Department Chair Signature

Date

SPONSORING INSTITUTION SECTION

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

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 awardee. We understand and accept that the funds will be paid directly to the awardee. In the case that the awardee fails to meet the obligations of the award described in the Program Announcement, the institution will assist the AUA and Urology Care Foundation in recovering funds from the awardee. We understand the Urology Care Foundation does not withhold taxes from awards (i.e., federal withholding, social security, local or state taxes, etc.). We understand that the award will be for a period of up to five years and is contingent on the awardee maintaining an externally-funded Career Development Award.

We understand that if the applicant is named a Urology Care Foundation Rising Stars in Urology Research awardee, he or she agrees to complete the research project according to the guidelines as described in the 2019 Program Announcement, including:

- 1) 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.
- 2) Notifying the AUA Office of Research in writing of any address/contact information change, 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 of performance.
- 3) Attending all required Urology Care Foundation and AUA Office of Research activities.

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

<i>Institutional Representative Signature</i>	<i>Name (Printed)</i>	<i>Date</i>
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Please provide contact information for a designated grant administrator at your institution. *Any administrative inquiries will be directed to this individual.* **Please type all responses except where signatures are requested.**

Name: _____

Title: _____

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

_____	Phone: _____
_____	Fax: _____
_____	E-mail: _____
_____	Institution Tax ID# _____