

**2026 Urology Care Foundation  
Bridge Award Supported by Dornier MedTech  
GRANT AGREEMENT FORM**

This form must be completed in its entirety and uploaded into ProposalCentral by the submission deadline (**September 29, 2025 at 11:59 p.m. Eastern time**). This is a required form for a complete grant application. If it is not uploaded by the submission deadline, the application will **NOT** proceed to peer review and therefore will not be considered for funding. Please **type** all responses except where signatures are requested.

**Applicant Section**

I certify that the statements and information included in my application and on this Grant Agreement Form are true and complete to the best of my knowledge. If selected for a 2026 Urology Care Foundation Bridge Award Supported by Dornier MedTech grant, I agree to utilize the funds in accordance with the guidelines described in the 2026 UCF Bridge Award Supported by Dornier MedTech Program Announcement and will fulfill all reporting responsibilities therein. I certify I will:

- 1) Immediately notify the American Urological Association Education and Research, Inc. (AUAER) 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 2026 Urology Care Foundation Bridge Award Supported by Dornier MedTech grant.
- 2) Acknowledge the American Urological Association and the sponsor in any publication arising from work supported by the 2026 Urology Care Foundation Bridge Award Supported by Dornier MedTech grant.
- 3) Report 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 personnel involved in the project before or during the award period.
- 4) Have active AUA membership during the award period.
- 5) Complete all final institutional, awardee, and financial reporting requirements.

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Applicant Signature

Name

Date

### Collaborator Section (As Needed)

I certify that the information included in this Grant Agreement Form and the above-mentioned applicant's grant is complete and true to the best of my knowledge. I agree to act in my role as a collaborator on the proposed research project. \*\*Please have each Collaborator who is contributing to this application fill out one of these pages.\*\*

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Collaborator Signature

Name

Date

**To be completed by each collaborator.** Please describe your involvement in the development of this proposal.

### Urology Department Chair Section

I certify that the information included in this Grant Agreement Form and the above individuals' application 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 ensure that all reporting requirements are fulfilled as described in the 2026 Urology Care Foundation Bridge Award Supported by Dornier MedTech Program Announcement.

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Urology Department Chair Signature

Name

Date

### Sponsoring Institution Section

On behalf of the above individuals' application and the institution listed below, I agree to fulfill all institutional and financial accountability reporting requirements described in the 2026 2026 Urology Care Foundation Bridge Award Supported by Dornier MedTech Program Announcement. **I attest that the funds received from the 2026 Urology Care Foundation Bridge Award Supported by Dornier MedTech WILL NOT be used for indirect costs.** 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: \_\_\_\_\_