



Research Technician Support Memorandum of Understanding

The purpose of this memorandum of understanding (MOU) is to assure that financial resources are available and can be committed to fully support the laboratory technician/research assistant who will be partially supported by the funds obtained through this Research Technician Support Award.

Mission of the Technician Support Program:

The primary mission of the OPSD Research Technician Support Initiative is as follows:

- 1) Enhance research productivity of OPSD Scholars by providing funding to support a portion of effort of a laboratory technician or research assistant to be dedicated to the applicant's research project.
- 2) Promote continuity of scholars' research trajectory and scientific impact.

Program Structure:

OPSD and the Duke Burroughs Wellcome Fund Physician-Scientist Institutional Award (BWF-PSIA) are committed to funding each awardee with \$25,000 for one year to cover a portion of the salary and associated fringe benefits of a laboratory technician or research assistant. This award is non-renewable; however, awardees may apply for a competitive second cycle. Applicants can hold the award a maximum of two years. The OPSD has engaged the Duke Pre-Health program and the Duke Master of Biomedical Sciences program to assist in identifying exceptional students and early-career trainees who are interested in working as technicians and we encourage all applicants to contact OPSD opsd@dm.duke.edu to learn about the opportunity to hire a student or early grad as a technician for their project.

Expectations for applicants (please initial to show your understanding and agreement below):

- ____ Technician support covered under this award must be provided for a single person.
- ____ Technician must be hired with a start date no more than three months following Notice of Award.
- ____ Allocation of funds to cover technician salary must be complete by June 30, 2027. No-cost extensions are not allowed.
- ____ Agree to provide the OPSD with the CV and name of the person to be covered by the Award within 3 months of the Notice of Award.
- ____ Agree to submit a detailed written report 12 months after the conclusion of the funding period and provide any additional information requested by the OPSD related to this Award.

Expectations for Mentor/PI (please initial to show your understanding below):

- ____ Confirm that you have reviewed the applicant's proposal and that you support both their research proposal and plan for technical support.
- ____ Confirm that you will provide guidance toward effective hiring (if applicable), HR, management, and delegation responsibilities relative to the applicant and the technician supported by this Award.
- ____ Confirm that the effort paid for by this award will be dedicated solely to the applicant's research project.
- ____ Confirm that you are committed to and have resources for (as indicated in the table below) covering the remainder of the technician's effort (salary and fringe) over the period of the award.

Please complete funding source information on page 2

Please indicate the source(s) of funding available to cover the remainder of the technician's salary and fringe not covered by this award. If other PIs will be covering portions of effort, please include their names and the funding source.

Funding Source (e.g., grant number, divisional funds, etc.)	Name of Project	End Date (if applicable)

Applicant Name

Applicant Signature

Date

Mentor/PI Name

Mentor/PI Signature

Date

Dept. Business Manager/CAO Name

Dept. Business Manager/CAO Signature

Date

MORE INFORMATION

For additional information on this funding opportunity, please contact opsd@dm.duke.edu