SPRING 2022

LSU Health Shreveport and
Ochsner Clinic Foundation

Collaborative Intramural Research Program (CIRP)

Application Deadline:
MARCH 30, 2022
5 PM
LSU Health Shreveport
Ochsner

Collaborative Intramural Research Program (CIRP)

Background: LSU Health Shreveport and Ochsner Clinic Foundation (“Ochsner”) recognize the role of interdisciplinary partnerships in fostering innovative research. To stimulate the growth of groundbreaking research in Louisiana and to foster collaboration across institutions, LSU Health Shreveport and Ochsner have created the “Collaborative Intramural Research Program (CIRP).” The CIRP Program will provide up to three $100,000 awards per fiscal year, with a value of up to $50,000 each, for seed funding for new interdisciplinary collaborative research projects. Faculty from all disciplines and departments of LSU Health Shreveport and Ochsner are invited to submit proposals with a focus on new research collaborations.

Qualifications: Each proposal must be submitted by teams comprising one Principal Investigator from LSU Health Shreveport and one from Ochsner who have not previously co-authored any publications or had joint funding together. One member of the research team (Multi-PI) must be a full-time tenured or tenure-track faculty member at LSU Health Shreveport. The other team member (Multi-PI) must be a full-time faculty member, physician, or researcher currently employed at Ochsner. Applications must have a designated PI for each institution and can include more than one performance site.

Budget: The total budget may not exceed $100,000 total ($50,000 each PI) per year. Funding is intended to support postdoctoral fellows, graduate and undergraduate students, and research technicians, as well as direct research expenses (faculty salaries are excluded). All budget elements must be adequately described and itemized. Refer to the RFP for prohibited budget items.

Submission Process:
Applications for CIRP grants will be accepted during the standard Spring (July 1 start date) and Fall (January 1 start date) application cycles. Proposals submitted must be in the final form as a single PDF document containing all required components, including documentation of institutional review. A single application should be submitted for each collaborative team. In addition, PI’s should adhere to the policies and procedures for grant submissions established at their institutions.

LSU Health Shreveport: Scan and include the completed and signed Intramural Routing Sheet (Lite Green Sheet) with the intramural application. The Intramural Routing Sheet form is located Intramural Grant intranet website:
https://inside.lsuhs.edu/departments/research/research-development/intramural-grants.

Ochsner: No internal routing documents are required. However, Ochsner PI’s must discuss their applications with their Research Manager/Director prior to submission. Contact Heidi Davis for help identifying your Research Manager/Director or developing your budget (ask no less than a week in advance). At least three days before the application deadline, contact the grants team to secure Dean Roberts’s signature on the completed application form.

The completed intramural application CIRP package should be emailed in PDF format to the Office of Research (grants@lsuhs.edu) by 5 PM on March 30, 2022.

NOTE: LSU Health Shreveport’s Office of Research is no longer requiring the original signature documents (Intramural Routing Sheet and application signature page) be delivered prior to grant submission. These signed documents must be included in the scanned application CIRP package. Applications submitted without these documents and/or signatures will be rejected for submission.

The PDF intramural application CIRP package will be named as follows: CIRP_Last Name_First Name
Example: CIRP_Doe_John

Evaluation: Proposals will be reviewed by a designated review panel of outside experts. Priority for funding will be based on the qualifications of the applicants, scientific merit, novelty, and competitiveness for future funding.

Font Size: Arial 11. Provide at least one-half inch margins (top, bottom, left and right) for all pages. No applicant-supplied information can appear in the margins.
LSU Health Shreveport
Collaborative Intramural Research Program (CIRP)
Deadline: March 30, 2022 by 5 PM

Project Title: ________________________________________________________________
_________________________________________________________________________

Principal Investigator: _________________________________________________________
Last Name                          First Name                       Middle
Position: ___________________________ Phone # _____________________________
Institution: _________________________________________________________________
Department: ___________________________ Division: _____________________________
Email: _________________________________________________________________
Phone: _____________________________ Fax: ______________________________

Period of Application (1 Year): July 1, 2022 – June 30, 2023

Amount Requested: $ ___________________________ ($50,000 max)

Project Location
Organization Name: ___________________________ Primary ___ Secondary___
Department: ___________________________ Division: _____________________________

Project Location
Organization Name: ___________________________ Primary ___ Secondary___
Department: ___________________________ Division: _____________________________

**By signing this application, I certify that: 1) the information submitted within this application is true, complete and accurate to the best of the PI's knowledge; 2) any false, fictitious or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and 3) the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. I further certify that the personnel involved in this project are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any federal department or agency and I agree to be bound by the terms and conditions of the external funding agency/source. I certify that the hypothesis and aims in this intramural application do not overlap, whether it be scientific, budgetary, or commitment of my effort, with any of my currently extramurally funded projects, including federal and non-federally funded research.

Principal Investigator Signature ___________________________ Date __________

Department Head Signature ___________________________ Date __________

/Institutional Authorized Representative

Scientific Overlap occurs when: (1) substantially the same research is proposed in more than one application or award, with different funding sources for review and funding consideration, or (2) a specific research objective and the research design for accomplishing that objective are the same or closely related in one or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salary) are requested in an application but are already provided for by another source. Commitment overlap occurs when a person's time commitment exceeds 100 percent, whether or not salary support is requested in the application. While information on other support is only requested for key personnel (excluding consultants), no individuals on the project may have commitments in excess of 100 percent.
Project Title: __________________________________________________________
_______________________________________________________________________

Principal Investigator: ________________________________________________
Last Name  First Name  Middle
Position: __________________________ Phone: __________________________
Department: __________________________ Email: __________________________
Name of Research Director: __________________________________________

Amount Requested for Ochsner: $ ____________________________  ($50,000 max over)

Specialized Research (Check each box that applies)
☐ Human subjects (If exempt and an exemption letter has been obtained from the IRB, check here ☐ )
☐ Vertebrate animals or marine animals (If the latter, specify which)
☐ Select agents, dual or military use information/materials, or other (specify)

Certifications
☐ I have discussed this project with my research manager/director.

**By signing this application, I certify that: 1) the information submitted within this application is true, complete and accurate to the best of the PI’s knowledge; 2) any false, fictitious or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and 3) the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. I further certify that the personnel involved in this project are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any federal department or agency and I agree to be bound by the terms and conditions of the external funding agency/source. I certify that the hypothesis and aims in this intramural application do not overlap, whether it be scientific, budgetary, or commitment of my effort, with any of my currently extramurally funded projects, including federal and non-federally funded research.

Principal Investigator Signature __________________________ Date __________

Department Head Signature __________________________ Date __________

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LSU HEALTH SHREVEPORT PERSONNEL ENGAGED ON PROJECT

Name _____________________________  E-mail _____________________________
Position/Title ______________________  Phone _____________________________
Department _________________________  Institution _________________________
Signature ______________________________

Name _____________________________  E-mail _____________________________
Position/Title ______________________  Phone _____________________________
Department _________________________  Institution _________________________
Signature ______________________________

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Department _________________________  Institution _________________________
Signature ______________________________

Name _____________________________  E-mail _____________________________
Position/Title ______________________  Phone _____________________________
Department _________________________  Institution _________________________
Signature ______________________________
OCHSNER PERSONNEL ENGAGED ON PROJECT

Name _____________________________ E-mail _________________________________
Position/Title _______________________ Phone___________________________________
Department __________________________ Institution______________________________
Signature __________________________

Name _____________________________ E-mail _________________________________
Position/Title _______________________ Phone___________________________________
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Signature __________________________

Name _____________________________ E-mail _________________________________
Position/Title _______________________ Phone___________________________________
Department __________________________ Institution______________________________
Signature __________________________
**PROJECT SUMMARY**

**Description:** Use this section to summarize the research plan in lay terms, i.e., for non-scientists. Include the overall objectives, research strategy, and relatedness to cardiovascular and/or cerebrovascular disease. **This section should not exceed 250 words.**
PROJECT DESCRIPTION

The suggested format for the Project Description (6 page limit) is:

(A) **Specific Aims.** – 1 page. State concisely and realistically what the research described in this application is intended to accomplish and/or what hypothesis will be tested. This section is not included in the 6 page limit.

(B) **Significance.** Briefly present the background for the present proposal, critically evaluate existing knowledge, and specifically identify the gaps that the project is intended to fill. State concisely the importance of the research described in this application by relating the specific aims to longer-term objectives.

(C) **Experimental Design and Methods.** Discuss the experimental design, methodology and procedures proposed to accomplish the specific aims of the project.

(D) **Literature Cited.** Cite only references pertaining to the application. **Do not exceed two pages for references.** This section is not included in the 6 page limit.

Special Note: All projects must demonstrate sustainability and innovation within a collaborative framework. Be sure to address these issues in your project description. Please refer to the RFP for additional information.
## LSU HEALTH SHREVEPORT BUDGET

### Personnel**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role on Project</th>
<th>Percent Effort</th>
<th>Salary Requested</th>
<th>Fringe Benefits</th>
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Subtotal

### Supplies (Itemized by Category)

### Other Expenses (Itemized by Category)

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<tr>
<th>Travel ($1,000 max)</th>
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**Total Amount Requested**

**The percent effort for each LSU Health Shreveport or Ochsner PI must be listed on this page. No salary support for LSU Health Shreveport PI or Ochsner PI is permitted. Per LSU Health Shreveport policy, percent effort for LSU Health Shreveport faculty may not be zero.**
## OCHSNER BUDGET

### Personnel**

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Subtotal

### Supplies (Itemized by Category)

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### Other Expenses (Itemized by Category)

|                  |                  |                  |                  |                 |       |

### Travel ($1,000 max)

|                  |                  |                  |                  |                 |       |

Total Amount Requested

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BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

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<th>INSTITUTION AND LOCATION</th>
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A. **Personal Statement**

B. **Positions, Scientific Appointments and Honors**

C. **Contributions to Science**
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A. Personal Statement

B. Positions, Scientific Appointments and Honors

C. Contributions to Science
(LSU HEALTH SHREVEPORT PI)

PHS 398 OTHER SUPPORT

Provide active and pending support grouped together by status. 
(refer to PHS 398 Other Support Instructions at https://grants.nih.gov/grants/forms/othersupport.htm)

*Name of Individual:
Commons ID:

Other Support – Project/Proposal

*Title:
Major Goals:
*Status of Support:
Project Number:
Name of PD/PI:
*Source of Support:
*Primary Place of Performance:
Project/Proposal Start and End Date: (MM/YYYY) (if available):
* Total Award Amount (including Indirect Costs):
* Person Months (Calendar/Academic/Summer) per budget period.

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IN-KIND

*Summary of In-Kind Contribution:
*Status of Support:
*Primary Place of Performance:
Project/Proposal Start and End Date (MM/YYYY) (if available):
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*Estimated Dollar Value of In-Kind Information:
**Overlap** (summarized for each individual):

I, PD/PI or other senior/key personnel, certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

*Signature: _________________________________________

Date: ________________________________
RESEARCH SUPPORT (OCHSNER PI)
PHS 398 OTHER SUPPORT

Provide active and pending support grouped together by status.
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Commons ID:

Other Support – Project/Proposal

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Project Number:
Name of PD/PI:
*Source of Support:
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