

**2023**

**LSU Health Shreveport  
and  
Ochsner Clinic Foundation**

**Collaborative Intramural Research Program (CIRP)**

**Application Deadline:**

**October 2, 2023  
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 \$100,000 award per fiscal year, with a value of up to \$50,000 each, for seed funding for new interdisciplinary collaborative research projects. Faculty from all departments LSU Health Shreveport and Ochsner are invited to submit proposals with a focus on new collaborative research in all disciplines.

**Qualifications:** Each proposal must be submitted with one Principal Investigator from LSU Health Shreveport and one from Ochsner who have not previously co-authored any publications or had joint funding. 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 currently employed at Ochsner. Applications must have a designated PI at each location and can have two performance sites.

**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, for funding to begin on July 1<sup>st</sup> or January 1<sup>st</sup> respectively. 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:** Complete and submit application in InfoReady. Emails are no longer accepted. Applications are due by **October 2, 2023 at 5PM.**

**Ochsner's Internal Submission Process:** Ochsner PI's are required to submit an [Application Initiation Form \(AIF\)](#) by **September 4, 2023**. Prior to submitting this form, Ochsner PI's must discuss their applications with their Administrative Research Manager/Directors. Please contact Grants Manager [Dr. Heidi Davis](#) for help identifying your Research Manager/Director. Ochsner PI's should complete and sign their cover pages, and submit those with complete budget justifications to [grants@ochsner.org](mailto:grants@ochsner.org) by **September 18, 2023**.

**NOTE:** LSU Health Shreveport's OSPTT 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.

**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 10. 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: October 2, 2023 at 5PM**

**Project Title:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

**Position:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Period of Application (1 Year): January 1, 2024 – December 31, 2024**

**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**  
**/Institutional Authorized Representative**

\_\_\_\_\_  
**Date**

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.

**Ochsner Clinic Foundation**  
**Collaborative Intramural Research Program (CIRP)**  
**Deadline: October 2, 2023 at 5PM**  
**Application Period (1 Year): 1/1/24 – 12/31/24**

**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 or  
Institutional Authorized Representative**

\_\_\_\_\_  
**Date**

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.

## LSU HEALTH SHREVEPORT PERSONNEL ENGAGED ON PROJECT

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Position/Title \_\_\_\_\_ Phone \_\_\_\_\_  
Department \_\_\_\_\_ Institution \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Position/Title \_\_\_\_\_ Phone \_\_\_\_\_  
Department \_\_\_\_\_ Institution \_\_\_\_\_

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Department \_\_\_\_\_ Institution \_\_\_\_\_

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Position/Title \_\_\_\_\_ Phone \_\_\_\_\_  
Department \_\_\_\_\_ Institution \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Position/Title \_\_\_\_\_ Phone \_\_\_\_\_  
Department \_\_\_\_\_ Institution \_\_\_\_\_

## OCHSNER PERSONNEL ENGAGED ON PROJECT

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Position/Title \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Position/Title \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

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Position/Title \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Position/Title \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

## 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.**

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## 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**					
Name	Role on Project	Percent Effort	Salary Requested	Fringe Benefits	Total
1.					
2.					
3.					
4.					
Subtotal					
Supplies (Itemized by Category)					
Other Expenses (Itemized by Category)					
Travel (\$1,000 max)					
Total Amount Requested					

\*\*The percent effort for each LSU Health Shreveport PI or Ochsner 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.

**LSU HEALTH SHREVEPORT BUDGET JUSTIFICATION**  
(Do Not Exceed 1 Page)

## OCHSNER BUDGET

Personnel**					
Name	Role on Project	Percent Effort	Salary Requested	Fringe Benefits	Total
1.					
2.					
3.					
4.					
Subtotal					
Supplies (Itemized by Category)					
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**OCHSNER BUDGET JUSTIFICATION**  
(Do Not Exceed 1 Page)

## **BIOGRAPHICAL SKETCH (LSU HEALTH SHREVEPORT PI)**

Use the current NIH Biosketch format (DO NOT EXCEED FIVE PAGES)

## **BIOGRAPHICAL SKETCH (OCHSNER PI)**

Use the current NIH Biosketch format (DO NOT EXCEED FIVE PAGES)

### **RESEARCH SUPPORT (LSU HEALTH SHREVEPORT PI)**

Please list all applications for research support submitted over the past year, both internal and external.  
Designate each as pending or not funded as appropriate.

### **RESEARCH SUPPORT (OCHSNER PI)**

Please list all applications for research support submitted over the past year, both internal and external.  
Designate each as pending or not funded as appropriate.