

## HELPFUL ADMINISTRATIVE INFORMATION

### OFFICE OF RESEARCH SERVICES

#### Louisiana State University Health Sciences Center

433 Bolivar Street, Suite 206

New Orleans, LA 70112

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#### Director:

##### **Kenneth E. Kratz, PhD**

Director

Tel: (504) 568-4970

[Kkratz@lsuhsc.edu](mailto:Kkratz@lsuhsc.edu)

#### **The Office of Research Services of LSU Health Sciences Center in New Orleans has three main responsibilities:**

- Management of pre-award sponsored project activity. This includes evaluation and routing for signatures all grant applications, research agreements, and clinical trial agreements.
- Management of the Institutional Review Board (IRB) which provides oversight for the protection of human subjects used in research.
- Management of the Institutional Animal Care and Use Committee (IACUC) which provides oversight for the welfare of animals used in research.

#### Staff:

<b>Nicole Barron</b> Coordinator, Grants and Development Tel: (504) 599-1533 <a href="mailto:Nbarro@lsuhsc.edu">Nbarro@lsuhsc.edu</a>	<b>Linda Bernhard-Potter</b> IRB Coordinator Tel: (504) 680-9070 <a href="mailto:LBernh@lsuhsc.edu">LBernh@lsuhsc.edu</a>
<b>Terry Boudreaux</b> Administrative Coordinator (IACUC) Tel: (504) 568-4970 <a href="mailto:Tbourd@lsuhsc.edu">Tbourd@lsuhsc.edu</a>	<b>Charlene Walvoord</b> IRB Coordinator Tel: (504)568-4060 <a href="mailto:Cwalvo@lsuhsc.edu">Cwalvo@lsuhsc.edu</a>

## Helpful Administrative Information:

Animal Welfare Assurance Number	A3094-01; date of assurance 01/05/05
CAGE Number	3DAZ1
Cognizant Federal Agency	Department of Health and Human Services (Region 6) POC Name: Robert N. Nguyen POC Contact: (214) 767-3267
Congressional District (main campus)	LA-002
Congressional District (Dental School)	LA-001
DAN (Disposition Authority) Number	0700321127
DUNS (Dun & Bradstreet) Number	782627814
Employer Federal Tax ID	726087770
Federal Wide Assurance Number	FWA00002762
FICE Code	2014
Fringe Benefit Rates	<a href="#">Click here for current rates</a>
Indirect Cost (F&A) Rate Agreement Date	03/13/06 <a href="#">Click here for agreement</a>
Institutional Profile Code Number	577902
IRB Registration Number	00000177
Name of Institution	Louisiana State University Health Sciences Center – N.O.
NIH Entity Number (EIN)	1-726087770-A2
SIC Code	8221
State Vendor Code	72-6087770-38
Type of Organization	Public/State Controlled Institution of Higher Education
Authorized Organizational Representative- AOR (aka Signing Official-SO)	Joseph M. Moerschbaeche, III, Ph.D. Vice Chancellor, Acad. Affairs 433 Bolivar Street Room 824 New Orleans, LA 70112 Tel-504-568-4804 Fax-504-568-5588 <a href="mailto:Jmoers@lsuhsc.edu">Jmoers@lsuhsc.edu</a>

## Links You Can Use:

<a href="#">eRA Commons</a>	<a href="#">Grants.gov</a>
<a href="#">NIH Grants Page</a>	<a href="#">Keyword Directory</a>
<a href="#">NIH NGAs Issued</a>	<a href="#">Research Resources</a> (work in progress)
<a href="#">NIH Progress Report Due Dates</a>	



# Office of Research Services Proposal Checklist and Routing Sheet

ORS USE ONLY: Date:

Time In:

Month/Year:

ORS Log No.:

### Purpose:

- Research
- Public Service
- Fellowship
- Training
- Drug Study
- Other/MTA/CDA

### Type:

- Grant
- Contract
- Consortium

### Status:

- New
- Non-Competing Continuation
- Competing Continuation (Renewal)
- Revised/Amended (Resubmission)
- Competing Supplemental (Revision)

- Transfer
- Amendment
- Subcontract
- Other

Principal Investigator:		P/S No.	Electronic: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dept. of Primary Appoint/Section:		Tel.:	Pager:	
Dept. Contact:	Contact Phone:	Fax:	Email:	
Application to:		Due Date Sponsor's Office:		
Title of Project:	Award Mechanism (R01, R21, K12, etc.):	Keyword: (Use at least 3 Nos. from <a href="http://www.lsuhscc.edu/no/Administration/rs/Keywords.pdf">http://www.lsuhscc.edu/no/Administration/rs/Keywords.pdf</a> )		
Approval of Clinical Trial Performance Site:		Direct \$	Indirect \$	Total \$
First budget year covered by this application:	From:	To:		
Total period covered by this application:	From:	To:		

### Budget Proposal: *Please check the following before submission:*

- 29% Fringe Benefits on Personnel
- 42% MTDC\* F&A (Indirect Costs) on Research Projects – On Campus
- 34% Other Sponsored Projects
- 26% Off Campus rate
- 25% Clinical Trials Agreements      IRB Fee Applied:  Yes  No
- F&A (Indirect Costs) of less than 25% or Not Allowed (Attach copy of guidelines so stating)

### Exemption of approved University Indirect Cost Rate

Rate Accepted by Sponsored Projects:

Signature

\*MTDC: Exclude Subcontracts over \$25,000 (the first \$25,000 is included in the calculation), capital equipment expenditures in excess of \$5,000, alterations and renovations, stipends and tuition payments. *Fringe benefits are included in this calculation.*

### Committee Approvals: *(Copies of approval forms must be attached.)*

	Approval Date	Approval #	Status*
RADIATION SAFETY			
IRB			
IACUC			
BIOSAFETY			

\*Status Definitions:

- (A) Pending
- (B) Submitted to Committee
- (C) Not Applicable

### Space & Facilities: \*Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Associate Vice Chancellor, Institutional Services

1. Do you have adequate space available for this project?  Yes  No
2. Are alterations or renovations required?  Yes  No  
(If yes, requires institutional approval.\*)
3. Are utilities available for requested equipment?  Yes  No
4. Are all facilities required presently available?  Yes  No

Are PATENT RIGHTS addressed in this proposal?  Yes  No

Route Office Technology Development

Approved: \_\_\_\_\_  
Director, OTD      Date

### P1 Certifications and Assurances:

1. This work will be accomplished in a *Drug Free Environment*.
2. I have read the *Certification Regarding Lobbying & the Certification Regarding Significant Financial Interest* on the reverse side of this checklist & I will comply with the requirements. In addition, with my signature on this page, I agree to the NIH Assurances Listed on the second page of this checklist.
3. All information provided in this LSUHSC-NO ORS Checklist and in the pre-award materials provided is correct.

Signature of Principal Investigator		Date
Signature of Business Manager		Date
Phone #:	FAX #:	Pager #: Email:
Signature of Department Head		Date

**Do Not Write Below this Line**

Office of Research Services (or Dean's Office)

Date

Sponsored Projects

Date

# U.S. Department of Health and Human Services

## Certification Regarding Lobbying

The undersigned certifies, to the best of his or knowledge and belief, that:

- (1.) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2.) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3.) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Sections 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

## Certification Regarding Significant Financial Disclosure

As described in Chancellor's Memorandum #35, each Investigator is required to disclose any significant financial interest of the Investigator that would reasonably appear to be directly and significantly affected by the research or educational activities funded, or proposed for funding, by a Federal sponsor.

Regardless of the above minimum requirement, a faculty of staff member, in his or her own best interest, may choose to disclose any other financial or related interest that could present an actual conflict of interest or be perceived to present conflict of interest. Disclosure is a key factor in protecting one's reputation and career from potentially embarrassing or harmful allegations of misconduct.

Each person who has significant financial interests requiring disclosure must complete a Significant Financial Interests Disclosure Form, attach all required supporting documentation, including a copy of any relevant PM-11 disclosure, and place the materials in a sealed envelope addressed to the Office of Research of the relevant school of the Medical Center and clearly marked "CONFIDENTIAL Significant Interests Financial Disclosure", and identified with the name of the person making the disclosure, the name of the federal agency and the project name.

## NIH Assurances

As Principal Investigator on this NIH Application I assure the following:

- (1.) To the best of my knowledge the information submitted within the application is true, complete, and accurate;
- (2.) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and
- (3.) That as PI, I agree 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 the application.

## LETTER OF INTENT TO ESTABLISH A CONSORTIUM AGREEMENT

Date:

Application Title:

Proposed Project Period:

On behalf of Louisiana State University Health Sciences Center - New Orleans (LSUHSC-NO) and the University of XXX (U of X), we are pleased to endorse the above referenced proposal, in accordance with the budgetary information contained therein.

This letter certifies that neither LSUHSC nor U of X is delinquent on any federal debt, nor is either institution presently debarred, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by a Federal department or agency.

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the pertinent Federal regulations and policies and are prepared to establish written inter-organizational agreements that will ensure compliance with all such policies.

<u>University of X</u>		<u>Louisiana State University Health Sciences Center - New Orleans</u>	
(Grantee Institution)		(Consortium Institution)	
_____		_____	
(Signature)	(Date)	(Signature)	(Date)
_____		_____	
Principal Investigator (Type Name)		Principal Investigator (Type Name)	
_____		_____	
(Signature)	(Date)	(Signature)	(Date)
_____		_____	
Official Authorized to Sign for Institution (Type Name)		Official Authorized to Sign for Institution (Type Name)	