# Application Checklist

* Required: Designation of Academic and Community Co-Principal Investigators
* Recommended: Attend Informational Session
* Recommended: Contact the respective IRB for initial protocol development and submission
* Required: Letter of Intent
* Required: Online Application (single PDF)
  + Cover Page
  + Community and Academic Partnership
  + Full proposal
  + Memorandum of Understanding
  + Biographical Sketches (Community and Academic Partners and Mentors, if applicable)
* Recommended: Letters of support
* Required: Identification of study contact and academic department finance contact

# Further Information

1. An **informational conference call will be held previous to the proposal submission deadline. Refer to the first page of this RFP for details.**
2. For questions or research support when developing your LaCoSP application proposal, please contact the [LA CaTS](mailto:LACaTS/CEOR) Community Engagement and Outreach Core (Xavier University office) at 504-520-6719/[mechever@xula.edu](mailto:mechever@xula.edu).
3. Further information regarding the Community Engaged Scholars Program application can be found on the LA CaTS Funding Opportunities webpage: <https://www.lacats.org/research-funding/community-scholars/>

# Attachment I: Letter of Intent Template

Date:

LaKeisha Williams, PharmD, MPH

College of Pharamcy, Xavier University of Louisiana

1 Drexel Drive, New Orleans, LA 70125

Re: Application to be submitted for the LA CATS Community Scholars Program Research Award

Dear Dr. Williams:

Please accept this letter of intent to indicate that [insert organizations] intends to submit an application responsive to the LA CATS Community Scholars Program Research Awards Request for Application, Cohort 5, by the submission deadline of **Jun 23, 2023**. [insert name here] will serve as the Academic co-Principal Investigator and [insert name here] will serve as the Community co-Principal Investigator.

Our project aims to address: (please provide a **brief** statement in 2-3 paragraphs describing your research project and methods).

Our team’s preferred class time is:

Day of week (Rank order with 1 being the most preferred and 3 being least preferred):

[ ] Monday [ ]Tuesday [ ]Thursday

Time of day (Rank with 1 being the most preferred and 2 being least preferred):

[ ] 11:30 am to 1 pm [ ] 4:00 pm to 5:30 pm

Other suggestions for day and time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

[Insert Academic Name/Signature/Date]

[Insert Community Name/Signature/Date]

# Attachment II: Cover Letter Template

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

**Priority health condition addressed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Investigator**: name, position and contact information

**Community Investigator**: name, position and contact information

Academic department financial point of contact: name, position and contact information

Mentorship statement: Include the name, position and expertise of mentor(s), if any. or a statement of the need to have mentor(s) for your project and the expertise required. During the refining of your proposal, staff will help you to find one.

Project Abstract: (half-page): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Attachment III: Memorandum of Understanding Template

Note: A Memorandum of Understanding (MOU) is a formal agreement between two or more parties. Although they are not legally binding, establishing an MOU is a best practice when establishing partnerships, and expectations. Below is the MOU Template to be used in the proposal.

**MEMORANDUM of UNDERSTANDING**

**Between**

**Community Partner and Academic Partner**

The purpose of this Memorandum of Understanding (MOU) is to mutually acknowledge a commitment to a partnership between the community and academic partner related to activities of the Louisiana Clinical and Translational Research (LA CaTS) Center Community Scholars Program (LaCoSP).

Each partner is responsible for attending didactic and consultation meetings scheduled by the LaCoSP. In addition, each partner is accountable for his/her contributions to the development and implementation of their proposed community-based participatory research project on a health promotion topic. It is expected that each partner contributes 50% of the time necessary for development and implementation of proposed projected. Details of proposed activities in the conduct of the project will be spelled out during the didactic training and proposal refinement phase. In addition, each partner is committed to the growth and development of the community-academic partnership with the intent to position the partnership for further grant funding upon the conclusion of the LaCoSP.

This Memorandum of Understanding specifically applies to the duration of the LaCoSP cohort. Should either partner feel the terms of this agreement are not being met, he/she should contact LA CaTS/CEOR Director, Lakeisha Williams at [llgeorge@xula.edu](mailto:llgeorge@xula.edu). Termination of this agreement shall be in consultation with LA CaTS/CEOR leadership. **In the case of termination of the agreement, unspent funds will be returned to LA CaTS.**

NOTE: We understand that if the community partner is to directly receive and manage pilot project funds, the community partner must have or obtain a valid tax identification number prior to managing funds. Otherwise, the funds must be managed by the academic partner.

Your signature below indicates your agreement to the terms outlined above

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**Community Partner Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Partner Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**

# Attachment IV: Basic Budget Template

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| --- | --- | --- | --- | --- |
| **Concept** | **Description** | **Justification** | **Subtotal** | **Total** |
| **Personnel** |  |  |  |  |
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|  |  |  |  |  |
| **Consultants** |  |  |  |  |
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| **Small equipment** |  |  |  |  |
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| **Travel** |  |  |  |  |
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| **Supplies** |  |  |  |  |
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| **Incentives** |  |  |  |  |
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| **Other expenses** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Project** |  |  |  |  |

# Attachment V: NIH Bio-Sketch Template

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

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.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
|  |  |  |  |
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**A. Personal Statement**

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

**C. Contributions to Science**