Department Chair Support Form: COVID-19 Research Fund

**Basic Information**
Chair Name: _________________________________________________
Chair Email Address: _________________________________________________
Department Name: _________________________________________________
Department Org Code: _________________________________________________

**COVID-19 Research Fund Proposal Information**
Proposal Title: _________________________________________________
Project Period: _________________________________________________
PI Name: _________________________________________________

**Chair Statement**
I, _______________________ agree to protected time for _____________________ to complete their COVID-19 Research Fund project at ______ % effort.

**Department Objectives**
Does this proposal align with its department’s objectives (Yes/No)? _____________

**Additional Comments**
Please provide any additional information in the below that might be important in the review of this proposal.

___________________________________

Department Chair’s Signature