

**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