

**Department Chair Support Form:
University Facilitating Fund**

Basic Information

Chair Name: _____

Chair Email Address: _____

Department Name: _____

Department Org Code: _____

UFF Proposal Information

Proposal Title: _____

PI Name: _____

Chair Statement

I, _____ agree to protected time for _____ to complete their UFF 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