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