

Department Chair Support Form: Cross-Disciplinary Fund

Each Lead PI submitting a CDRF proposal must submit their Department Chair Support Form.

Department Chair Information

Department Name:

Chair Name: E-mail Address:

CDRF Proposal Information

Proposal Title:

Lead PI Name:

Chair Statement

I, agree to provide protected time for

to complete their CDRF project at percent effort.

Department Objectives

Does this proposal align with its department's objectives?

Additional Comments

Please provide any additional information in the text field below that might be important in the review of this proposal.

Department Chair Signature

Chair's Name

Chair's Signature

Please scan this document upon completion by the department chair so that it can be included as an attachment to the Lead PI's CDRF application. Chairs can either physically sign the form or add their digital signature to this document. More guidance on electronic signatures can be found [here](#).