**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)? Choose an item.

**Additional Comments**

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



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair’s Signature

*To upload your signature digitally, click on the box above (Insert “Picture”) to upload a .jpg version of your signature. Otherwise, print out this document, manually sign on the line above and scan the document to submit the form.*