

**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.

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Department Chair's Signature