

COVID-19 Research Fund VCH Program/Dept Manager Statement of Support

Name of Principal Investigator (Applicant): _____

VCH Program/Department.: _____

To the COVID-19 Research Fund Selection Committee:

By signing this statement, I agree to support the above-named applicant to complete the research project described in the application, in the event it is funded in this competition. I will provide the following specific support, as indicated by "yes" or "N/A" (if not applicable):

_____ Accommodating their work schedule to enable the research to be conducted, as much as is reasonable. We have discussed the impact of the research project on their work schedule.

_____ Back-filling their normally assigned workload, in the amount budgeted for in the grant

_____ Assisting with the hiring of project staff/consultants according to VCH policies and procedures

_____ Other support (specify):

Manager Name:

Position:

Signature:

Date: