



UCIRVINE

MEMORANDUM

Date:

From:

(Applicant's Department Chair)

(Title)

(Address)

To:

Dr. Edward L. Nelson, MD, FACP
ACS-IRG Principal Investigator and
UCI ACS-IRG Steering/Review Committee

RE: ACS-IRG Application for _____

This memorandum of understanding is an attestation that the above noted clinical faculty member will be provided 20% effort in supported, protected time to conduct the research being proposed in the ACS-IRG pilot project application. I acknowledge and understand that the ACS-IRG does not permit funds to be used for PI salary support and that the support for this protected time will be derived from Departmental or Divisional resources that are not directly tied to clinical productivity of the applicant. This protected time is guaranteed for the one-year span of the ACS-IRG award, if funded.

Department Chair Signature

Date