

***The Gordon and Betty Moore Foundation***  
***2020 Moore Inventor Fellows***

**Confirmation of Massachusetts General Hospital Department Contribution**

**Form for Mentor or Chief of Department/Unit**

The following applicant \_\_\_\_\_ is a post doc/fellow or full-time faculty in  
(Name of applicant)

\_\_\_\_\_  
Department/Unit

*The mentor or department /unit fully endorses this application and will provide \$50,000 in annual direct support of the applicant's work as required by the sponsor, if awarded. This can be "in-kind" as released time or access to special facilities for which there is normally a charge. The mentor or department/unit assures that the nominee has at least 25% of their time to devote to their invention.*

\_\_\_\_\_  
Name of Mentor/Chief

\_\_\_\_\_  
Signature of Mentor/Chief

\_\_\_\_\_  
Date

*Explain how the funds from the applicant's mentor/department will be used.*