

The Gordon and Betty Moore Foundation

2024 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.