



UNIVERSITY OF WASHINGTON

### Project Approval Form (PAF)

**Project Title:** Kincaid  
Ravine Bioswale  
Hydrological  
Assessment

**Primary Contact:**  
Dan Hintz

By signing this form, I confirm that the project lead(s) has/have discussed this project with me, and that I (please check all that apply)

- approve the stated project to be conducted on the University of Washington-Seattle campus (this approval can only be given by campus units or by individuals on behalf of campus units) **(REQUIRED)**.
- agree to be a part of the project team.
- will provide support to the project by being a partnering organization, department or individual.
- am the administrator for my campus unit and agree to for the financial and human resources Transactions associated with this project.
- agree to take over the operational costs of this project following completion.

**Other notes (if applicable):**

Aaron D. Clark

Name/Signature:

Date:

2/2/15

Title: Rain Garden Program Manager

Department/Organization: Stewardship Partners

Phone: 206-292-9875

Email: ac@stewardshippartners.org

**Additional Notes:**

Please save this completed form as "Project Contact Name\_Project Name" and email it to [csfcoord@uw.edu](mailto:csfcoord@uw.edu). The email originating directly from the approving body will be considered a signature. Paper copies may be sent through campus mail to Attn: CSF Coordinator, Box 351248 or dropped off to the CSF Office at Gerberding Hall, Room B-40 and must include an original signature of the approving body.