



Acceptance of Administrative Responsibility Form (AARF)

| | |
|-------------------------|---|
| Project Title: | UW Life Sciences Building Photovoltaic Implementation |
| Budget Number: | TB 1 |
| Grant Total: | \$600,000 |
| Primary Contact: | Alex Ratcliff, alexr529@uw.edu |

By signing this form, I certify that I am the administrator (or equivalent) for my campus unit, in charge of expense, human resources, and other financial transactions; I agree to be responsible for any hiring actions and/or purchases associated with this project. I agree to financially track this project in a "16-" (ASUW) budget within the Financial Organization Code (OrgCode) structure of my unit (2540590000), and complete monthly BAR reconciliation.
unit OrgCode number

Notes (if applicable):

| | |
|--|---------------------------------|
| Name/Signature: <i>[Signature]</i> | Date: 4/27/17 |
| Title: Administrator | |
| Department/Organization: Biology | |
| Phone: 206-685-8241 | Email: mcanrad@uw.edu |

Please save this completed form as "Project Contact Name_Project Name" and email it to csfcoord@uw.edu. The email originating directly from the approving body will be considered a signature.