



## Project Approval Form (PAF)

**Project Title:** Pairing UW Food Waste with Non-Profit Agencies in Need

---

**Primary Contact:** Irini Spyridakis

---

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.

X 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):**

---

**Name/Signature:**

Abebe Aberra

---

**Date:**

April 25, 2017

---

**Title:**

Manager of Public Health Programs

---

**Department/Organization:**

EH&S

---

**Phone:**

206-616-1623

---

**Email:**

aberra@uw.edu

---

**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.