

Project Approval Form (PAF)

Project Title:	Health Sciences Education Building		
Primary Contact:	Erin Horn		
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):			
Name/Signature:	ed '		Date:
Puja Shaw /	Shav		October 31, 2019
Title:			
Associate			
Department/Organization: Civil Engineering / KPFF Consulting Engineers			
Phone:	5 5	Email:	
206-926-0587	puja.shaw@k		rnff com
Additional Notes:			
Additional Notes.			

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. 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.