

Project Approval Form (PAF)

Primary Contact: Kurt Kung	
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)	
u approve the stated project to be conducted on t	
(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 pa	
☐ am the administrator for my campus unit and ag	gree 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:	Date:
Chris Gronet	1/29/2018
Chris Sun	ret
Title:	
CEO	
Department/Organization:	
4 th -Phase, Inc.	
Phone:	Email:
206-482-8150	chris.gronet@4th-phase.com
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.