

Project Approval Form (PAF)

Project Title: Health Science Education Building	
Primary Contact: Erin Horn	
By signing this form, I confirm that the project lead(s (please check all that apply) approve the stated project to be conducted on to (this approval can only be given by campus units (REQUIRED). **X* agree to be a part of the project team.	the University of Washington-Seattle campus
 ✗ will provide support to 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:	Date:
Chris Hellstern	October 31, 2019
Title:	<u>'</u>
Living Building Challenge Services Director	
Department/Organization: The Miller Hull Partnership	
Phone:	Email:
206-254-2010	chellstern@millerhull.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.