****

**Project Approval Form (PAF)**

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Primary Contact:** |  |

|  |  |  |
| --- | --- | --- |
| 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:** | | **Date:** |
| **Title:** | | |
| **Department/Organization:** | | |
| **Phone:** | **Email:** | |
| **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.*