****

**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**.*   *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.*