

UNIVERSITY OF WASHINGTON

## **Project Approval Form (PAF)**

| Project Title: Kincaid |  |
|------------------------|--|
| Ravine Bioswale        |  |
| Hydrological           |  |
| Assessment             |  |
| Primary Contact:       |  |
| Dan Hintz              |  |

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)

X□ 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:               | 02.04.15     |  |
|-------------------------------|--------------|--|
| Elisabeth McLaughlin          |              |  |
| Title:                        |              |  |
| Senior Transportation Planner |              |  |
| Department/Organization:      |              |  |
| UW Transportation Services    |              |  |
| Phone:                        | Email:       |  |
| 206.616.6682                  | eml27@uw.edu |  |
| Additional Notes:             |              |  |

*Please save this completed form as "Project Contact Name\_Project Name" and email it to <u>csfcoord@uw.edu</u>. <i>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.