

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

Project Title:	Cycle Pack		
Primary Contact:	Christian Cole Laush		
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).			
<ul> <li>□ agree to be a part of the project team.</li> <li>✓ will provide support to the project by being a partnering organization, department or individual.</li> <li>□ am the administrator for my campus unit and agree to for the financial and human resources         Transactions associated with this project.     </li> <li>□ agree to take over the operational costs of this project following completion.</li> </ul> Other notes (if applicable):			
Name/Signature: Ted Sweeney		Date: 5/1/2017	
Title:			
Active Transportation Specialist			
Department/Organization:			
UW Transportation Services			
Phone: Email:			
206 616 7493 sweeney2@		ıw.edu	
Additional Notes:			

Please save this completed form as "Project Contact Name\_Project Name" and email it to <a href="mailto:csfcoord@uw.edu">csfcoord@uw.edu</a>.

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.