



Acceptance of Administrative Responsibility Form (AARF)

Project Title: Kincaid Ravine
Restoration Project

Organizational (ORG) Code:

Grant Total: \$9,500

Primary Contact: E. David
Blum

Budget # (CSF-inputted):

By signing this form, I certify that I am the administrator (or equivalent) for my campus unit, in charge of expense, human resources, and other financial transactions and I agree to the following:

- To be responsible for any hiring actions and/or purchases associated with this project.
- To financially track this project in a "16-" (ASUW) budget created by the CSF under the host departments the Financial Organization Code (OrgCode), and complete monthly BAR reconciliation.

Furthermore, I acknowledge the following:

- **Overages:** Any and all overages are the responsibility of the project / host department.
- **Leftover Funds:** Any unspent balance is to be returned to the CSF to go toward other projects. Exceptions can be made at the discretion of the CSF.
- **Scope Changes:** The CSF should be informed in advance of any changes in scope exceeding 10% of the total budget.

Project Lead Name/Signature:

E. David Blum

Date:

11/15/2020

Administrator Name/Signature:

E. David Blum

Date:

11/15/2020

Title: Affiliate Instructor

Department/Organization:

Department of Urban Design & Planning

Phone: 503 913 0279

Email:

blumedw@uw.edu

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.