



Acceptance of Administrative Responsibility Form (AARF)

Project Title:

Cost Center (CC) aka

Departmental Budget Code:

Grant Total:

Primary Contact:

Project ID/Worktag

(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 Project ID (PJxxxxxx) created by the CSF under the host departments' Cost Center, 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.

Notes (if applicable):

Project Lead Name/Signature:		Date:
Administrator Name/Signature:		Date:
Title:	Department/Organization:	
Phone:	Email:	

Please save this completed form as "Project Contact Name_Project Name" and email it to csfcoord@uw.edu and cc csfproj@uw.edu. Please use e-signature or handwritten signature.

Tips to fill out:

Can either download as a word or pdf document.

- *If word, fill out the fields and can either print for handwritten signature or convert to pdf to input digital signature. Can also insert a digital signature as a "photo" and place it in the signature field.*
- *If have a pdf editor (e.g., [Adobe](#) or the Mac "Preview"), can download as a pdf and directly edit all fields and insert the digital signature.*

Let us know if you have any difficulties.