



Acceptance of Administrative Responsibility Form (AARF)

Project Title: Sustainable Lighting Retrofit

Budget Number: \$10,000

Primary Contact: Shane McLaughlin

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; I agree to be responsible for any hiring actions and/or purchases associated with this project. I agree to financially track this project in a "16-" (ASUW) budget within the CSF Financial Organization Code (OrgCode) structure.

Tracking of this project will include the completion of a monthly BAR reconciliation. The *original* of these reports (and appropriate back-up documentation) will be sent to the attention of the CSF Coordinator at Box 351248.

Notes (if applicable):

Name/Signature: <u>CARRIE M. CONE <i>Carrie M Cone</i></u>	Date: <u>1/12/2015</u>
Title: <u>ADMIN SPEC</u>	
Department/Organization: <u>JEFS - UW BOTANIC GARDENS</u>	
Phone: <u>206-685-2579</u>	Email: <u>cmcone@uw.edu</u>

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.