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**Acceptance of Administrative Responsibility Form (AARF)**

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| **Project Title:**  | Fresh Food Recover at UW Food Pantry |
| **Budget Number:** | 16-9698 UW Food Pantry |
| **Grant Total:**  | $35,000 |
| **Primary Contact:**  | Sean Ferris |

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 Financial Organization Code (OrgCode) structure of my unit (**2120101010**), and complete monthly BAR reconciliation. *unit OrgCode number*

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| ***Notes (if applicable):***  |
| **Name/Signature: Sean Ferris eSigned on 4/15/20smf** | **Date: 4/15/20** |
| **Title:**Manger of Student Success  |
| **Department/Organization:** Office off the Vice President for Student Life  |
| **Phone:**206-221-8958 | **Email:**ferris3@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.*