

Project Approval Form

_	Project Title: Campus Green Labs: Sustainable Oceanography Lab Pilot Project
	Primary Contact: Kate Stevenson (Kates 17 @ uw edu)
	y signing this form, I confirm that the project lead(s) has/have discussed this project with me, and that I blease 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)
	agree to be part of the project team
C	will provide support to the project by being a partnering organization, department, or individual.
<u> </u>	am the administrator for my campus unit and agree to be responsible for the financial and human resources transactions associated with this project. agree to take over the operational costs of this project.
1	With the following stipulations (if applicable):
	Name/Signature: Date: 1/10/13
£ 4	Title: Admini Stratu
ļ	Department/Organization:
	School of Occarography Email:
_	206-616-3559 : KTUCKER @U. WASHINGTON, EJU
	Additional Notes:

Please save this completed form as "Project Contact Name_Project Name" and email it to www.edu. The email originating directly from the approving body will be considered a signature. Paper copies may be sent through campus mail to Attn: CSF Fund Coordinator, Box 351248 or dropped off to the CSF Office at 280 Gerberding Hall and must include an original signature of the approving body.



Acceptance of Administrative Responsibility Form (AARF)

Project Title: Campus Green Lans: Sustainable Oceanography Lab Pilot Project
Project Number:
Primary Contact: Kate Stevenson (Kates 17 Quw. edu)
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 <i>original</i> 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: Kittie Tucker Vitte J. Juden Date:
Title: Administrator
Department/Organization:
School of Oceanography
Phone: Email:
206-616-3559 KTUCKEROU.WASHINGTON, EJU
Please save this completed form as "Project Contact Name_Project Name" and email it to <u>uwcsf@uw.edu</u> . The
email originating directly from the approving body will be considered a signature.