

UNIVERSITY OF WASHINGTON

Project Approval Form (PAF)

Project Title: LIFE SCIENCES BUILDING ROOFTOP SOLAR ARRAY (2)

Primary Contact: Alex Ratcliff

By signing this form, I confirm that the project lead(s) has/have discussed this project with me, and that I (please 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).
- $\hfill\square$ agree to be a part of the project team.
- □ will provide support to the project by being a partnering organization, department or individual.
- □ am the administrator for my campus unit and agree to for the financial and human resources Transactions associated with this project.
- □ agree to take over the operational costs of this project following completion.

Other notes (*if applicable***):** Project costs must be covered entirely by the funding from grant sources; no Biology Dept or College of Arts and Sciences funding will be available

Name/Signature:	Date:
Title: Assistant to the Chair for Life Sciences Building	

Department/Organization:

Biology

Phone:	Email:
206-465-4556	rwgoff5@uw.edu

Additional Notes:

Please save this completed form as "Project Contact Name_Project Name" and email it to <u>csfcoord@uw.edu</u>. The email originating directly from the approving body will be considered a signature. Paper copies may be sent through campus mail to Attn: CSF Coordinator, Box 351248 or dropped off to the CSF Office at Gerberding Hall, Room B-40 and must include an original signature of the approving body.