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

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| --- | --- |
| **Project Title:** |  |
| **Organizational (ORG) Code:** |  |
| **Grant Total:** |  |
| **Primary Contact:** |  |
| **Budget # (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 “16-“ (ASUW) budget created by the CSF under the host departments the Financial Organization Code (OrgCode), 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):***

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|  | | |
| **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*](mailto:csfcoord@uw.edu)*. The email originating directly from the approving body will be considered a signature.*