



## Acceptance of Administrative Responsibility Form (AARF)

**Project Title:** HydraPower

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**Budget Number:**

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**Grant Total:** \$10,000

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**Primary Contact:** Kurt Kung

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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 (2600014000) structure of my unit Bioengineering, and complete monthly BAR reconciliation.

**Notes (if applicable):**

The department of Bioengineering does not have a 16- (ASUW) budget number assigned.

<b>Name/Signature:</b> Ruth Woods / 	<b>Date:</b> 4/13/2015
<b>Title:</b> Administrator	
<b>Department/Organization:</b> Bioengineering	
<b>Phone:</b> 206-685-2004	<b>Email:</b> rwoods@uw.edu

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.