

Project Approval & Support Form

Project Info			
Title	Cultivating skills for ethical research collaborati	ons with	Indige
Primary Contact Name	Nicole Doran		
Primary Contact Email	ncdoran@uw.edu		
Project Stakeholders: Supporter/Approver			
Name	Tim Essington		
Title	Director and Professor		
Department/Organization	School of Aquatic and Fishery Sciences		
Email	essing@uw.edu		
Phone Number	206 616 3698		
	DocuSigned by:		
SIGNATURE	4/21/2025		

By signing this form, I confirm the project lead(s) have discussed this project with me, and that I/my department will provide the following types of approval and/or support (*check all that apply*):

APPROVAL: Confirmation that the physical and financial infrastructure project needs are viable.

- ☐ Space (within a building)
 - I / my department approves this project to take place at the building noted in the project proposal.
- ☐ Site (outside a building)
 - I / my department approves this project to take place at the outdoor location noted in the project proposal.
- ☐ Financial (long-term monetary support)
 - · I / my department will take on the responsibility of future operational costs after the award has been depleted ongoing staff needs, training, maintenance & repairs.
- ☐ Other (please describe below)

SUPPORT: Pledged support to oversee successful project implementation. This includes
but isn't limited to providing guidance regarding standard processes, review of proposals,
on-going advising, donated time, materials, other resources, etc.

Departmental Support		
	On-going advising, mentorship, and project guidance	
	Resources (please specify below in additional notes)	
	Other (please specify below in additional notes)	
External Consultants		
	On-going advising, mentorship, and project guidance	
	Resources (please specify below in additional notes)	
	Other (please specify below in additional notes)	
Other	(please describe below)	

[Optional] Formal Letter of Support / Additional Notes: