



Project Approval & Support Form

Project Info	
Title	Cultural Harvest
Primary Contact Name	Ruyan Li
Primary Contact Email	ruyanl@uw.edu
Project Stakeholders: Supporter/Approver	
Name	Christine A Stevens MPH PhD
Title	Associate Professor UW Tacoma
Department/Organization	Nursing and Healthcare Leadership Program
Email	cstevens@uw.edu
Phone Number	253 312 8689
SIGNATURE	<i>Christine A Stevens</i>

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: