



## Project Approval & Support Form

Project Info	
Title	Obtaining Medical Interpreter Certifications for Harborview Transl
Primary Contact Name	Olivia Yoon
Primary Contact Email	oyoona@uw.edu
Project Stakeholders: Supporter/Approver	
Name	Elizabeth Lancaster
Title	Director, Finance and Administration
Department/Organization	UW School of Public Health Office of the Dean
Email	liz1@uw.edu
Phone Number	(206)221-2558
<b>SIGNATURE</b>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <small>DocuSigned by:</small>    <small>08538BF6AF3E4D1...</small> </div> <div style="text-align: right; margin-top: 5px;">1/8/2026</div>

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:**

Financial management and procurement team support