



Project Approval Form (PAF)

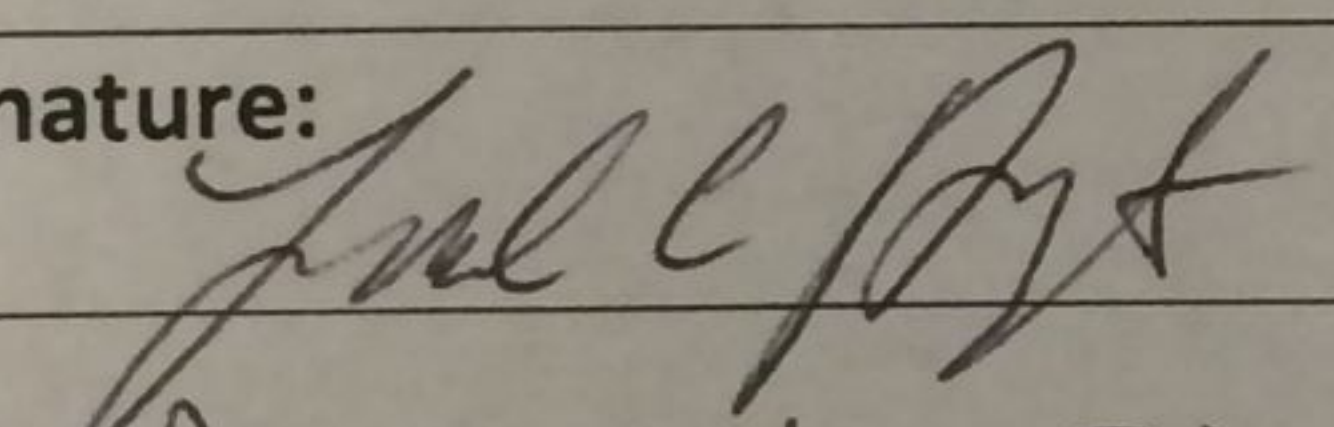
Project Title: _____

Primary Contact: _____

By signing this form, I confirm that the project lead(s) has/have discussed this project with me, and that I
(please check all that apply)

- approve the stated project to be conducted on the University of Washington-Seattle campus
(this approval can only be given by campus units or by individuals on behalf of campus units)
(REQUIRED).
- agree to be a part of the project team.
- will provide support to the project by being a partnering organization, department or individual.
- am the administrator for my campus unit and agree to for the financial and human resources
Transactions associated with this project.
- agree to take over the operational costs of this project following completion.

Other notes (if applicable):

Name/Signature: 	Date: 1-27-16
Title: Associate Director	
Department/Organization: UW Botanic Gardens	
Phone: 543-3137	Email: fhoyt@uw.edu
Additional Notes:	

Please save this completed form as "Project Contact Name_Project Name" and email it to csfcoord@uw.edu.
The email originating directly from the approving body will be considered a signature. Paper copies may be
sent through campus mail to Attn: CSF Coordinator, Box 351248 or dropped off to the CSF Office at Gerberding
Hall, Room B-40 and must include an original signature of the approving body.