



UNIVERSITY OF WASHINGTON

Project Approval Form (PAF)

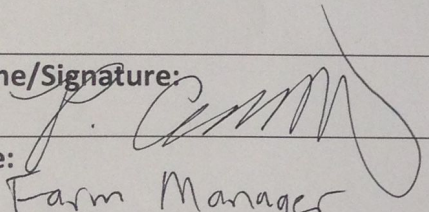
Project Title: No-Till Soil Health and Weed Management

Primary Contact: Adam Houston, adambh@uw.edu

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: 1/15/2020
Title: Farm Manager	Name: Perry Acworth
Department/Organization: UW Farm/ UW Botanical Gardens	
Phone: 206-550-4169	Email: perry@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.