



Acceptance of Administrative Responsibility Form (AARF)

Project Title: No-Till Soil Health and Weed Management Toolkit

Budget Number: _____

Grant Total: \$14,500

Primary Contact: Adam Houston adam.bh@uw.edu

By signing this form, I certify that I am the administrator (or equivalent) for my campus unit, in charge of expense, human resources, and other financial transactions; I agree to be responsible for any hiring actions and/or purchases associated with this project. I agree to financially track this project in a "16-" (ASUW) budget within the Financial Organization Code (OrgCode) structure of my unit (_____), and complete monthly BAR reconciliation. unit OrgCode number

Notes (if applicable):

Name/Signature:

Carrie Cone / Carie M Cone

Date:

1/15/2020

Title:

Admin Spec/ Mgr of Admin Sves

Department/Organization:

UW Botanic Gardens

Phone:

5-2579

Email:

cmcone@uw.edu

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.