

## **Project Approval Form (PAF)**

**Project Title:** 

Primary Contact: Kevin Cussen	·
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: Kara Carlson KC	Q. Date: 1/25/17
Name/Signature: Kara Carlson KCQ Date: 1/25/17  Title: Purchasing and Project Specialist	
Department/Organization:  UW DIDIOG	
Phone: 206-685-8221	Email: Karal7@ uw.edu
Additional Notes: HFS/UW Dining will provide support to ensure project meets uw regulations in regards to preparation and selling of prepared foods and in acordance w/ uw and HFS vendor contracts and agreements, along w/ uw Dining	
Please save this completed form as "Project Contact Name_Project Name" and email it to <a href="mailto:csfcoord@uw.edu">csfcoord@uw.edu</a> .	
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.	