



Acceptance of Administrative Responsibility Form (AARF)

Project Title: UW Anaerobic Digester

Budget Number: _____

Grant Total: \$10,000.00

Primary Contact: Aaron Flaster aflaster@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 (2540578000), and complete monthly BAR reconciliation. *unit OrgCode number*

Notes (if applicable):

Name/Signature:

Jeneil M Lagasse

Date:

03/23/2018

Title:

Associate Administrator

Department/Organization:

Psychology

Phone:

206-543-8879

Email:

jeneil@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.