

Project Approval Form (PAF)

Project Title: Kincaid		
Ravine Bioswale		
Hydrological		
Assessment		
Primary Contact:		
Dan Hintz		
By signing this form, I confirm that the project lead(s)) has/have disc	ussed this project with me, and that I
(please check all that apply)		5.44 . L
 approve the stated project to be conducted on t (this approval can only be given by campus units (REQUIRED). 	•	
□ agree to be a part of the project team.		
 X will provide support to the project by being a part and any the administrator for my campus unit and again and again and again and again agree to take over the operational costs of this project. 	gree to for the f	inancial and human resources
Other notes (if applicable):		
	I	
Name/Signature:		Date:
Jan Arntz		2/3/2015
Title:		
Environmental and Land Use Compliance Officer		
Department/Organization:		
Capital Projects Office		
Phone:	Email:	
206-221-4319	jarntz@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.		