



## Project Approval Form (PAF)

**Project Title:** Health Sciences Education Building

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**Primary Contact:** Erin Horn

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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):**

<b>Name/Signature:</b> Jessica Ray <i>Jessica Ray</i>		<b>Date:</b> 11/1/2019
<b>Title:</b> Assistant Professor		
<b>Department/Organization:</b> Civil & Environmental Engineering		
<b>Phone:</b> 206-221-0791	<b>Email:</b> jessray@uw.edu	
<b>Additional Notes:</b>		

Please save this completed form as "Project Contact Name\_Project Name" and email it to [csfcoord@uw.edu](mailto: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.