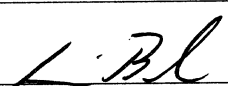


Acceptance of Administrative Responsibility Form (AARF)

Project Title: Pairing UW Food Waste with Non-Profit Agencies in Need
Budget Number: 06-1005 - HCDE 'home' budget
Grant Total: _____
Primary Contact: Irini Spyridakis

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 (260002000), and complete monthly BAR reconciliation. *unit OrgCode number*

Notes (if applicable): Budget # provided as reference only. It is a state budget + no grant dollars should be transferred to it. We only create new budget numbers once funds have been awarded.

Name/Signature: <u>Erin Baker</u> 	Date: <u>4/26/2017</u>
Title: <u>Administrator</u>	
Department/Organization: <u>Human Centered Design + Engineering</u>	
Phone: <u>206.685.3465</u>	Email: <u>bakeres@uw.edu</u>

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.