****

**Acceptance of Administrative Responsibility Form (AARF)**

|  |  |
| --- | --- |
| **Project Title:** | Fresh Food Recover at UW Food Pantry |
| **Budget Number:** | 16-9698 UW Food Pantry |
| **Grant Total:** | $35,000 |
| **Primary Contact:** | Sean Ferris |

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 (**2120101010**), and complete monthly BAR reconciliation. *unit OrgCode number*

|  |  |  |
| --- | --- | --- |
| ***Notes (if applicable):*** | | |
| **Name/Signature:  Sean Ferris eSigned on 4/15/20smf** | | **Date:  4/15/20** |
| **Title:** Manger of Student Success | | |
| **Department/Organization:** Office off the Vice President for Student Life | | |
| **Phone:** 206-221-8958 | **Email:** ferris3@uw.edu | |

*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.*