

Acceptance of Administrative Responsibility Form (AARF)

Project Title: Keraton 2024	
Cost Center (CC) aka	
Departmental Budget Code:	CC101101
Grant Total: \$10,000	
Primary Contact: Jessica	
Fredlina	
Project ID/Worktag	
(CSF-inputted):	
By signing this form, I certify that I am the administrate	or (or equivalent) for my campus unit, in charge of
expense, human resources, and other financial transac	
expense, naman resources, and other intender dansac	and ragice to the following.
 To be responsible for any hiring actions and/or 	r purchases associated with this project.
 To financially track this project in a Project ID (PJxxxxxx) created by the CSF under the host
departments' Cost Center, and complete mon	thly BAR reconciliation.
Furthermore, I acknowledge the followi	ing:
Overages: Any and all overages are the response	sibility of the project / host department.
• Leftover Funds: Any unspent balance is to be re	eturned to the CSF to go toward other projects.
Exceptions can be made at the discretion of the	e CSF.
 Scope Changes: The CSF should be informed in 	n advance of any changes in scope exceeding 10% of the
total budget.	, с
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Notes (if applicable)	
Project Lead Name/Signature:	Date:
71.0 P_11	1/2/2024
Jessica Fredlina	
Administrator Name/Signature:	Date:
BICK Young / Rese young	1-3-24
Title: Senior Student Activities Advisor	Department/Organization: Student Activities Office HUB

Phone:	Email:
206-616-0298	ryoung95@uw.edu

Please save this completed form as "Project Contact Name_Project Name" and email it to csfcoord@uw.edu and cc csfcoo

Tips to fill out:

Can either download as a word or pdf document.

- If word, fill out the fields and can either print for handwritten signature or convert to pdf to input digital signature. Can also insert a digital signature as a "photo" and place it in the signature field.
- If have a pdf editor (e.g., <u>Adobe</u> or the Mac "Preview), can download as a pdf and directly edit all fields and insert the digital signature.

Let us know if you have any difficulties.