

Project Approval Form

Project Title:	Kincaid Ravine Restoration Project		
Primary Contact:	Martha Moritz		
By signing this form, I co		has/have discu	ussed this project with me, and that I
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 part o	f 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 be responsible for the financial and human resources transactions associated with this project. agree to take over the operational costs of this project. 			
With the following stipulations (if applicable):			
before any work can be this long-term venture this concerted effort cout the limits of disturbance a strong belief that maintained at the professionally, let's not bit particular concern, the	be initiated. Establishing an MC e, and then determining a realist can actually manage will be imperbance for the restoration work that any areas that have been in per levels, will only re-vegetate	OU with the carestic approach to be rative. This was in Kincaid Raw nitially cleared to a much der	ne to a mutual understanding on this
Name/Signature:			Date:
Howard Nakase Title:			April 11, 2013
Manager			
Department/Organiza Facilities Services, Fac	ation: ilities Maintenance & Construc	tion – Grounds	s Management
Phone:		Email:	
206.685.1407		hmnakase@uw.edu	

Additional Notes:

Please save this completed form as "Project Contact Name_Project Name" and email it to wwc.f@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 Fund Coordinator, Box 351248 or dropped off to the CSF Office at 280 Gerberding Hall and must include an original signature of the approving body.