

Project Approval Form (PAF)

Project Title: LIFE SCIENCES BUILDING ROOFTOP SOLAR ARRAY (2)

Primary Contact: Alex Ratcliff		
By signing this form, I confirm that the (please check all that apply)	ne project lead(s) has/hav	ve discussed this project with me, and that I
		ersity of Washington-Seattle campus dividuals on behalf of campus units)
• • • • • • • • • • • • • • • • • • • •	ect by being a partnering	organization, department or individual. or the financial and human resources
Transactions associated with the □ agree to take over the operation	• •	llowing completion.
Other notes (if applicable):		
They Stand Lecker Thy Some Date:		
Name/Signature:	,	Date:
Title: CADITAL PLANNING & DEVELOPMENT, ASSESSMENT DIRECTOR		
Department/Organization:		
Phone: 206 617 2831	Email:	STAHL & UW. EDY
Additional Notes:		
	-	ect Name" and email it to csfcoord@uw.edu . 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.