



UNIVERSITY OF WASHINGTON

## Project Approval Form (PAF)

**Project Title:**


Precious Plastic

**Primary Contact:**

By signing this form, I confirm that the project lead(s) has/have discussed this project with me, and that I  
(please check all that apply)

- 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 a part of 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 for the financial and human resources  
Transactions associated with this project.
- agree to take over the operational costs of this project following completion.

**Other notes (if applicable):**

<b>Name/Signature:</b> Drew Zimmerman 	<b>Date:</b> 10/10/18
<b>Title:</b> Manager of Program Operations	
<b>Department/Organization:</b> Housing & Food Services	
<b>Phone:</b> 206 - 616 - 4104	<b>Email:</b> wzimm@uw.edu
<b>Additional Notes:</b>	

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. 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.



## Acceptance of Administrative Responsibility Form (AARF)

**Project Title:** Precious Plastics


**Budget Number:** HRS Residential Life 15-9101

**Grant Total:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

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

**Notes (if applicable):**

<b>Name/Signature:</b> <u>Drew Zimmerman</u> 	<b>Date:</b> <u>10/10/18</u>
<b>Title:</b> <u>Manager of Program Operations</u>	
<b>Department/Organization:</b> <u>Housing &amp; Food Services</u>	
<b>Phone:</b> <u>206-616-4104</u>	<b>Email:</b> <u>wdzimm@uw.edu</u>

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