

Tal Lev
Student Activities Adviser

STUDENT ACTIVITIES OFFICE

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UNIVERSITY OF WASHINGTON

Project Approval Form (PAF)

Project Title: Resilience Challenge

Primary Contact: Will Fantle

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):

<u>Tal Lev</u> Name/Signature:	<u>1/20/15</u> Date:
<u>student Activities Adviser</u>	
Title: <u>SAO - HUB</u>	
Department/Organization: <u>206-616-9993</u>	
Phone:	Email: <u>levt@uw.edu</u>

Additional Notes:

student will be applying for additional funding - though unsure if he will receive it.

Please save this completed form as "Project Contact Name_Project Name" and email it to 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.



UNIVERSITY OF WASHINGTON

Project Approval Form (PAF)

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Primary Contact: Will Fante

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).
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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):

Name/Signature: Ruth A. Huwe Date: 1/15/15

Title: Full-time Lecturer

Department/Organization: Management + Organization

Phone: 206-819-6065 Email: rhuwe@uw.edu

Additional Notes:

Funds will be managed directly by Treasurer & Bethink

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