



Acceptance of Administrative Responsibility Form (AARF)

**Project Title: FIRST NATIONS
AT UW 53RD ANNUAL
SPRING POWWOW**

**Organizational (ORG) Code:
94-3079432**

Grant Total: \$14,000

**Primary Contact: Tava
Kairaiuak, Fundraising Chair**

Budget # (CSF-inputted):

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 and I agree to the following:

- To be responsible for any hiring actions and/or purchases associated with this project.
- To financially track this project in a "16-" (ASUW) budget created by the CSF under the host departments the Financial Organization Code (OrgCode), and complete monthly BAR reconciliation.

Furthermore, I acknowledge the following:

- **Overages:** Any and all overages are the responsibility of the project / host department.
- **Leftover Funds:** Any unspent balance is to be returned to the CSF to go toward other projects. Exceptions can be made at the discretion of the CSF.
- **Scope Changes:** The CSF should be informed in advance of any changes in scope exceeding 10% of the total budget.

Notes (if applicable):

Project Lead Name/Signature: Tava Kairaiuak	Date: 2/12/24
Administrator Name/Signature: CHRISTINA M. COOP	Date: 2/12/24
Title: INTERIM ASSOCIATE DIRECTOR	Department/Organization: STUDENT ACTIVITIES OFFICE
Phone: 206-543-2380	Email: CMCOOP@UW.EDUE

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.