



UNIVERSITY OF WASHINGTON

Project Approval Form (PAF)

Project Title: Yesler Swamp Trek Stop

Primary Contact: Tyler Licata

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):

Fred Hoyt

Name/Signature:

[Handwritten Signature]

Date:

4-17-14

Title:

Associate Director

Department/Organization:

UW Botanic Gardens

Phone:

206-543-3137

Email:

Fhoyt@uw.edu

Additional Notes:

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.



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Other notes (if applicable):

Caitlin Dean 

Name/Signature: _____ Date: 4.18.14

Title: Program Operations Specialist

Department/Organization: Urban Design + Planning (Community, Environment, + Planning)

Phone: 206.543.1508 Email: Caitdeaneuw.edu

Additional Notes:

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Other notes (if applicable):

STEVE BADANES 

Name/Signature: _____ Date: 4/16/14

PROFESSOR

Title: _____

ARCHITECTURE - NEIGHBORHOOD DESIGN/BUILD STUDIO

Department/Organization: _____

206.543.7144

Phone: _____ Email: sbadanes@uw.edu

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UNIVERSITY OF WASHINGTON

Acceptance of Administrative Responsibility Form (AARF)

Project Title: Yesler Swamp Trek Stop

Budget Number: _____

Primary Contact: Tyler Licata

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 CSF Financial Organization Code (OrgCode) structure.

Tracking of this project will include the completion of a monthly BAR reconciliation. The **original** of these reports (and appropriate back-up documentation) will be sent to the attention of the CSF Coordinator at Box 351248.

Notes (if applicable):

Name/Signature: <u>Caitlin Dean / [Signature]</u>	Date: <u>4.18.14</u>
Title: <u>Program Operations Specialist</u>	
Department/Organization: <u>Urban Design + Planning (CEP)</u>	
Phone: <u>206.543.1508</u>	Email: <u>caitdean@uw.edu</u>

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