

Project Approval Form (PAF)

Gardening with Electric Bikes

Project Title:

Primary Contact:	Michael Bradshaw		
De alamina this forms I	confirm that the project lead/s	\ has/hayo disa	succeed this project with me, and that I
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) Name and the stated project to be conducted on the University of Washington Scattle campus			
X 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.			
X agree to take over the operational costs of this project following completion.			
Other nates (if applicable).			
Other notes (if applicable): Pertains to the University of Washington Botanical Gardens Portion of this Grant			
			Date:
Name/Signature: David Zuckerman			4/15/2019
) inpo			
Title:			
Manager of Horticulture			
Department/Organization:			
Jniversity of Washington Botanic Gardens			
Phone:		Email:	
206) 543-8008		dzman@uw.edu	
Additional Notes: UWBG responsible Ser 3 of 7 Kotal bikes.			
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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.