

Project Approval Form (PAF)

Project Title: Biogas Powered Food	Cart & Educational Exp	erience
Primary Contact: Kerry ~ Cusson	Cart & Educational Exp	
By signing this form, I confirm that the project lead(state check all that apply) approve the stated project to be conducted on (this approval can only be given by campus unit (REQUIRED). agree to be a part of the project team. will provide support to the project by being a part of the par	s) has/have discussed this project with me the University of Washington-Seattle cam s or by individuals on behalf of campus ur artnering organization, department or ind	e, and that I npus nits)
☐ am the administrator for my campus unit and a Transactions associated with this project. ☐ agree to take over the operational costs of this Other notes (if applicable):		irces
Toren Elste 140		
Name/Signature:	Date: / / 18 / 20	17
Title: Events and Outmach Specialist	/ /	
Department/Organization:	.7.74	ang karanan darah (1 m a karan-arah sanggan Jan Ady 4 (1) in dalah dan dan karana
Phone: 204-543-1937	Email: tre 10@ UN. edu	
Additional Notes:		
Please save this completed form as "Project Contact I	Name_Project Name" and email it to csfcc	ord@uw.ed

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.