Project Approval Form (PAF)

Project Title:
Electrochromic Glazing
System for Health Sciences Education Building at University of Washington

Primary Contact:
Connor Beck:
conjbeck27@gmail.com
Brian Dow:
dowbh@uw.edu

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):

Name/Signature:
Robbie Avila

Date:
11/5/2019

Title:
Manager, Engineering Services

Department/Organization:
Engineering Services, UW Facilities

Phone:
206-221-4391

Email:
ravila@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.