Project Approval Form (PAF)

Project Title: No-Till Soil Health and Weed Management

Primary Contact: Adam Houston, adambh@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: [Signature]  
Date: 1/15/2020

Title: Farm Manager

Department/Organization: UW Farm/ UW Botanical Gardens

Phone: 206-550-4169  
Email: persis@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.

Updated January 2014