

Temporary Fund Authorization

Request Requested by Department of Medicine Date: May 13, 1992

Title and Purpose Title: Medical Treatment and Research Endowment: Endowment Income

Purpose of Fund: Education and research in oncology and related disciplines  
(Please attach award notice of grant or donor correspondence)

Fund Number: (To be assigned by Grants Accounting) 1577

Source of Funds Source of Funds: Cummings Endowment *Medical Treatment + Research Endowment 329213*  
Address:  
Contact:

- Is this a (n):
- Individual Gift
  - Bequest
  - Foundation Grant
  - Corporation Grant (Corporate Foundation or Corporation)
  - Government Grant
  - Health Agency Grant (American Cancer Society, Etc.)
  - Other (Specify) Cummings Endowment Income

Is funding to be  one time or  repetitive?

If repetitive what is anticipated receipt schedule?

Fund grant amount: Various

Period: \_\_\_\_\_

Does fund/grant pay overhead:  No  Yes Rate --- %

Basis:  Total Direct Cost  Salary and Wages

Does fund/grant pay fringe benefit rate?  No  Yes Rate --- %

External Reporting Is reporting to the grantor required?  Yes  No

If yes, annual other: (specify) \_\_\_\_\_

Is annual audit report required? { } Yes {X} No  
If yes, specify

Is a public announcement of award required or desired by grantor  
{ } Yes {X} No

Fund Authorization  
for Payments and Uses

Who is Fund Administrator? Eric C. Rackow, M.D.

Who is authorized to make expenditures from the Fund?  
Eric C. Rackow, M.D.

Are payments restricted to specific purpose? { } Yes {X} No  
If yes, check items allowed: { } Salaries { } Fringe Benefits  
{ } Supplies { } Capital Equipment { } Operating Expenses  
{ } Other(Specify)

Fund Billing  
for Service

Will fund bill anyone for services provided? { } Yes {X} No  
If yes, name organization or persons and address to be billed:

Who will perform the billing? \_\_\_\_\_

General

Will fund produce a deficit balance? { } Yes {X} No  
If yes, explain:

Approval

|   |                    |      |               |
|---|--------------------|------|---------------|
| Department Chairman/Director                    | <u>[Signature]</u> | Date | <u>6/4/92</u> |
| Division Vice President                         | <u>[Signature]</u> | Date | _____         |
| Vice President/Development and External Affairs | <u>[Signature]</u> | Date | _____         |
| Grants Accounting                               | <u>[Signature]</u> | Date | _____         |
| Controller                                      | <u>[Signature]</u> | Date | _____         |
| Vice President for Finance                      | <u>[Signature]</u> | Date | _____         |
| President/CEO                                   | <u>[Signature]</u> | Date | _____         |

After Approval:

|  |                               |
|--|-------------------------------|
| cc: President                                    | Division Vice President       |
| Vice President, Finance                          | Director/Financial Operations |
| Vice President, Development and External Affairs | Controller                    |
|  | Fund Administrator            |