

**SPECIFIC PURPOSE GRANT FUNDATION**

0712

**Request Title and Purpose**

Requested by LEN Walsh Date: 1/4/95

Fund Title: DEPT OF PEDIATRICS ENDOWMENT FUND

Purpose of Fund: OFF-SET DEPT OPERATIONAL COSTS

(please attach award notice of grant or donor correspondence)

Fund Number: (to be assigned by Grants Accounting) 0712

**Source of Funds**

Source of Funds: CAPITAL CAMPAIGN

Is this a (n):

- Individual Gift
- Bequest
- Foundation Grant
- Corporation or Corporate Grant
- Government Grant
- Health Agency Grant (American Cancer Society, Etc.)
- Other (specify) \_\_\_\_\_

Is funding to be ( ) one time or (X) repetitive?  
If repetitive what is anticipated receipt schedule? ON-GOING

Fund Grant amount: TO BE DETERMINED  
Period: ON-GOING

Does Fund/Grant pay Overhead: (X) No ( ) Yes Rate \_\_\_\_\_

Basis: ( ) Total Direct Cost ( ) Salary & Wages

Does Fund/Grant pay fringe benefits? (X) No ( ) Yes Rate \_\_\_\_\_

**External Reporting**

Is reporting to the grantor required? (X) No ( ) Yes

If Yes, annual

other: (specify) \_\_\_\_\_

Is annual audit report required? ( ) No (X) Yes

If Yes, specify ANNUAL FUND AUDIT (INCOME VS EXPENSES)

Is a public announcement of award required or desired by grantor  
(X) No ( ) Yes

SPECIAL PURPOSE FUND AUTHORIZATION

**Request  
Title  
and Purpose**

Requested by DEPT. OF PEDIATRICS Date: 11/30/95

Fund Title: DEPARTMENT OF PEDIATRICS ENDOWMENT

Purpose of Fund: ENDOWMENT INCOME - FOR dept. of  
Pediatrics program

(please attach award notice of grant or donor correspondence)  
endowment + 329217

Fund Number (to be assigned by Grants Accounting) endowment +  
income 0712

**Source  
of  
Funds**

Source of Funds:

Is this a (n):

- Individual Gift
- Bequest
- Foundation Grant
- Corporation or Corporate Grant
- Government Grant
- Health Agency Grant (American Cancer Society, Etc.)
- Other (specify) \_\_\_\_\_

Is funding to be ( ) one time or  repetitive?

If repetitive what is anticipated receipt schedule? N/A

Fund Grant amount: 3 GRANTS: \$ 500,000; \$ 300,000; \$ 300,000

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

Does Fund/Grant pay Overhead:  No ( ) Yes Rate \_\_\_\_\_

Basis: ( ) Total Direct Cost ( ) Salary & Wages

Does Fund/Grant pay fringe benefits?  No ( ) Yes Rate \_\_\_\_\_

**External  
Reporting**

Is reporting to the grantor required? ( ) No  Yes

If Yes annual  
other: (specify) To: Mrs. Karen L. Ross, the President - Altman Foundation

Is annual audit report required?  No ( ) Yes

If Yes, specify \_\_\_\_\_

Is a public announcement of award required or desired by grantor

No ( ) Yes