

TEMPORARY FUND AUTHORIZATION

Request Requested by: Sharon Lebowitz Date: 8/6/98

Title and Purpose Fund Title: Child Life Program Endowment

Purpose of fund: To support the Child Life Program in the Department of Pediatrics
(please attach award notice of grant or donor correspondence)

1575

Fund Number: (to be assigned by Grants Accounting) 329221

Source of Funds Source of Funds: Concannon Family

- 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? Annual
 Fund Grant amount: \$500,000
 Period: 10 years
 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) _____
 Is annual audit report required? No Yes
 If Yes, specify _____
 Is a public announcement of award required or desired by grantor
 No Yes

**Fund Authorization
for Payments and
Uses**

Who is Fund Administrator? Len Walsh

Who is Authorized to make expenditures from Fund?

Jayne Rivas, M.D., Sharon Lebowitz, Kathleen Collins

Are payments restricted to specific purpose? No Yes

If Yes, check items allowed: Salaries Fringe Benefits

Supplies Capital Equipment Operating Expenses

Other (specify) _____

**Fund Billing
for Services**

Will fund bill any one for services provided? No Yes

If Yes, Name organization or persons & address to be billed:

Who will perform the Billing? _____

General

Will fund produce a deficit balance? No Yes

If Yes, explain: _____

Approval

Department Chairman/Director *Jayne Rivas md* Date: 8/6/98

Division Vice President _____ Date: 8/10/98

Vice President/Development &
External Affairs *[Signature]* Date: 8/6/98

Grants Accounting *[Signature]* Date: _____

Dir. Financial Operations *[Signature]* Date: _____

Vice President for Finance _____ Date: _____

**After
Approval:**

Vice President, Finance

Dir. Financial Operations

Vice President, Development
and External Affairs

Fund Administrator

Division Vice President