

~~DATA FOR~~  
KAREN MILANO

100-20348-  
51020-16

**Specific Purpose Fund Authorization Form**

Saint Vincent Catholic Medical Centers

(Page 1 of 3)

Service Division: Manhattan Facility: St. Vincent's Hospital Manhattan

Department: St. Vincent's Comprehensive Cancer Center

Requested By: Catherine S. Callagy SVP, Fund Development 11/20/07  
Name Title Date

**Title and Purpose**

- 1. Fund Number (To be assigned by Grants Accounting)
- 2. Fund Title Devin Thomas Reddy Fellowship Fund (Endowment)
- 3. Describe purpose of fund (Please attach award notice of grant or donor correspondence)  
**Need to set up an Endowment Fund to be named as the Devin Thomas Reddy Fellowship Fund. Devin Reddy was a cancer patient of Dr. Cook. The interest earned per year will be used to defray the costs of Dr. William Cook's fellows' (his interns) travel to a conference they must attend each year.**

**Source of Funds**

- 4. Is this a(n) (Please Check)
  - Individual Gift
  - Bequest
  - Grant/Contract - Foundation or Corporate
  - Grant/Contract - Governmental
  - Faculty Practice
  - Other (specify)

5. Is funding to be (Please Check)  one time  repetitive  
If repetitive, what is anticipated receipt schedule?

6. Fund Grant amount: Principal gift sum of \$50,000  
Period:

7. Does Grant/Contract pay overhead?  Yes Rate:   
 No - Explain   
Basis:  Total Direct Cost  Other - Explain

8. Does Grant/Contract pay fringe benefits?  Yes Rate:   
 No - Explain

**External Reporting**

9. Is reporting to the grant required?  No  Yes  
If Yes, annual other: specify

10. Is annual audit report required?  No  Yes  
If yes, specify

11. Is a public announcement of award required or desired by grantor?  No  Yes