

0465

Specific Purpose Fund Authorization Form

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Saint Vincent Catholic Medical Centers

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

Department: Asian Services

Requested By: Barbara Horn Adm. Director, Outpatient Svces 2/28/06
Name Title Date

Title and Purpose

1. Fund Number (To be assigned by Grants Accounting) 20465 904656

2. Fund Title CHINESE SERVICES FUND

3. Describe purpose of fund (Please attach award notice of grant or donor correspondence)

This fund is established for the purpose of accounting for all donated funds given specifically for the Chinese Services Initiative. Opening contribution of \$5000 has been received from CCBA to support Chinese TV for inpatients.

Source of Funds

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

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

6. Fund Grant amount: OPENING Amount is \$5000 from Chinese Consolidated Benevolent Association
Period: _____

7. Does Grant/Contract pay overhead? Yes Rate: _____
 No - Explain No overhead

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 _____

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