

**Request**

Requested by

Donna Park

Date:

July 18, 2001

**Title**

**and Purpose**

Fund Title:

Breast Center Donations

Purpose of Fund:

Support Breast Center programs

(please attach award notice of grant or donor correspondence)

Fund Number: (to be assigned by Grants Accounting)

**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) Donations

Is funding to be  one time or  repetitive?

If repetitive what is anticipated receipt schedule? Ongoing

Fund Grant amount: Variable

Period: Ongoing

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