

Specific Purpose Fund Authorization Form

(Page 1 of 2)

Saint Vincent Catholic Medical Centers

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

Department: Cancer Center

Requested By: Donna Park Executive Director 8/31/07
Name Title Date

Title and Purpose

"Please Change Grant MFL Account"

1. Fund Number (To be assigned by Grants Accounting) [REDACTED]

2. Fund Title [REDACTED] MDS Program

3. Describe purpose of fund (Please attach award notice of grant or donor correspondence)
This fund will be used for donations given by patients and others to support Dr. Azra Raza and the MDS program at the Cancer Center.

Source of Funds

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

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

6. Fund Grant amount: variable
Period: Indefinite

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

