



0753

ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK ENDOWMENT AND TEMPORARY FUND AUTHORIZATION

Request: Requested By: Sister Karen Helfenstein, Sc, FACHE Date: January 5, 2000

Agreed By: Sister Karen Helfenstein Div. V.P. Date: 1/6/00

Title and Purpose: Title: Mind/Body/Spirit Program
Purpose of Fund: _____

Fund Number: (To be assigned by Grants Accounting) 0753

Source of Funding: Funding Source: Mission Division (#1508)

Is Source of Funds a:
 Private Foundation National Foundation Grant
 Government Agency Other: Mission Program fund transfer

Is funding to be: One time or Repetitive?

Fund Grant Amount: \$ 25,000

Period: 11/30/99 to 11/30/2000

Does fund/grant pay overhead: No Yes Rate _____ %
(SVH Federal overhead rate is 41.3% of total direct cost)

Basis: Total Direct Cost Salary and Wages

Does fund/grant pay fringe benefit rate? No Yes Rate _____ %
(SVH Fringe benefit rate is 25% of salaries and wages)

Reporting: Is reporting to the grantor required? Yes No

If yes, annual _____ to _____
Other (Specify) Sister Karen Helfenstein, Sc, FACHE

Is annual audit report required? Yes No

If yes, specify: _____

Acknowledgement: Who is to acknowledge receipt in writing?
 Development Office Principal Investigator/Grantee
 President Other Not necessary