

SPECIFIC PURPOSE FUND AUTHORIZATION

Request

Requested by: Matt Baney

Date: 3/26/09

Title and Purpose

Fund Title: Rape Crisis

150-20740-51200-244
790-20740-51200-24

~~Purpose of Fund: To support the provision of services to assist victims of sexual assault or abuse or any associated costs for equipment, materials or out of pocket expenses.~~

(please attach award notice of grant or donor correspondence)

Source of Funds

Fund Number:(to be assigned by Grants Accounting)

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) Fundraising

Is funding to be () one time or (X) repetitive ?

If repetitive what is anticipated receipt schedule ? _____

Fund Grant amount: Various.

Period: _____

Does Fund/Grant pay Overhead: (X) No () Yes Rate _____

Basis: () Total Direct Cost () Salary & Wages

Does Fund/Grant pay fringe benefits ? (X) No () Yes Rate 0%

External Reporting

Is reporting to the grantor required ? () No (X) Yes

If Yes, annual

other: (specify) Depended on foundations' requirements

Is annual audit report required ? (X) No () Yes

If Yes, specify _____

Is a public announcement of award required or desired by grantor

(X) No () Yes

**Fund Authorization
for Payments and Uses**

Who is Fund Administrator ? Matt Baney

Who is Authorized to make expenditures from Fund? Matt Baney

Are payments restricted to specific purpose ? ()No (X) Yes

If Yes, check items allowed: () Salaries () Fringe Benefits

(X) Supplies () Capital Equipment (X) Operating Expenses

() Other (specify)

**Fund Billing
for Services**

Will fund bill any one for services provided ? (X)No () Yes

If Yes, Name organization or persons & address to be billed:

Who will perform the Billing?

General

Will fund produce a deficit balance ? (X)No () Yes

If Yes, explain Contract will be reimbursed on a fee for service basis.

Approval

Department Chairman/Director [Signature] Date: _____

Division Vice President _____ Date: _____

Grants Accounting Marilyn Suber Date 3/30/09

Dir. Financial Operations _____ Date: _____

Vice President Finance _____ Date _____

President _____ Date _____

Vice President Development & Murray Weber Date: 3-30-09

~~External Affairs~~ (Individual Gifts & Bequests Only)

Private Fnd + Corp. Requests

After Approval

Copies to:

- Department Chairman/Director
- Vice President, Development
and External Affairs
- Division Vice President

Fund Administrator