



0325

Temporary Fund Authorization

Request Requested by: Mark E. Astiz, M.D. Date: 04/05/90

Title and Purpose Title: Critical Care Education

Purpose of Fund: Critical Care Education
(Please attach award notice of grant or donor correspondence)

Fund Number: (To be assigned by Grants Accounting) 0325

Source of Funds Source of Funds: Pfizer

Address: 235 East 42nd Street, New York, New York 10017

Contact: F. Goerke

- Is this a (n):
- Individual Gift
 - Bequest
 - Foundation Grant
 - Corporation Grant (Corporate Foundation or Corporation)
 - Government Grant
 - Health Agency Grant (American Cancer Society, Etc.)
 - Other (Specify) _____

Is funding to be one time or repetitive?

If repetitive what is anticipated receipt schedule? _____

Fund grant amount: \$ 6,600.00

Period: _____ to _____

Does fund/grant pay overhead: No Yes Rate 10 %

Basis: Total Direct Cost Salary and Wages

Does fund/grant pay fringe benefit rate? No Yes Rate ___ %

Handwritten signature and date: 5/8/90

External Reporting

Is reporting to the grantor required? Yes No

If yes, annual _____ to _____

other: (specify) _____

20325 Critical Care Education

	<u>Beginning</u>	<u>Transfers</u>	<u>Contributions</u>	<u>Expenses</u>	<u>Ending</u>
2001	(264)	77,763	-	(7,768)	69,731
2002	69,732	-	-	(1,860)	67,872
2003	67,872	-	-	(1,035)	66,837
2004	66,837	-	-	(437)	66,400
2005	66,400	-	-	(668)	65,732
2006	65,732	-	-	(397)	65,335
2007	65,335	-	-	(237)	65,098
2008	65,098	-	-	(1,516)	63,582
2009	63,582	-	50,000	(831)	112,751
2010	112,751	-	-	-	112,751
	<u>1/1/2001</u>	<u>Transfers</u>	<u>Contributions</u>	<u>Expenses</u>	<u>12/31/2010</u>
	(264)	77,763	50,000	(14,749)	112,750
Internal Designations		(62,750)			(62,750)
	<u>(264)</u>	<u>15,013</u>	<u>50,000</u>	<u>(14,749)</u>	<u>50,000</u>

The Donor stipulated its use for a Critical Care Transfer relates to corporate grants and are internal designations