

SPECIFIC FUND AUTHORIZATION

1504

REQUEST

Requested by: Kathleen Perry Date: 5/30/91

TITLE AND PURPOSE

Title: SUPPORTIVE CARE CHAPLAIN STIPEND

Purpose of Fund: To pay a clergy-person a small stipend to visit

patients at home, 2 days per week
(Please attach award notice of grant or donor correspondence)

Fund Number: (To be assigned by Grants Accounting) 1504

SOURCE OF FUNDS

Source of Funds: Gift: DIFFA (Design Industry Foundation for AIDS)

Address: 150 West 26th Street New York, NY 10001

Contact: Russ Radley

Is this a(n):

- () Individual Gift
- () Bequest
- (x) Foundation Grant
- () Corporation Grant (Corporate Foundation or Corporation)
- () Government Grant
- () Health Agency Grant (American Cancer Society, etc.)
- () Other (Specify) _____

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

If repetitive what is anticipated receipt schedule? _____

Fund grant amount: \$ 35,000

Period: 5 / / 91 to / /

Does fund/grant pay overhead: (x) NO () YES Rate _____%

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

Does fund/grant pay fringe benefit rate? (x) NO () YES Rate _____%

EXTERNAL REPORTING

Is reporting to the grantor required: (x) NO () YES

If yes, annual / / to / /

Other: (specify) _____