

Specific Purpose Fund Authorization Form

Saint Vincent Catholic Medical Centers

20468
984680
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Service Division: Facility:

Department:

Requested By:

Name Title Date

Title and Purpose

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

2. Fund Title

3. Describe purpose of fund (Please attach award notice of grant or donor correspondence)

Source of Funds

4. Is this a(n) (Please Check)

Individual Gift

Bequest

Grant/Contract -- Foundation or Corporate

Grant/Contract - Governmental

Faculty Practice

Other (specify)

5. Is funding to be (Please Check) one time repetitive

If repetitive, what is anticipated receipt schedule?

6. Fund Grant amount:

Period:

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

Fund Authorization for Payments and Uses

12. Who is Fund Administrator? Len Walsh, Sister Miriam Kevin Phillips, Alla Borsen

Who is authorized to make expenditures from fund? (Must adhere with SVCMC policy)
Len Walsh, Sister Kevin Phillips

13. Will fund bill anyone for services provided? No Yes
 If yes, name organization or persons and address to be billed.

Who will perform the billing? _____

14. Will fund be used to support new construction, renovation, or refurbishment? No Yes
 If yes, please contact Corporate Real Estate Services to prepare Schedule A.

Deficits

15. Will fund produce a deficit balance? No Yes
 If yes, explain _____

Authorized Signatures	Date	Comments
Department Chair/ Director		
Vice President <i>Sr. M. Kevin Phillips</i>	<i>Sr. M. Kevin Phillips</i>	<i>10/16/06</i>
Director, Grants & Contract Management	<i>[Signature]</i>	<i>12/5/06</i>
Chief Financial Officer	<i>[Signature]</i>	
President Executive Director	<i>[Signature]</i>	<i>10/17/06</i>
VP/Director Development (Individual Gifts & Bequests only)		

15. Other Comments

- After approval, copies to:**
 Department Chair/Director
 Vice President
 Fund Administrator
 VP/Director, Development (Gifts & Bequests)
 VP/Corporate Real Estate