

SPECIFIC PURPOSE FUL AUTHORIZATION

Request Title and Purpose

Requested by VIRGINIA K. SWEENEY Date: Sept 1, 1996

Fund Title: CATHERINE SICA REGISTERED NURSE ASSISTANCE FUND

Purpose of Fund: provide financial assistance to nurses in need

(please attach award notice of grant or donor correspondence)

Source of Funds

Fund Number: (to be assigned by Grants Accounting) 1260

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) _____

Is funding to be one time or repetitive? possibly supplemented in future with additional gifts.
If repetitive what is anticipated receipt schedule? _____

Fund Grant amount: \$2,500

Period: _____

Does Fund/Grant pay Overhead: No Yes Rate _____

Basis: Total Direct Cost Salary & Wages

Does Fund/Grant pay fringe benefits? No Yes Rate _____

External Reporting

Is reporting to the grantor required? No Yes

If Yes, annual

other: (specify) _____

Is annual audit report required? No Yes

If Yes, specify _____

Is a public announcement of award required or desired by grantor

No Yes

for Payments and Uses

Who is Fund Administrator? VIRGINIA K. SWEENEY, VICE PRESIDENT

Who is Authorized to make expenditures from Fund? VIRGINIA SWEENEY

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

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

() Supplies () Capital Equipment () Operating Expenses

() Other (specify) financial assistance to nurse in need

**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 _____

Approval

Department Chairman/Director _____ Date: _____

Division Vice President Virginia K. Sweeney Date: 9/1/56

Grants Accounting [Signature] Date: _____

Dir. Financial Operations A. Mullen Date: _____

Vice President Development & _____ Date: _____

External Affairs (Individual Gifts & Bequests Only)

After Approval

Copies to:

Department Chairman/Director

Fund Administrator

Vice President, Development
and External Affairs

Division Vice President