

SPECIFIC PURPOSE FUND AUTHORIZATION

#20550

**Title
and Purpose**

Fund Title Orthopaedic Foot and Ankle and Trauma Fellowship

Purpose of Fund To support the education, and training of the foot and ankle and trauma program.

(please attach award notice of grant or donor correspondence)

Fund Number (to be assigned by Grants Accounting) _____

**Source
of
Funds**

Is this a (n):

- Individual Gift
- Bequest
- Grant/Contract - Foundation or Corporate
- Grant/Contract - Governmental
- Faculty Practice
- Other (specify) _____

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

If repetitive what is anticipated receipt schedule ? ongoing

Fund/Grant amount Initial donation/contribution of \$1,500. This fund will be accepting other donations from various sources.

Period March 2008-open/present.

Does Grant/Contract pay Overhead: () Yes Rate _____ (x) No Explain _____

cost to offset, salary, fringe benefits, malpractice and teaching.

Basis: () Total Direct Cost () Other Explain not applicable

Does Grant/Contract pay fringe benefits ? (x) Yes Rate _____ () No Explain _____

**External
Reporting**

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

If Yes, annual

other: (specify) _____

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

If Yes, specify _____

Is a public announcement of award required or desired by grantor (x) No ()

**Fund Authorization
for Payments**

Who is Fund Administrator? Eli Bryk, M.D., Chairman, Department of Orthopaedic Surgery
Monthly reports sent to? Eli Bryk, M.D., Annette Zilka Roth
Who is authorized to make expenditures from Fund? (Must adhere to Medic Center policy) Eli Bryk, M.D.

**Fund Billing
for Services**

Will fund bill any one for services provided? (No Yes)
If Yes, name organization or persons & address to be billed:

Who will perform the Billing? not applicable

Deficits

Will fund produce a deficit balance? (No Yes)
If Yes, explain

Approval

Department Chairman/Director Eli Bryk, M.D. Date: 3/26/08
Division Vice President Michael Stern Date: _____
Director, Grant & Contract Mgt _____ Date: _____
Sr VP Finance/CFO _____ Date: _____
President _____ Date: _____
VP/Director Development Henry J. Kohn Date: 3-28-08
(Individual Gifts & Bequests Only)

**After Approval
Copies to:**

Department Chairman/Director
Division Vice President
Fund Administrator
VP/Director, Development (Gifts & Bequests)