



0713

TEMPORARY FUND AUTHORIZATION

REQUEST

Requested by: George Schwarz, M.D. Date: 10/9/90

TITLE AND PURPOSE

Title: Radiotherapy (Research & Education) Private Donor

Purpose of Fund: for research and education of Dr. G. Schwarz

Radiotherapy
(Please attach award notice of grant or donor correspondence)

SOURCE OF FUNDS

Fund Number: (To be assigned by Grants Accounting) 0713

Source of Funds: VARIOUS, Mainly bequests to Department

Address: of Radiation Oncology

Contact: _____

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) Research and Education Fund - Departmental

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

If repetitive what is anticipated receipt schedule?

Irregular

Fund grant amount: \$ _____

Period: _____ / _____ / _____ to _____ / _____ / _____

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

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

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

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

If yes, annual _____ / _____ / _____ to _____ / _____ / _____

Other: (specify) _____

EXTERNAL REPORTING