

SPECIFIC PURPOSE FUND AUTHORIZATION

20565

Title and Purpose

Fund Title Cancer Vixen Fund

Purpose of Fund: Deposit of monies associated with the Cancer Vixen to be used for the care of breast cancer patients

(please attach award notice of grant or donor correspondence)

Fund Number (to be assigned by Grants Accounting) To be assigned by gra

Source of Funds

Is this a (n):

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

Is funding to be one time or repetitive ?

If repetitive what is anticipated receipt schedule ? Deposits will be made up Fund/Grant amount

Period undefined

Does Grant/Contract pay Overhead: Yes Rate _____ No Explain _____
Not applicable x

Basis: Total Direct Cost Other Explain _____
Not applicable x

Does Grant/Contract pay fringe benefits ? Yes Rate _____ No Explain _____
Not applicable x

External Reporting

Is reporting to the grantor required ? No Yes (DEV + Dept)

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

**Fund Authorization
for Payments**

Who is Fund Administrator? Administrative Director of Surgery
Monthly reports sent to? Administrative Director of Surgery
Who is authorized to make expenditures from Fund? (Must adhere to Medi
Center policy) Administrative Director of Surgery

**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? _____

Deficits

Will fund produce a deficit balance? (x) No () Yes

If Yes, explain _____

Approval

Department Chairman/Director *Y. Monhelisky* Date: 6/30/08

Division Vice President *[Signature]* Date: 7/8/08

Director, Grant & Contract Mgt _____ Date: _____

Sr VP Finance/CFO _____ Date _____

President _____ Date _____

VP/Director Development *[Signature]* Date: 7/9/08

(Individual Gifts & Bequests Only)

After Approval

Copies to:

Department Chairman/Director

Division Vice President

Fund Administrator

VP/Director, Development (Gifts & Bequests)