

SPECIFIC FUND AUTHORIZATION

REQUEST

Requested by: Lisa Mazie Date: 1/6/97

TITLE AND PURPOSE

Title: Oral Surgery Education Fund

Purpose of Fund: Oral + Dental Resident Education

(Please attach award notice of grant or donor correspondence)

SOURCE OF FUNDS

Fund Number: (To be assigned by Grants Accounting) 1210

Source of Funds: Private Contributions - The Town Club Foundation

Address: _____

Contact: Dr. Jay Goldsmith

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) _____

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

If repetitive what is anticipated receipt schedule? _____

Fund grant amount: \$ 500

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 _____ %

EXTERNAL REPORTING

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

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

Other: (specify) _____

SPECIFIC FUND AUTHORIZATION

Is annual audit report required? () YES () NO
If yes, specify _____

Is a public announcement of award required or desired by grantor
() YES () NO

FUND AUTHORIZATION
FOR PAYMENTS AND USE

Who is Fund Administrator? Lisa Mazie

Who is authorized to make expenditures from the Fund? Lisa Mazie

Are payments restricted to specific purpose? () YES () NO

If yes, check items allowed: () Salaries () Fringe Benefits
() Supplies () Capital Equipment () Operating Expenses
() Other (Specify) Dental TO be used for oral surgery or

FUND BILLING
OR SERVICE

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? _____

GENERAL

Will fund produce a deficit balance? () YES () NO
If yes, explain: _____

APPROVAL

Department Head/Director	<u>Lisa Mazie</u>	Date	<u>1/6/97</u>
Division Vice President	<u>WV</u>	Date	<u>1/6/97</u>
Vice President/Development & External Affairs		Date	
Grants & Contracts	<u>Benjamin</u>	Date	
Director/Financial Operations	<u>J. Smith</u>	Date	<u>2/6/97</u>
Vice President for Finance		Date	

AFTER APPROVAL

cc:

Vice Pres., Dev. & Ext. Affairs
Division Vice President
Director/Financial Operations
Fund Administrator