Attached is a copy of GSSC’s certified budget for Student Activity fees (SAF) for the fiscal year 2014/15 that began June 1, 2015. This budget was approved by GSSC at their 5/20/15 meeting, and has been certified on behalf of the Campus President in accordance with the SUNY Board of Trustees Guidelines with the following adjustments needed since the submitted budget was not a balanced budget (total variance was $-753):

- **SAF Income:** The GSSC’s actual income for FY 2014/15 was $1,845. SAF Income was adjusted to this amount.
- **Rollover:** Actual unused fund balance at 5/31/15 was $926, which when added to the estimated SAF income, results in a revised grand total income of $2,771.
- **Administration Fee:** GSSC’s fee was revised to actual at $105.
- **Reserve Fund:** net result of above changes results in a $541 Reserve Fund to balance the budget. This represents 32% of prior year’s actual expenses of $1,688 which is within SUNY Guidelines (minimum of 5% but no more than 100% of last year’s actual expenses).

Please be aware that:

- **Authorized Signators:** GSSC Constitution requires the GSSC Treasurer must sign all payment requests. The ‘signature restriction’ section adjusted to reflect that the GSSC Treasurer plus one other GSSC officer must sign all payment vouchers.
- **Expenses** may be drawn from appropriate accounts in accordance with this certified budget, dependent on the positive cash balance of the account at the time of disbursements.
- The Council may submit a revised budget for additional certification at any time during the year.
- [FSA Payment forms](link), [SAF Meeting Minutes Guidelines](link), [other SAF documents](link) are available online.

Please feel free to contact me at Ext. 2186 if you have questions or concerns.

xc: Rodney Venten, FSA Director of Finance (w/original documents)
via eMail:
Matthew Evrard, VP
Julie Parato, Secretary
Kristen Whitney, Treasurer
Jeffrey Putman, VP Student Affairs
Meg O’Sullivan, AVP Student Life
Amy Urqhart, Director, Student Center
Charles Conway, Bursar (No SAF rate change; Flat Rate = $30/yr)
Dr. Mark Stewart, Dean School of Graduate Studies
### Account Description

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Submitted Budget 2015-16; approved by GSSC 5/20/15</th>
<th>Certified Budget 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40000-05-011-000</td>
<td>ACTIVITIES FEES INCOME BALANCE</td>
<td>($2,100.00)</td>
<td>($1,845.00)</td>
</tr>
<tr>
<td>40001-05-011-000</td>
<td>ROLLOVER BALANCE</td>
<td>($350.00)</td>
<td>($926.00)</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td></td>
<td>($2,450.00)</td>
<td>($2,771.00)</td>
</tr>
<tr>
<td><strong>Program Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>71550-05-011-020</td>
<td>ADMINISTRATION FEE</td>
<td>$125.00</td>
<td>$105.00</td>
</tr>
<tr>
<td>71570-05-011-360</td>
<td>MEETINGS</td>
<td>$1,825.00</td>
<td>$1,825.00</td>
</tr>
<tr>
<td>71570-05-011-590</td>
<td>STUDENT LOUNGE</td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
<tr>
<td><strong>Total Program Expense</strong></td>
<td></td>
<td>$2,250.00</td>
<td>$2,230.00</td>
</tr>
<tr>
<td><strong>Balance Before Reserves</strong></td>
<td></td>
<td>($200.00)</td>
<td>($541.00)</td>
</tr>
<tr>
<td><strong>Reserves:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>71570-05-011-520</td>
<td>RESERVE FUND</td>
<td>$953.00</td>
<td>$541.00</td>
</tr>
<tr>
<td><strong>Total Reserves</strong></td>
<td></td>
<td>$953.00</td>
<td>$541.00</td>
</tr>
<tr>
<td><strong>Total Expenses + Reserves</strong></td>
<td></td>
<td>$3,203.00</td>
<td>$2,771.00</td>
</tr>
<tr>
<td><strong>Total Net Income less Expenses + Reserves</strong></td>
<td></td>
<td>($753.00)</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses*
SAF BUDGET REQUEST & AGREEMENT FORM

Instructions: 1. Complete this form. All Signatures on this form must be ORIGINAL signatures (pages 1 & 2), blank form avail on FSA website.
2. Attach the detail SAF Budget Worksheet as approved by the student council.
3. Attach the SIGNED meeting minutes showing the budget detail was approved by the student council.
Submit all 3 documents to FSA Business Office (Mail Stop 1219) by SAF Budget deadline (see annual cover letter for May date).

SAF BUDGET REQUEST AND AGREEMENT FOR FISCAL YEAR: **June 1, 2015** thru **May 31, 2016**

NAME OF STUDENT ORGANIZATION: Graduate School Student Council

<table>
<thead>
<tr>
<th>Officer</th>
<th>Print Name</th>
<th>Term of Office until (end date)</th>
<th>eMail (best way to reach you)</th>
<th>Phone # (best way to reach you)</th>
</tr>
</thead>
<tbody>
<tr>
<td>President (if other Title, specify:)</td>
<td>Rachelle Dugue</td>
<td>May 31 2016</td>
<td><a href="mailto:rd2313@gmail.com">rd2313@gmail.com</a></td>
<td>347-645-3742</td>
</tr>
<tr>
<td>Vice President (if other Title, specify:)</td>
<td>Matthew Evrard</td>
<td>May 31 2016</td>
<td><a href="mailto:matthew.evrard@downstate.edu">matthew.evrard@downstate.edu</a></td>
<td>347-756-0196</td>
</tr>
<tr>
<td>Secretary (if other Title, specify:)</td>
<td>Julie Parato</td>
<td>May 31 2016</td>
<td><a href="mailto:julie.parato@dscmail.com">julie.parato@dscmail.com</a></td>
<td>718-208-5528</td>
</tr>
<tr>
<td>Treasurer (if other Title, specify:)</td>
<td>Kristen Whitney</td>
<td>May 31 2016</td>
<td><a href="mailto:kristen.whitney@gmail.com">kristen.whitney@gmail.com</a></td>
<td>(847) 922-4067</td>
</tr>
</tbody>
</table>

AUTHORIZED SIGNATURE(S) FOR PAYMENT FORMS (check your council bylaws – some have specific authorized signature requirements):

Signature:  

Pres Print Name: Rachelle Dugue 

Treas Print Name: Kristen Whitney

VP Print Name: Matthew Evrard

Secy Print Name: Julie Parato

Check One: ☑️ Joint or ☐ Single Signatures are required for disbursements.

Other signature restrictions, if any (insert any special instructions such as club accounts which may have different authorized signature requirements)

Treasurer plus one other Officer
AGREEMENT Between
THE FACULTY STUDENT ASSOCIATION OF DOWNSTATE MEDICAL CENTER, INC.
And
Graduate School Student Council

(In Insert Name of Student Organization)

The Faculty Student Association (FSA) is allowed to receive, hold, and disburse monies as agent for recognized Student Activity Fee organizations on the SUNY Downstate Medical Center campus and is performing in accordance with the established "Policies and Procedures for Trust and Agency (T&A) Accounts" and the SUNY Board of Trustee "Guidelines on Student Activity Fees" documents.

In consideration thereof, the applicant above hereinafter referred to as "depositor' requests and authorizes the FSA to act as its agent for the receipt, custody, and disbursement of funds pursuant to those documents. The depositor hereby agrees to pay an administrative fee to FSA as determined annually by the FSA Board of Directors. This amount shall be deducted from the depositor’s account(s) at the start of each fiscal year.

As the designated agent, FSA will endeavor to maintain accounts consistent with the purposes and within the scope and authorizations set forth by the depositor in this Budget Request. Disbursements will be processed in accordance with FSA Business Office procedures provided the appropriate signatories have executed the payment request. FSA reserves the right to refuse to pay out any funds that, in its own recognition, FSA feels are unauthorized or improper.

Depositor recognizes that FSA acts in a fiduciary capacity with T&A Accounts and insofar as depositor’s account is a T&A Account, FSA assumes no liability for depositor’s actions and/or agreements or commitments with any third parties. FSA assumes liability only with respect to its duties as an agent for custody and disposal of funds. Depositor agrees to hold harmless the FSA from any and all actions against it resulting from actions of depositor. In recognition thereof, this application is presented for review and certification.

Agreed and Accepted: X

Applicant’s Main Representative Signature

Date 05/20/15

Send (1) This form with all original signatures, (2) The Budget Worksheet (detail), and (3) the Council’s SIGNED MEETING MINUTES showing their approval of this budget, to the FSA Business Office (DMC Mall Stop 1219); A copy will be returned after certification.

DO NOT WRITE BELOW THIS LINE (FSA USE ONLY)

CERTIFICATION

Approved in accordance with the FSA guidelines entitled "Policies and Procedures for Trust and Agency Accounts" and "SUNY Board of Trustee Guidelines on Student Activity Fees".

Certification Comments: Approved by the GSSC at the May 20, 2015 meeting. Subsequent revisions made by FSA to reflect actual fiscal year end 5/31/15 amounts and balance the budget as identified in the certification cover letter.

CERTIFIED BY __________________________ Date of Certification: 8/21/15

Signature

V.3/17/15