## Student Activity Fund

### Nursing Student Council (NSC) Budget

**Fiscal Year 2017 (June 1, 2016 thru May 31, 2017)**

*yellow highlights shows revisions that were necessary*

A new FSA Accounting System (Blackbaud) has been implemented effective 6/1/16 and NEW ACCOUNT NUMBERS HAVE BEEN ASSIGNED!

<table>
<thead>
<tr>
<th>NEW FY 2017 Blackbaud Account #</th>
<th>OLD Prior FY 2016 ACCPAC Account#</th>
<th>Description</th>
<th>NSC Submitted Budget 2016-17</th>
<th>Certified Budget 2016 - 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td>$11,545.00 $11,530.00</td>
<td>$11,115.00</td>
</tr>
<tr>
<td>40-49001-014-30001 40000-05-014-000</td>
<td>EST SAF ACTIVITY FEE INCOME:</td>
<td>$3,619.00 $11,115.00</td>
<td>$11,115.00</td>
<td></td>
</tr>
<tr>
<td>40-40001-014-30001 40001-05-014-000</td>
<td>ROLLOVER BALANCE*</td>
<td>$3,709 for Convocation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Income</td>
<td>$15,164.00 $22,645.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Program Expenses                |                                   |             | $6,372.01 $8,600.00       | $8,600.00 |
| 40-70301-014-30001 71590-05-014-145 | CONVOCATION May 2016          | $ -       | $6,372.01 $8,600.00       | $8,600.00 |
| 40-70302-014-30001 71590-05-014-145 | CONVOCATION May 2017          | $ -       | $8,600.00 $8,600.00       | $8,600.00 |
| 40-70303-014-30001 71590-05-014-280 | GRADUATE STUDENT ADV PRACTICE | $ -       | $6,372.01 $8,600.00       | $8,600.00 |
| 40-70304-014-30001 71590-05-014-400 | NURSING CONFERENCE            | $ 550.00 $550.00       | $550.00 |
| 40-70173-014-30001 71590-05-014-490 | PROGRAMS & PROJECTS          | $ 2,750.00 $3,858.99       | $3,858.99 |
| 40-70305-014-30001 71590-05-014-560 | SOCIAL ACTIVITIES             | $ -       | $2,750.00 $3,858.99       | $3,858.99 |
| 40-70009-014-30001 71530-05-014-700 | ADMINISTRATION FEE            | $ 205.00 $205.00       | $205.00 |
| 40-70306-014-30001 71590-05-014-740 | NURSE ANESTHESIA CLUB        | $ 500.00 $500.00       | $500.00 |
| 40-49001-014-30001 TBD TRANS TO MSC BFC | TRANS TO MSC BFC          | $ 1,200.00 $1,200.00       | $1,200.00 |

Total Program Expense $13,805.00 $21,286.00

Balance Before Reserves $1,359.00 $1,359.00

Reserves:

| 40-70181-014-30001 71590-05-014-520 | RESERVE FUND* (= >5% and <100% prior yr expenses) | $1,359.00 $1,359.00 |

Total Reserves $1,359.00 $1,359.00

Total Expenses + Reserves $15,164.00 $22,645.00

Total Net Income less Expenses + Reserves $ - $ -
June 14, 2016

TO: Osama Sayed, President
Nursing Student Council (NSC)
via eMail and posted on FSA website

FROM: Richard J. Bentley, President,
Faculty Student Association (FSA)

SUBJECT: NSC Budget Certification for FY 2017 (6/1/16 thru 5/31/17).

Attached is a copy of NSC’s certified budget for Student Activity fees (SAF) for the fiscal year 2017 that began June 1, 2016. The NSC approved the submitted budget at their 5/3/16 meeting, which has been modified as needed and has been certified on behalf of the Campus President in accordance with the SUNY Board of Trustees Guidelines with the following adjustments:

- **Estimated Activity Fee Income:** A minor revision reflects the prior year actual amount at $11,530.
  - **Rollover:** NSC had estimated its rollover of unused funds at $3,619 that has been revised to the actual rollover at 5/31/16 at $11,115. This included $3,709 planned for May 2016’s Convocation expenses which NSC did not submit for payment until after 5/31/16. Thus, a new account “Convocation May 2016” has been added for the expenses paid after 5/31/16 at $6,372.
  - The resulting ‘true unused’ funds are $4,763 ($11,115 - $6,372) remains substantial; **41% of NSC’s annual income.** While the NSC’s 2017 budget does plan for increased program and activity spending to address excessive rollover of unused funds, if the Council fails to increase its activities and programs as planned, the Council will need to consider reducing its SAF rate in future years.

- **Grand Total Income:** The result of the above adjustments is a grand total income of **$22,645.**

- **Reserve Fund:** NSC initially submitted a **$1,359** Reserve Fund, which represents **27%** of prior year’s actual expenses of $5,084 which is within SUNY Guidelines (minimum of 5% but no more than 100% of prior year’s actual expenses).

- **Programs & Projects:** NSC had initially estimated at **$2,750.** The excess of all other expenses has been place in this account revised to **$3,859.**

Please be aware that:

- FSA implemented a new Accounting System (Blackbaud) effective 6/1/16 and **new account numbers have been assigned!** The certified budget shows the new as well as the prior account numbers.
- **Authorized Signators:** NSC’s Constitution requires that the Treasurer plus one other NSC officer sign all payment forms.
- 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 Form** (link), **SAF Meeting Minutes Guidelines** (link), and **other SAF documents** (link) are available online.

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

cc: Chris Sena, FSA Interim Controller (w/original documents);
via eMail:

Janine Vigilante, VP
Haleigh Dennett, Secretary
Russell Salzman, Treasurer
Maria Rosario-Sim, Faculty Advisor
Peter Ljutic, Bursar (No SAF rate change; NSC rate=$40./yr)

Daisy Cruz-Richman, Dean, College of Nursing
Jeffrey Putman, VP Student Affairs
Meg O’Sullivan, AVP Student Life
Amy Urqhart, Director, Student Center

Faculty Student Association of Downstate Medical Center, Inc
Mail Stop 1219; 450 Clarkson Avenue; Brooklyn, NY 11203-2098 Telephone: 718-270-3187
www.downstate.edu/fsa
SAF Account Authorized Signature Update Form

Instructions: Use this Form ONLY to update authorized signators on SAF Accounts
1. Complete this form.
2. Attach the relevant meeting minutes showing the election of new officers being changed.
Submit both documents to FSA Business Office (Box 1219, Student Center Room 2-09).

NAME OF STUDENT ORGANIZATION: Nursing Student Council

AFFECTED FSA SAF Account(s): All NSC Accounts

The FSA - Student Activity Fee Certified Budget and Agreement dated 5/6/16 is hereby amended as follows:

- Remove the following Authorized Signator(s) as of

  Print Name(s) to be Removed          Prior Title
  Osama Sayed                         PRes
  Janine Vigilante                    VP
  Russell Salzman                     Treas
  Haleigh Dennett                     Secy

- Add the following NEW Authorized Signator(s):

  Officer Title               Print Name            Term of Office Ends (date)  Phone # (best way to reach you)  Signature (must be submitted as an original signature)
  President                 Peggy Chen              10/01/2017                  347-201-7039
  Vice President            Christina (WooJoo) Yoon 10/01/2017                  646-673-2333
  Treasurer                 Catherine Pisacano       10/01/2017                  516-316-7425
  Secretary                 Irina Rydca            10/01/2017                  646-670-1424

Check One: ___ JOINT or ___ SINGLE SIGNATURES REQUIRED FOR DISBURSEMENTS.
Other signature restrictions, if any (check your council bylaws - some do specify authorized signator requirements; insert any special instructions such as club accounts which may have different authorized signatures)

As per NSC constitution, Treasurer must sign all payment forms. Thus, forms require Treasurer plus one other officer signature.

Peggy Chen, NSC President

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". Insert comments, if any:

FSA Approval SIGNATURE
Date: 10/19/2016
SAF BUDGET REQUEST & AGREEMENT FORM

AGREEMENT Between
THE FACULTY STUDENT ASSOCIATION OF DOWNSTATE MEDICAL CENTER, INC.
And
Nursing Student Council (NSC)

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

05/06/2016

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 Mail Stop 1219); A copy will be returned after certification.

<table>
<thead>
<tr>
<th>CERTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved in accordance with the FSA guidelines entitled &quot;Policies and Procedures for Trust and Agency Accounts&quot; and &quot;SUNY Board of Trustee Guidelines on Student Activity Fees&quot;.</td>
</tr>
<tr>
<td>Certification Comments:</td>
</tr>
</tbody>
</table>

CERTIFIED BY

SIGNATURE

Date of Certification: 6/14/16

V.1.2/1.16
MINUTES OF THE SUNY DOWNSTATE MEDICAL COLLEGE

NURSING STUDENT COUNCIL MEETING

MAY 3TH, 2016

The SUNY Downstate NSC met in regular session on Tuesday, 5/3/2016, at 5:30pm.

The meeting was held at the SUNY Downstate Library.

Student Council Members present:
Osama Sayed, President
Janine Vigilante, Vice President
Russell Salzman, Treasurer
Haleigh Dennett, Secretary

4 members were present, representing a quorum.

1. Call to Order: President Osama Sayed called the meeting to order at 5:30pm.

2. Discussion of the 2016/2017 budget as presented, see attached.

3. MOTION: Unanimously approved the 2016/2017 budget as presented, see attached.

4. Adjournment: With no further business to come before the NSC, the meeting was adjourned at 5:45pm. MOTION: Unanimously approved.

The next meeting of the Nursing Student Council will be held on 5/10/16 at 5:30pm at the SUNY Downstate Library.

Haleigh Dennett, Nursing Student Council Secretary

Russell Salzman, Nursing Student Council Treasurer
# Student Activity Fund

**Nursing Student Council**

**Fiscal Year 2017 (June 1, 2016 thru May 31, 2017)**

Councils are not required to use this Excel Worksheet if it already has another budget document format that works well. Whatever format you use, must have provisions for all income (must describe how it was calculated). Expenses, and Reserve(s). Additional rows can be inserted as needed.

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget 2016 - 2017</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>40000-05-014-000</td>
<td>EST SAF ACTIVITY FEE INCOME:</td>
<td>$11,545.00</td>
<td>Full time SAF rate x # (or estimated based on current 2015/2016 year-to-date (YTD) actual amount)</td>
</tr>
<tr>
<td>40001-05-014-000</td>
<td>ROLLOVER BALANCE</td>
<td>$3,619.27</td>
<td>Your estimate of all unspent funds at end of current year on 5/31. This amount is &quot;rolled-over&quot; into the new fiscal year on 5/1. If prior reserve(s) were established, the rollover INCLUDES the actual 5/1 balances(s) of those reserve(s). You need only to provide your estimate at this time. FSA will reset the ACTUAL amounts when they are known on 5/31.</td>
</tr>
<tr>
<td>Total Income</td>
<td></td>
<td>$15,164.27</td>
<td>Cell has a formula to add all of the above lines</td>
</tr>
</tbody>
</table>

**Program Expenses**

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget 2016 - 2017</th>
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<tbody>
<tr>
<td>71590-05-014-145</td>
<td>CONVOCATION</td>
<td>$8,600.00</td>
</tr>
<tr>
<td>71590-05-014-280</td>
<td>GRADUATE STUDENT ADV PRACTICE</td>
<td>$ -</td>
</tr>
<tr>
<td>71590-05-014-400</td>
<td>NURSING CONFERENCE</td>
<td>$550.00</td>
</tr>
<tr>
<td>71590-05-014-490</td>
<td>PROGRAMS &amp; PROJECTS</td>
<td>$2,750.00</td>
</tr>
<tr>
<td>71590-05-014-560</td>
<td>SOCIAL ACTIVITIES</td>
<td>$205.00</td>
</tr>
<tr>
<td>71590-05-014-700</td>
<td>ADMINISTRATION FEE</td>
<td>$500.00</td>
</tr>
<tr>
<td>71590-05-014-740</td>
<td>NURSE ANESTHESIA CLUB</td>
<td>$1,200.00</td>
</tr>
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</table>

Total Program Expense $13,805.00 Cell has a formula to add all of the above lines

Balance Before Reserves $1,359.27 Cell has a formula to add above lines

Reserves:

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget 2016 - 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>71590-05-014-520</td>
<td>RESERVE FUND* (5% and &lt;100% prior yr expenses)</td>
<td>$1,359.27</td>
</tr>
</tbody>
</table>

Total Reserves $1,359.27 Cell has a formula to add all of the above lines

Total Expenses + Reserves $15,164.27 Cell has a formula to add all of the above lines

Total Net Income less Expenses + Reserves $-

* SUNY Reserve Guidelines >5% and <100% of prior year actual expenses