Faculty Student Association
of Downstate Medical Center, Inc

TO: Kevin Wong, President
    Student Center Governing Board (SCGB)

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

SUBJECT: SCGB Budget Certification for 2014/15.

August 11, 2014

Attached is a copy of the SCGB’s certified budget for Student Activity Fees (SAF) for the fiscal year 2014/16 that began June 1, 2014 and was initially approved by MSC at their 3/18/14 meeting. This budget has been certified in accordance with the SUNY Board of Trustees Guidelines on behalf of the Campus President with the following adjustments:

- The actual Rollover Balance of unused funds at 5/31/14 was $15,320, which when added to the estimated SAF income amount gives a revised grand total income of $229,600.
- The Reserve Fund was revised as SCGB requested to the actual rollover amount at $15,320, which is 7.5% of last year’s expenses and meets SUNY Reserve Guidelines (minimum of 5% but no more than 100% of last year’s actual expenses).

Please be aware that:

- 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.
- All payments for Minicourse instructors must comply with IRS Guidelines for independent contractor payment (1099 income). Otherwise, payroll checks must be issued with all payroll taxes and deductions.
- As per the SCGB Constitution/Bylaws, all payment requests (disbursements) require joint signatures of the SCGB Treasurer plus either one additional SCGB officer or AVP Student Life.
- The SCGB may revise its budget at any time during the year and resubmit for additional certification.
- FSA Payment forms, SAF Meeting Minutes Guidelines and other SAF documents are available on the FSA website.

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

xc: Rodney Venten, Director of Finance (w/original documents)
via eMail: Jeannie Lee, VP
Despala Tsevdos, Secretary
Sinead Brady, Treasurer
Meg O'Sullivan, AVP Student Life
Amy Urquhart, Director Student Center
Jeffrey Putman, VP Student Affairs
Charles Conway, Bursar (Note: Eff 1/1/2014, SAF full time rate was increased to $80/yr.)
SAF BUDGET REQUEST & AGREEMENT FORM

FACULTY STUDENT ASSOCIATION
OF DOWNSTATE MEDICAL CENTER, INC.

Instructions: 1. Complete this form (pages 1 & 2).
2. Attach the detail expense budget approved by the student council (Budget Sheet).
3. Attach the meeting minutes showing the budget detail was approved by the student council.
Submit all 3 documents to FSA Business Office (Box 1219) by SAF Budget deadline (mid May).

SAF BUDGET REQUEST AND AGREEMENT FOR FISCAL YEAR: June 1, 2014 thru May 31, 2015

NAME OF STUDENT ORGANIZATION: Student Center Governing Board

<table>
<thead>
<tr>
<th>Officer</th>
<th>Print Name</th>
<th>Term of Office Ends (date)</th>
<th>Phone # (best way to reach you)</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Kevin Wong</td>
<td>5/31/15</td>
<td>845-260-1292</td>
</tr>
<tr>
<td>Vice President</td>
<td>Jeanie Lee</td>
<td></td>
<td>917-611-5877</td>
</tr>
<tr>
<td>Secretary</td>
<td>Despina Tssevos</td>
<td></td>
<td>917-841-8621</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Sienna Brady</td>
<td></td>
<td>845-558-9482</td>
</tr>
</tbody>
</table>

THE FOLLOWING SIGNATURE(S) WILL BE VALID FOR PAYMENT AUTHORIZATIONS (check your council bylaws – some do specify authorized signator requirements):

<table>
<thead>
<tr>
<th>Signature</th>
<th>X</th>
<th>Signature</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pres Print Name</td>
<td>President</td>
<td>Kevin Wong</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>X</td>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>VP Print Name</td>
<td>Vice President</td>
<td>Jeanie Lee</td>
<td></td>
</tr>
</tbody>
</table>


Other signature restrictions, if any: (insert any special instructions such as club accounts which may have different authorized signatures)
Treasurer plus one other officer or Meg O'Sullivan, AVP for Student Life

SAF Income: Write here how you calculated the SAF income (# students times your Council’s SAF rate) and place the total in the New Budget Request column for the line marked “SAF income”:

1120@80=89,600.00
442@40=17,680.00

During 2013/14 SCGB increased its SAF rate to $80./yr (fulltime)

SAF Income: $107,280.00

Other Income: Note here any other income sources and amounts, including any anticipated rollover (unused funds at May31st), fundraising, event fees, advertising income, etc.; and place the total in the line “Other Income” column for the line marked “other income”:

Staff Membership- $48,000 Events -$38,000 Locker Rental - $5,000
Group & Guest fee - $2,000 Happy Hour -$1,000 **Rollover will go into unallocated reserve account
Mini Courses- $12,000 Intramurals -$1,000

Actual 5/31/14 rollover
was $15,320.]

Other Income: $214,280.00

TOTAL ESTIMATED INCOME: $229,600
AGREEMENT
Between
THE FACULTY STUDENT ASSOCIATION
OF DOWNSTATE MEDICAL CENTER, INC.
And
Student Center Governing Board

[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 "depoter" requests and authorizes the FSA to act as its agent for the receipt, custody, and disbursement of funds pursuant to those documents. The depoter 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 depoter'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 depoter 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 recognizance, FSA feels are unauthorized or improper.

Depoter recognizes that FSA acts in a fiduciary capacity with T&A Accounts and insofar as depoter's account is a T&A Account, FSA assumes no liability for depoter'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. Depoter agrees to hold harmless the FSA from any and all actions against it resulting from actions of depoter. In recognition thereof, this application is presented for review and certification.

Agreed and Accepted:

X
Applicant's Main Representative Signature

5/19/14
Date

Send (1) THIS COMPLETED "SAF BUDGET REQUEST AND AGREEMENT", (2) YOUR COUNCIL'S MEETING MINUTES and (3) THE DETAIL EXPENSE BUDGET APPROVED BY YOUR COUNCIL to the FSA BUSINESS OFFICE (DMC BOX 1219); one copy of document 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 SCGB at their 3/18/14 mtg. Adjusted to actual 5/13/14 rollover amt that has been set as the Reserve Fund.

CERTIFIED BY

Date of Certification: 5/19/14

SIGNATURE
# Student Activity Fund

**SCGB**  
**2014 - 2015**

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Certified Budget 2014 - 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>40000-05-015-000</td>
<td>ACTIVITIES FEES INCOME BALANCE</td>
<td>(107,280.00)</td>
</tr>
<tr>
<td>40001-05-015-000</td>
<td>ROLLOVER BALANCE</td>
<td>(15,320.00)</td>
</tr>
<tr>
<td>41520-05-015-285</td>
<td>GROUP &amp; GUEST FEE</td>
<td>(2,000.00)</td>
</tr>
<tr>
<td>41520-05-015-295</td>
<td>HAPPY HOUR INCOME</td>
<td>(1,000.00)</td>
</tr>
<tr>
<td>41520-05-015-325</td>
<td>INTRAMURALS INCOME</td>
<td>(1,000.00)</td>
</tr>
<tr>
<td>41520-05-015-335</td>
<td>LOCKER RENTAL INCOME</td>
<td>(5,000.00)</td>
</tr>
<tr>
<td>41520-05-015-375</td>
<td>MINI COURSES INCOME</td>
<td>(12,000.00)</td>
</tr>
<tr>
<td>41520-05-015-570</td>
<td>SPECIAL EVENTS INCOME</td>
<td>(38,000.00)</td>
</tr>
<tr>
<td>41520-05-015-660</td>
<td>STAFF MEMBERSHIP INCOME</td>
<td>(48,000.00)</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td></td>
<td><strong>(229,600.00)</strong></td>
</tr>
</tbody>
</table>

## Program Expenses

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>71310-05-015-020</td>
<td>ADMINISTRATION FEE</td>
<td>2,833.00</td>
</tr>
<tr>
<td>71520-05-015-055</td>
<td>ATHLETIC EQUIPMENT</td>
<td>4,500.00</td>
</tr>
<tr>
<td>71520-05-015-065</td>
<td>BAGEL BRUNCH (EXP)</td>
<td>500.00</td>
</tr>
<tr>
<td>71520-05-015-080</td>
<td>BUILDING IMPROVEMENT</td>
<td>20,000.00</td>
</tr>
<tr>
<td>71520-05-015-135</td>
<td>COFFEE HOUSE (EXP)</td>
<td>14,000.00</td>
</tr>
<tr>
<td>71520-05-015-290</td>
<td>HAPPY HOUR (EXP)</td>
<td>7,000.00</td>
</tr>
<tr>
<td>71520-05-015-310</td>
<td>INSURANCE</td>
<td>1,200.00</td>
</tr>
<tr>
<td>71520-05-015-320</td>
<td>INTRAMURALS (EXP)</td>
<td>1,000.00</td>
</tr>
<tr>
<td>71520-05-015-370</td>
<td>MINI COURSE (EXP)</td>
<td>13,000.00</td>
</tr>
<tr>
<td>71520-05-015-390</td>
<td>N/SPONTANEOUS (EXP)</td>
<td>19,747.00</td>
</tr>
<tr>
<td>71520-05-015-410</td>
<td>OFFICE SUPPLIES</td>
<td>2,000.00</td>
</tr>
<tr>
<td>71520-05-015-425</td>
<td>ORIENTATION</td>
<td>40,000.00</td>
</tr>
<tr>
<td>71520-05-015-575</td>
<td>SPECIAL EVENTS (EXP)</td>
<td>70,000.00</td>
</tr>
<tr>
<td>71520-05-015-595</td>
<td>STAFF FUNCTION (EXP)</td>
<td>4,000.00</td>
</tr>
<tr>
<td>71520-05-015-610</td>
<td>STERO EQUIPMENTS (EX)</td>
<td>2,000.00</td>
</tr>
<tr>
<td>71520-05-015-650</td>
<td>SUMMER PROGRAM (EXP)</td>
<td>8,000.00</td>
</tr>
<tr>
<td>71520-05-015-680</td>
<td>TRAVEL FUNCTIONS (EX)</td>
<td>1,000.00</td>
</tr>
<tr>
<td>71520-05-015-715</td>
<td>VIDEO RENTAL (EXP)</td>
<td>3,500.00</td>
</tr>
</tbody>
</table>

**Total Program Expense**  
214,280.00

## Balance Before Reserves

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(15,320.00)</td>
</tr>
</tbody>
</table>

## Reserves:

<table>
<thead>
<tr>
<th>Account</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>71520-05-015-685</td>
<td>15,320.00</td>
</tr>
</tbody>
</table>

**Total Reserves**  
15,320.00

## Total Expenses + Reserves

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>229,600.00</td>
</tr>
</tbody>
</table>

**Total Net Income less Expenses + Reserves**  
0.00

---

*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses*
POLICIES AND PROCEDURES FOR TRUST AND AGENCY (T&A) ACCOUNTS

I. PURPOSES:
The Faculty Student Association (FSA) provides custodial, disbursement, bookkeeping, and other account administration services to recognized campus organizations through the establishment and administration of Trust and Agency (T&A) Accounts. FSA provides these services for a fee that is established by the FSA Board of Directors and deducted from the funds on deposit and/or any income earned on the deposit. Trust and Agency Fees are applied to defray administrative costs and further FSA’s purpose to provide service to the Campus Community.

The FSA does not normally handle accounts consisting of funds generated through State mandated or approved fees (other than SAF funds), or generated by State paid staff on State time. Such income should normally be administrated through State University of New York Income Fund Reimbursable (IFR) accounts. However, with approval of the University President, or designee, the FSA may be authorized to establish accounts for these funds.

II. FSA LIABILITY AND RESPONSIBILITY
A. FSA acts solely as a custodial and disbursement agent for the organization(s) for which it administers the T&A account(s) and shall have no liability to third parties for actions or agreements of persons and/or organizations for which it provides Trust and Agency services. The establishment of a Trust and Agency Account does not create a “trust” as defined and governed by the Estate Powers and Trusts Law of the State of New York.

B. As the designated agent, FSA will endeavor to maintain accounts consistent with the purposes and within the scope of authorization set forth by the recognized campus organization. FSA reserves the right to refuse to pay out funds that, in its own recognition, it deems to be unauthorized or improper. FSA has no obligation to ensure that the funds disbursed are used for proper purposes. FSA shall have no responsibility for misapplication or misappropriation of funds provided that such funds were disbursed based upon a facially valid withdrawal order.

C. FSA will:
   1. prepare a monthly statement of account activity.
   2. review transactions for accuracy and correctness.
   3. maintain adequate files for history and audit.
   4. maintain a petty cash system, payroll system, and purchase order system as outlined in these guidelines.
   5. invest surplus funds as in section VII. However, FSA assumes no liability whatsoever for these services.

III. CREATION OF T&A ACCOUNTS
A. A request for establishment of an FSA T&A Account shall be made on an "FSA Trust & Agency Account Application Form". The completed and signed application shall be reviewed by the FSA Director of Finance and forwarded to the FSA President.

B. Before any account consisting of funds generated through State mandated or approved fees or generated by State paid staff on State time shall be approved, the FSA shall receive a letter from the University President or designees (who may not be an FSA officer or director) authorizing the account. Such authorization acknowledges that the account is State mandated, approved or generated, and that the State assumes liability for the account.

C. When appropriate, the FSA President shall approve the account by signing the T&A Account Application and Agreement Form at which time the FSA Director of Finance shall establish the T&A account.

IV. MAINTENANCE OF T&A ACCOUNTS
A. If account purpose or funding source has in any way changed, or if authorized signature changes are necessary, the primary representative of the depositor must submit a T&A "Request for Change Form" noting all changes. Meeting minutes are required from organizations, verifying approval of revisions. Said form shall be approved by the FSA President and then placed into effect.

B. Annually, at the end of each fiscal year (May 31st), accounts with no activity or a zero balance may be closed upon recommendation of the FSA Director of Finance and approval of the FSA President and Treasurer.

C. Remaining balances in closed accounts shall be returned to the proper campus organization. If the proper campus organization no longer exists then the balance shall be considered abandoned property and disposed of in accordance with the law after deductions by FSA of appropriate administrative charges:

D. The primary representative of the depositor shall be certain that all designated account signatories understand and accept the FSA Responsibility and Liability as stated in Section II.
V. DISBURSEMENTS AND RECEIPTS
A. FSA shall maintain a cash disbursement journal, as cash receipts journal and general ledgers for each account. The FSA Director of Finance is authorized to institute any other journals or records deemed necessary.

B. FSA shall maintain a file of all vouchers processed.

C. The account shall be reconciled monthly. However, if there is a possibility of the account being overdrawn, the account shall be reconciled after each transaction. No account shall become overdrawn unless specifically authorized by the FSA President or Treasurer.

D. Each deposit should refer to a Bursar's receipt number.

E. Each disbursement shall indicate clearly the purpose, authorization, and approval by authorized T&A account signatory(ies). Supportive original documentation must accompany all FSA Payment Request forms, available online.

F. The FSA T&A account clerk shall verify signatures and check compliance with purposes and restrictions that appear in the account application prior to disbursement of funds. Discrepancies shall be reported to the FSA Director of Finance.

G. Although FSA officers may be authorized signatories of a T&A account, FSA officers may not sign the T&A account agreement.

H. When a purchases order is issued for an account, the amount of the purchase order shall be deducted from the account and credited to a holding account established for that purpose (Accounts Payable). The Director of Finance must sign purchase orders.

I. FSA may authorize use of a petty cash fund in an amount determined by FSA. Use of petty cash funds are subject to all regulations set forth herein.

VI. PAYROLL
A. Payroll payments may be requested when an employer-employee relationship exits (as per IRS) and must be processed through the FSA bi-weekly payroll system and must be reviewed and approved by FSA in advance. All honorarium/ independent contractor payments must be submitted on a Payment Request Form that specifies the "recipient is not a SUNY employee", the recipient's social security number, & mailing address. Payroll, independent contractor, or honorarium payments can NOT be made from T&A accounts directly to a SUNY employee unless supporting documentation clarifies such services are performed outside their SUNY time and obligation.

B. FSA will prepare quarterly or monthly tax returns for T&A account employees processed through FSA’s payroll system.

C. The depositor shall be responsible for having an IRS Employer Identification Number, I-9 and W4 or 1099 data prepared. FSA shall not process payments for personal service without these forms.

D. After payroll check(s) have been issued from the FSA payroll system, the FSA Director of Finance shall sign and process a Payment Request Form which withdraws funds from the T&A account and replenishes the appropriate payroll account for the total amount of all payroll and related tax disbursements.

VII. INTEREST
A. T&A funds may be combined for the purpose of investments. Proper investments for T&A funds are interest-bearing accounts, Certificates of Deposit, or similar accounts as deemed appropriate by the FSA Treasurer and Board of Directors in their investment policy which may change from time to time. Any requested special investments of T&A Account depositors shall be discussed with the FSA Treasurer. T&A Funds may be combined for the purpose of investment.

B. Upon maturity principal and interest will be returned to the T&A account. T&A accounts all receive interest of funds invested as determined by the FSA Board of Directors.

C. If a T&A account should draw their funds and FSA had invested these funds in appropriate FSA investments, the FSA Treasurer shall cause sufficient monies to return to the T&A cash fund to honor the draw.

VIII. CHARGES
A. FSA administrative charges represent FSA’s corporate overhead such as FSA personnel and other corporate expenses.

B. FSA administrative charges shall be annually determined by the FSA Board of Directors in their annual FSA budget process. Traditionally, each T&A account is charged a pro-rated portion of FSA’s corporate overhead based on the number of annual transactions of each account, or $25.00 per year, whichever is greater. The FSA Director of Finance can be contacted to verify current charges and/or rates in effect.