

Faculty Student Association of DMC-Student Activity Fund

Graduate School Student Council (GSSC)

FY 2018 = June 1, 2017 through May 31, 2018

CERTIFIED BUDGET

Yellow highlights show revisions that were necessary to balance budget.

	Description	Actual Prior Year End @ 5/31/17	Submitted Budget 2018	Certified Budget 2018	Comments
Income					
40-49001-011-30001	ACTIVITIES FEES INCOME BALANCE	\$ 1,695	\$ 2,595	\$ 1,695	based on prior yr actual
40-40001-011-30001	ROLLOVER BALANCE	\$ 754	\$ 755	\$ 1,620	Any Prior yr funds not spent as of 5/31/17 .
Total Income		\$ 2,449	\$ 3,350	\$ 3,315	Formula Cell- Do not alter
Program Expenses in Title alpha sequence					
40-70009-011-30001	ADMINISTRATION FEE	\$ 105	\$ 108	\$ 108	
40-70135-011-30001	MEETINGS	\$ 725	\$ 2,525	\$ 2,470	Per GSSC minutes, net balance from 5/31/17 rollover to be allocated to "meetings" account
40-70097-011-30001	SPECIAL EVENTS	\$ -	\$ -	\$ -	
40-70243-011-30001	STUDENT LOUNGE	\$ -	\$ 645	\$ 645	
Total Program Expense		\$ 830	\$ 3,278	\$ 3,223	Formula Cell- Do not alter
Balance Before Reserves		\$ 1,620	\$ 72	\$ 92	Formula Cell- Do not alter
Reserves:					
40-30008-011-30001	RESERVE FUND	\$ -	\$ 92	\$ 92	
Total Reserves		\$ -	\$ 92	\$ 92	Formula Cell- Do not alter
Total Expenses + Reserves		\$ 830	\$ 3,370	\$ 3,315	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		\$ 1,620	\$ (20)	\$ -	Formula Cell- Do not alter
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					



Faculty Student Association of DOWNSTATE Medical Center

August 1, 2017

TO: Julie Parato, President
Graduate School Student Council (GSSC)

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

SUBJECT: GSSC Budget Certification for FY 2018 (6/1/17 thru 5/31/18).

Attached is a copy of GSSC's certified budget for Student Activity fees (SAF) for the fiscal year 2018 that began on June 1, 2017. The GSSC approved the submitted budget at their 5/24/17 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:** GSSC had overestimated SAF income at \$2595 which has been adjusted to match actual SAF income for 2016/17 at **\$1,695**.
- **Rollover:** GSSC had underestimated the rollover of unused funds at \$755 which has been increased to the actual rollover from 5/31/17 at **\$1620**. This, when added to the revised estimated SAF income, results in a grand total income (submitted at \$3,350) being revised to **\$3,315**.
- **Meetings:** Net balances from above adjustment were placed in "Meetings" account.

Please be aware that:

- **Authorized Signators:** GSSC has requested joint signatures for disbursement, and 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 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);
Deshawn Hilliard, FSA bookkeeper

via eMail:

Stacey Subbie, VP
Jenny Paredes, Secretary
Michael Cupelli, Treasurer
Jeffrey Putman, VP Student Affairs
Meg O'Sullivan, AVP Student Life
Amy Urqhart, Director, Student Center
Dr. Mark Stewart, Dean, School of Graduate Studies
Peter Ljusic, Bursar (No SAF rate change; Flat Rate = \$30/yr)



Date Completed: 5/24/17

- 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, 20¹⁷ thru May 31, 20¹⁸NAME OF STUDENT ORGANIZATION: ~~School~~ Graduate School Student Council (GSSC)

Officer	Print Name	Term of Office until (end date)	eMail (best way to reach you)	Phone # (best way to reach you)
President (if other Title,specify:)	Julie Parato	May 31, 2018	julie.parato@downstate.edu	215-208-5528
Vice President (if other Title,specify:)	Stacey Subbie	May 31, 2018	stacey.subbie@downstate.edu	(408) 590-2317
Secretary (if other Title,specify:)	Jenny Paredes	May 31, 2018	jennyparedes@downstate.edu	347-340-8609
Treasurer (if other Title,specify:)	Michael Cupelli	May 31, 2018	mcupelli@gmail.com	(516) 849-3127

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

Signature	X		Signature	X	
Pres Print Name	President	Julie Parato	Treas Print Name	Treasurer	
Signature	X		Signature	X	
VP Print Name	Vice President		Secy Print Name	Secretary	

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)

GSSC Constitution requires GSSC Treasurer plus one other GSSC officer to sign all payment request forms.

**AGREEMENT Between
THE FACULTY STUDENT ASSOCIATION OF DOWNSTATE MEDICAL CENTER, INC.**

And

Graduate School Student Council (GSSC)
(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 recognizance, 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

Julie Pans
Applicant's Main Representative Signature

5/24/17
Date

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.

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: Subsequent revisions required during certification process are detailed in cover letter dated 8/1/17. Submitted 2018 Budget was approved by GSSC at their 5/24/17 meeting.

CERTIFIED BY

Richard Bentley
SIGNATURE

Date of Certification:

8/1/17

Faculty Student Association of DMC-Student Activity Fund

Graduate School Student Council (GSSC)

FY 2018 = June 1, 2017 through May 31, 2018

BUDGET TEMPLATE

Instructions: Fill in **Column E (Budget)**. SAF income has been pre-filled with prior year actual; FSA Admin Fee is increased by 2.4% (CPI). Insert additional rows where necessary. Any needed new account #s be inserted when budget is certified. Subtotal and Total fields have calculated formulas - do not alter these fields.
 Submit for certification by deadline: Fri May 5, 2017. Submit to FSA Office (1) this budget with (2) completed [Budget Agreement Form \(link\)](#) and (3) [signed meeting minutes](#) at which the council approved this budget. FSA will return a certified budget to the Council officers once final fiscal year end (May 31) balances are known.

	Description	Certified Budget FYE 2017	Actual Year to Date @ 3/31/17	Budget FYE 2018	Comments
Income					
49001-011-30001	ACTIVITIES FEES INCOME BALANCE	\$ 1,665.00	\$ 1,695.00	\$ 2,595.00	based on prior yr actual
					estimate any current yr funds not spent as of 5/31/17. If a current year expense will be paid after 5/31/17, be sure to add an expense row for it.
40001-011-30001	ROLLOVER BALANCE	754.00	754.34	775.00	
Total Income		\$ 2,419.00	\$ 2,449.34	\$ 3,370.00	Formula Cell- Do not alter
Program Expenses	in Title alpha sequence				
70009-011-30001	ADMINISTRATION FEE	\$ 105.00	\$ 105.00	\$ 108.00	
70135-011-30001	MEETINGS	1,577.00	1,421.55	2,525.00	
70097-011-30001	SPECIAL EVENTS	-	-	-	
70243-011-30001	STUDENT LOUNGE	645.00	-	645.00	
Total Program Expense		\$ 2,327.00	\$ 1,526.55	\$ 3,278.00	Formula Cell- Do not alter
Income Before Reserves		92.00	922.79	92.00	Formula Cell- Do not alter
Reserves:					
0008-011-30001	RESERVE FUND	92.00	-	92.00	
Total Reserves		\$ 92.00	\$ -	\$ 92.00	Formula Cell- Do not alter
Total Expenses + Reserves		\$ 2,419.00	\$ 1,526.55	\$ 3,370.00	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		\$ -	\$ 922.79	\$ -	Formula Cell- Do not alter
FY Reserve Guidelines >5% and <100% of prior year actual expenses					