

Faculty Student Association of DMC-Student Activity Fund

Nursing Student Council (NSC)

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

CERTIFIED BUDGET

Yellow highlights indicate changes made during certification

Account	Description	Prior Yr 2017 Actual @ 5/31/17	Submitted Budget FYE 2018	Certified Budget 2018	Comment
Income					
40-49001-014-30001	ACTIVITIES FEES INCOME BALANCE	\$ 11,975	\$ 11,945	\$ 11,975	based on prior yr actual
40-40001-014-30001	ROLLOVER BALANCE	\$ 11,115	\$ 11,390	\$ 11,420	Actual FY 17 funds not spent as of 5/31/17
Total Income		\$ 23,090	\$ 23,335	\$ 23,395	Formula Cell- Do not alter
Program Expenses The resulting bottom line = Zero (a balanced Budget)					
40-70009-014-30001	ADMINISTRATION FEE	205	210	210	2.4% increase from prior yr amount
40-70301-014-30001	CONVOCATION MAY 2016	6,372	-		
40-70302-014-30001	CONVOCATION MAY Prior YR(2017)	-	6,900	6,900	Assumes NSC will pay the May 2017 Convocation Catering Bill after 5/31/17, so it needs to be paid in FY 2018
40-70301-014-30001	CONVOCATION MAY 2018		8,000	8,000	
40-70306-014-30001	NURSE ANESTHESIA CLUB	620	-		close acct no longer used
40-70304-014-30001	NURSING CONFERENCE	173	1,050	1,050	
40-70097-014-30001	CON WHITE COAT CEREMONY (OCT 2017)		3,500	3,500	new acct #
40-70173-014-30001	PROGRAMS & PROJECTS	2,444	875	935	place any net excess in this acct
40-70305-014-30001	SOCIAL ACTIVITIES	655	1,000	1,000	
40-70355-014-30001	TRANS TO MSC BFC	1,200	1,200	1,200	
Total Program Expense		11,669	22,735	22,795	Formula Cell- Do not alter
Balance Before Reserves		11,420	600	600	Formula Cell- Do not alter
Reserves:					
40-70181-014-30001	RESERVE FUND	-	600	600	=5.14% of pruior yr actual expenses
Total Reserves		-	600	600	Formula Cell- Do not alter
Total Expenses + Reserves		11,669	23,335	23,395	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		11,420	-	0	Formula Cell- Do not alter
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					

SAF BUDGET REQUEST & AGREEMENT FORM



FACULTY STUDENT ASSOCIATION
OF DOWNSTATE MEDICAL CENTER, INC.

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 (NSC)

AFFECTED FSA SAF Account(s): All NSC Accounts - 014

The FSA - Student Activity Fee Certified Budget and Agreement dated 06/19/17 is hereby amended as follows:



Remove the following Authorized Signator(s) as of 10/5/17:

Print Name(s) to be Removed	Prior Title
Peggy Chen	Pres
Christina Yoon	VP
Irina Rydca	Secy
Catherine Pisacano	Treas



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)
PRes	Daniel Traver	Oct 2018	712 597 5577	
VP	Nathan Mckenney	Oct 2018	914-227-8586	
Secy	Leanne Rosen	Oct 2018	518-986-2314	
Treas	Noah Weissman	Oct 2018	516-318-1129	
		Oct 2018		

Check One: X 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)

PER NSC Consitution, requires NSCTreasurer plus one other NSC officer

x
Applicant's Main Representative Signature

10/31/2017
Date

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:

Effective @ new election 10/5/17.

FSA Approval SIGNATURE

Date: 10/31/17



Faculty Student Association of DOWNSTATE Medical Center

August 3, 2017

TO: Peggy Chen, 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 (6/1/17 thru 5/31/18).

Attached is a copy of NSC's certified budget for Student Activity fees (SAF) for the fiscal year 2018 that began June 1, 2017. The NSC approved the submitted budget at their 6/20/17 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:

- **NSC Activities Fee Income Balance:** The initial amount submitted **\$11,945** was revised to 5/31/17 year end actual of **\$11,975**.
- **Rollover Balance:** Initial amount submitted (**\$11,380**) was adjusted to year end actual of **\$11,420**.
- **Programs&Projects:** A surplus of **\$60** was remaining from all budgeted allocations. No specifications were made for the surplus to be distributed to a distinct account. At FSA's discretion the **\$60** is being allocated to Programs & Projects leaving NSC's P&P account with a total balance of **\$935**.

Please be aware that:

- **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);
Deshawn Hilliard, FSA Bookkeeper

via eMail:

Christina Yoon, VP
Irina Rydca, Secretary
Catherine Pisacano, Treasurer
Maria Rosario-Sim, Faculty Advisor
Peter Ljusic, 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



Date Completed: 6/19/17

- 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: Nursing Student Council

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:)	Peggy Chen	10/1/17	Peggy.Chen@downstate.edu	347-301-7039
Vice President (if other Title,specify:)	Christina Yoon	10/1/17	wonjoo.yoon@downstate.edu	646-673-2333
Secretary (if other Title,specify:)	Irina Rydca	10/1/17	irydca@gmail.com	646-670-1424
Treasurer (if other Title,specify:)	Catherine Pisacano	10/1/17	cpisacano@gmail.com	516-316-7425

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

Signature	X	Signature	X
Pres Print Name	President Peggy Chen	Treas Print Name	Treasurer Catherine Pisacano
Signature	X	Signature	X
VP Print Name	Vice President Christina Yoon	Secy Print Name	Secretary Irina Rydca

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)

NSC Constitution requires NSC Treasurer plus one other NSC Officer sign all print forms.

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

Nursing Student Council

(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

6/19/17

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: SAF income revised to actual prior year income.

• Rollover income revised to actual 5/31/17 amount

CERTIFIED BY



SIGNATURE

Date of Certification:

8/3/17

MINUTES OF THE SUNY DOWNSTATE MEDICAL COLLEGE NURSING STUDENT COUNCIL MEETING

June 20, 2017

The SUNY Downstate NSC met in regular session on Tuesday, 06/20/2017, at 10:10 a.m. The meeting was held at SUNY Downstate College of Medicine Lecture Hall 4.

Student Council Members present:


 ~~Peggy Chen, President~~

Catherine Pisacano, Treasurer

Irina Rydca, Secretary

Hu Fu, Student Representative

Julia Hess, Undergraduate Representative

 4 members were present, representing a quorum.


1. Call to Order: President Peggy Chen called the meeting to order at 4:30 p.m.


2. MOTION: Unanimously approved ^{To} ²⁰¹⁸ budget. AS ATTACHED. MOTION APPROVED UNANIMOUS

3. \$500 designated for the anesthesia program funding will be used for conferences and resources, as the anesthesia program has now dissolved.

4. Discussed end of year party for the nursing class. Agreed on venue.

5. Adjournment: With no further business to come before the NSC, the meeting was adjourned at 10:20 p.m. MOTION: Unanimously approved. The next meeting of the Nursing Student Council will be determined.


Irina Rydca, Nursing Student Council Secretary


Catherine Pisacano, Nursing Student Council Treasurer

Faculty Student Association of DMC-Student Activity Fund

Nursing Student Council (NSC)

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

Draft PROPOSED BUDGET (6/20/17 revisions in red)

6/20/17 NSC minutes
Attachment

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 will 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.

Column E is the budget that NSC needs to approve and submit. The yellow highlighted fields are the ones NSC needs to insert their FY2018 allocation in.

Account	Description	Certified Budget FYE 2017	Current YTD Actual @ 5/31/17	Budget FYE 2018	Comment
Income					
40-49001-014-30001	ACTIVITIES FEES INCOME BALANCE	\$ 11,530.00	\$ 11,945.00	\$ 11,945	based on prior yr actual
40-40001-014-30001	ROLLOVER BALANCE	11,115.00	11,114.52	\$ 11,390	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.
Total Income		\$ 22,645.00	\$ 23,059.52	\$ 23,335	Formula Cell- Do not alter
Program Expenses The resulting bottom line = ZERO (a balanced budget)					
40-70009-014-30001	ADMINISTRATION FEE	205.00	205.00	210	
40-70301-014-30001	CONVOCATION MAY 2016	\$ 6,372.01	\$ 6,372.01	-	
40-70302-014-30001	CONVOCATION MAY Prior YR (2017)	8,600.00	-	6,900	NSC never paid the May 2017 Convocation Catering Bill before 5/31/17, so it needs to be paid in FY 2018. Catering \$6,400 + Pins \$501.
40-70301-014-30001	CONVOCATION MAY 2018			8,000	
40-70303-014-30001	GRADUATE STUDENT ADV PRACTICE				close acct no longer used
40-70306-014-30001	NURSE ANESTHESIA CLUB	500.00	619.90	-	close acct no longer used
40-70304-014-30001	NURSING CONFERENCE	550.00	173.47	1,050	
TBD	CON WHITE COAT CEREMONY (Oct 2017)			3,500	
40-70173-014-30001	PROGRAMS & PROJECTS	3,858.99	2,444.49	875	place any excess here
40-70305-014-30001	SOCIAL ACTIVITIES	-	654.60	1,000	
40-70355-014-30001	TRANS TO MSC BFC	1,200.00	1,200.00	1,200	
Total Program Expense		\$ 21,286.00	\$ 11,669.47	22,735	Formula Cell- Do not alter
Balance Before Reserves		1,359.00	11,390.05	600	Formula Cell- Do not alter
Reserves:					
40-70181-014-30001	RESERVE FUND	1,359.00	-	600	=10% of prior yr expenses
Total Reserves		\$ 1,359.00	\$ -	600	Formula Cell- Do not alter
Total Expenses + Reserves		\$ 22,645.00	\$ 11,669.47	23,335	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		\$ -	\$ 11,390.05	-	Formula Cell- Do not alter

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