

Faculty Student Association of DMC-Student Activity Fund

Graduate School Student Council (GSSC)


FY 2024 = June 1, 2023 through May 31, 2024

CERTIFIED BUDGET

	Description	Actual Prior Year End @ 5/31/23	Submitted Budget 2024	Certified Budget 2024	Comments
Income					
40-49001-011-30001	ACTIVITIES FEES INCOME	\$ 1,940.56	\$ 1,800.00	\$ 1,940.56	<i>Based on Prior Year Actual Actual Prior Year Funds not spent as of 5/31/22</i>
40-40001-011-30001	ROLLOVER BALANCE	2,497.44	-	2,374.53	
Total Income		\$ 4,438.00	\$ 1,800.00	\$ 4,315.09	
Program Expenses <small>in Title alpha sequence</small>					
40-70009-011-30001	ADMINISTRATION FEE	\$ 123.00	\$ 123.00	\$ 126.00	
40-70135-011-30001	MEETINGS	58.73	150.00	\$ 150.00	
40-70097-011-30001	SPECIAL EVENTS	791.00	527.00	1,775.62	<i>Net of All Revisions placed in this account</i>
40-70243-011-30001	STUDENT LOUNGE	121.51	200.00	200.00	
40-70149-011-30001	WELCOME EVENTS	969.23	800.00	800.00	
Total Program Expense		\$ 2,063.47	\$ 1,800.00	\$ 2,251.62	<i>Formula Cell- Do not alter</i>
Balance Before Reserves		2,374.53	-	2,063.47	<i>Formula Cell- Do not alter</i>
Reserves:					
40-30008-011-30001	RESERVE FUND	-	-	2,063.47	<i>100% Prior year Actual Expenses (within guidelines)</i>
Total Reserves		\$ -	\$ -	\$ 2,063.47	<i>Formula Cell- Do not alter</i>
Total Expenses + Reserves		\$ 2,063.47	\$ 1,800.00	\$ 4,315.09	<i>Formula Cell- Do not alter</i>
Total Net Income less Expenses + Reserves		\$ 2,374.53	\$ -	\$ -	<i>Formula Cell- Do not alter</i>
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					

June 26, 2023

TO: Radhika Singh, President
Graduate School Student Council (GSSC), via eMail and posted on FSA webpage

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

SUBJECT: GSSC Budget Certification for Fiscal Year 2024 (June 1, 2023 to May 31, 2024)

Attached is a copy of GSSC's certified budget for Student Activity Fees (SAF) for the fiscal year 2024 that began June 1, 2023. The GSSC approved the submitted budget at their 4/10/23 meeting which has been certified on behalf of the Campus President in accordance with the SUNY Board of Trustees SAF Guidelines. The following changes were made to the submitted budget:

- **Rollover Balance:** The GSSC's actual year end unused funds at 5/31/22 was **\$ 2,374.53**. GSSC must make efforts to increase its program and activities to spend its annual SAF income by May 31st or consider reducing its future fee rate
- **Special Events:** The net of the above revisions results has been made in this account being adjusted to **\$ 1,775.62** in order to balance GSSC's budget (bottom line net to zero)
- **Reserve Fund:** GSSC initially submitted a **\$ 92** Reserve Fund, which has been revised to the maximum required a **\$ 2,063.47** Reserve Fund (100% of prior year's actual expenses of **\$ 2,063.47**). SUNY Guidelines require a 5% but no more than 100% of prior year's actual expenses.

Please be aware that:

- **GSSC Constitution & Bylaws** Minor ministerial revisions have been made, such as updating campus name. Such ministerial revisions do not require a formal amendment process. See [GSSC Constitution \(link\)](#)
- **Payment Signature Requirements:** 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.
- **Event and Reserve Funds** require GSSC meeting minutes approving each use, since purpose is undesignated at this time of certification.
- 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.

cc: Anthony Condoleo, FSA Interim Controller (w/original documents)
Daniel Minnock, FSA Staff Accountant
Shreya Desikan, Vice-President
Mia Yabut Wiese, Treasurer
Rachel Furhang, Secretary
Jeffrey Putman, VP Student Affairs
Schuyler Hooke, Interim Director Student Center
Dr. David Christini, Interim Dean, School of Graduate Studies
Deanne Kennedy-Lorde, Bursar (no SAF rate increase: Current flat rate=\$20/yr)

Date Completed:



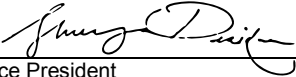
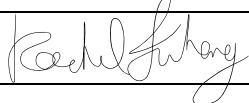
- Instructions:**
1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on [FSA website](#),
 2. Attach the detail SAF Budget Worksheet as approved by the student council,
 3. Attach the SIGNED meeting minutes showing the budget detail was approved by the student council.
- Submit all 3 documents together 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, 20 thru May 31, 20

NAME OF STUDENT ORGANIZATION: _____

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:)				
Vice President (if other Title,specify:)				
Secretary(if other Title,specify:)				
Treasurer (if other Title,specify:)				

AUTHORIZED SIGNATURE(S) FOR PAYMENT FORMS (check your Council Constitution -Bylaws ; Most have specific authorized signator requirements):

Signature	X 	Signature	X 
Pres Print Name	President	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 (Often specified in Council's Constitution-Bylaws. insert any additional special instructions or signature requirements that are applicable)

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


(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 SAF and 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.

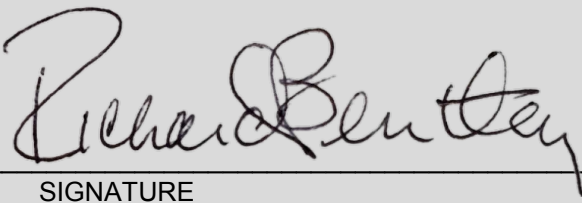
Agreed and Accepted: X  _____
Applicant's Main Representative Signature Date

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 (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 above linked documents FSA Policies and Procedures and SUNY Board of Trustee Guidelines. Certification Comments:

CERTIFIED BY  _____ Date of Certification: _____
SIGNATURE