Faculty Student Association of DMC-Student Activity Fund

Graduate School Student Council (GSSC)

FY 2025 = June 1, 2024 through May 31, 2025

REVISIED CERTIFIED BUDGET (amounts in yellow highlight indicate FSA adjustments made)

				S	ubmitted			
		Actu	al Prior Year	Bu	dget 2024-	Certi	fied Budget	
	Description	Er	d 5/31/24		2025	20	24-2025	Comments
Income								
40-49001-011-30001	ACTIVITIES FEES INCOME	\$	1,710.00	\$	3,480.00	\$		based on prior year actual
40-40001-011-30001	ROLLOVER BALANCE		986.17		-	\$	242	based on actual FYE5/31/24 actual
Total Income		\$	2,696.17	\$	3,480.00	\$	1,952	
Program Expenses	in Title alpha sequence							
40-70009-011-30001	ADMINISTRATION FEE	\$		\$	130.00	\$	136	
40-70135-011-30001	MEETINGS		72.38		150.00	\$	150	
40-70097-011-30001	SPECIAL EVENTS		1,297.08		2,000.00	\$	550	net of all adjustments placed here
40-70243-011-30001	STUDENT LOUNGE		142.00		200.00	\$	200	
40-70149-011-30001	WELCOME EVENTS		675.32		1,000.00	\$	800	
Total Program Expense		\$	2,319.78	\$	3,480.00	\$	1,836	Formula Cell- Do not alter
Balance Before Rese	erves		376.39		-	\$	116	Formula Cell- Do not alter
Reserves:								
40-30008-011-30001	RESERVE FUND		134.60		-	\$	116	minimum 5% of prior yr actual expense
Total Reserves		\$	134.60	\$	-	\$	116	Formula Cell- Do not alter
Total Expenses + Re	eserves	\$	2,454.38	\$	3,480.00	\$	1,952	Formula Cell- Do not alter
Total Net Income les	ss Expenses + Reserves	\$	241.79	\$	-		0.00	Formula Cell- Do not alter
*SIINY Reserve Guid	delines >5% and <100% of prior year a	ctual expenses						



August 12, 2024

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 2025 (June 1, 2024 to May 31, 2025)

Attached is a copy of GSSC's certified budget for Student Activity Fees (SAF) for the fiscal year 2025 that began June 1, 2024. The GSSC approved the submitted budget at their 5/29/24 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 5/31/24 was \$241.79.
- Reserve Fund: GSSC initially submitted a \$0 Reserve Fund, which has been revised to the minimum required at \$116. SUNY Guidelines require a minimum 5% but no more than 100% of prior year's actual expenses.
- **Special Events:** The net of the above revisions results has been made in this account being adjusted to \$1,350. in order to balance GSSC's budget (bottom line net to zero)

Please be aware that:

- Payment Signature Requirements: GSSC constitution requires the GSSC Treasurer must sign all payment requests. The "signature restriction" section adjusted to reflect that the GSSC Treasurer 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
Molly Leitner, Treasurer
Riley Morrone, 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
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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	× PJ	Signature	× Mally Lither
Pres Print Name	President	Treas Print Name	Treasurer
Signature	X Jung Dije	Signature	× Rilsy Morrons
VP Print Name	Vice President United States of the Vice President United States o	Secy Print Name	Secretary 0

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)

GSSC constitution requires the GSSC Treasurer must sign all payment requests

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 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.

Applicant's Main Representative Signature

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:
See Accompanying cover letter.
P. B. A.
CERTIFIED BY Date of Certification:
CERTIFIED BY Ulbrication: 8/12/2024 Date of Certification: 8/12/2024

Agreed and Accepted: X