

**Faculty Student Association of DMC-Student Activity Fund
Nursing Student Council (NSC)**

FY 2019 = June 1, 2018 through May 31, 2019

Certified Revised Budget @ 12/13/18

reflects revised budget NSC presented and approved at their 10/31/18 meeting

Account	Description	Prior Year 2018 Actual @ 5/31/18	Submitted Budget FYE 2019	Certified Budget FYE 2019	Comment
Income	<i>account title revisions needed</i>				
40-49001-014	ACTIVITY FEE INCOME	\$ 11,295	\$ 11,295	\$ 11,295	<i>based on prior yr actual</i>
40-40001-014	ROLLOVER BALANCE	\$ 11,420	\$ 8,322	\$ 8,322	<i>Actual FY18 funds not spent as of 5/31/18</i>
Total Income		\$ 22,715	\$ 19,617	\$ 19,617	<i>Formula Cell- Do not alter</i>
Program Expenses	The resulting bottom line = Zero (a balanced Budget)				
40-70009-014	ADMINISTRATION FEE	\$ 210	215	215	
40-70301-014	RN-BS & Grad CONVOCATION Current FY	\$ -	7,450	7,450	<i>event in May 2019</i>
40-70302-014	CONVOCATION MAY Prior FY	\$ 6,901	-	-	<i>May 2018 event - NO NSC funding provided (paid by CON)</i>
40-70318-014	ACCEL PINNING & AWARDS EVENT		2,346	2,346	<i>Event occurs in FY2020; NA for FY2019</i>
40-70304-014	EDUC CONFERENCES & RESEARCH ACTIVITIES	\$ 335	2,000	2,000	
40-70097-014	CON WHITE COAT CEREMONY	\$ 5,000	3,500	3,500	<i>event in October 2018</i>
40-70173-014	PROGRAMS & PROJECTS	\$ 265	1,528	1,528	<i>place any net excess in this acct</i>
40-70305-014	SOCIAL ACTIVITIES	\$ 482	670	670	
40-70280-014	SUPPORT TO BROOKLYN FREE CLINIC	\$ 1,200	1,200	1,200	<i>Transfer to MSC BFC Acct 70280-012</i>
Total Program Expense		\$ 14,393	18,909	18,909	<i>Formula Cell- Do not alter</i>
Balance Before Reserves		\$ 8,322	708	708	<i>Formula Cell- Do not alter</i>
Reserves:					
40-70181-014	RESERVE FUND	\$ -	708	708	<i>=minimum 5% of prior yr actual expenses</i>
Total Reserves					<i>Formula Cell- Do not alter</i>
Total Expenses + Reserves		\$ 14,393	19,617	19,617	<i>Formula Cell- Do not alter</i>
Total Net Income less Expenses + Reserves		8,322.49	-	-	<i>Formula Cell- Do not alter</i>


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



Faculty Student Association of DOWNSTATE Medical Center

December 13, 2018

TO: Charles Park, President
Nursing Student Council (NSC)
Via eMail and posted on FSA website

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

SUBJECT: NSC REVISED Budget Certification for FY 2019 (6/1/18 thru 5/31/19).

Attached is a copy of NSC's certified REVISED budget for Student Activity fees (SAF) for the fiscal year (FY) 2019 that began on June 1, 2018. After election of new NSC officers and several rounds of budget revisions, the NSC approved the submitted budget at their October 30th, 2018 meeting and submitted the Budget Request and Agreement form to FSA on or about 12/13/18. This budget has been certified on behalf of the Campus President in accordance with the SUNY Board of Trustees Guidelines as presented.

Please be aware that:

- **Authorized Signators:** NSC's Constitution requires that the Treasurer plus one other NSC officer sign all payment forms.
- **Programs & Projects and Reserve Fund** require meeting minutes approving use, since purpose is undesignated at this time of certification.
- 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: Anthony Condoleo, FSA Interim Controller (w/original documents);
Daniel Minnock, FSA Bookkeeper
Brandon Smith, VP
Veronica Wang, Secretary
Catharine Chen, Treasurer
Maria Rosario-Sim, Faculty Advisor
Lori Escallier, Dean, College of Nursing
Peter Ljusic, Bursar (No SAF rate change; NSC rate=\$40./yr)

Marcel Kennedy
Jeffrey Putman, VP Student Affairs
Meg O'Sullivan, AVP Student Life
Amy Urquhart, Director, Student Center



Date Completed: 12/13/18

- 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, 20¹⁹ thru May 31, 20¹⁹NAME 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:)	Charles Park	8/2019	Charles.park@downstate	917-974-1707
Vice President (if other Title,specify:)	Brandon Smith	8/2019	Brandon.Smith@downstate	347-996-9625
Secretary(if other Title,specify:)	Veronica Wang	8/2019	veronica.wang@downstate	646-670-2098
Treasurer (if other Title,specify:)	Catharine Chen	8/2019	catharine.chen@downstate	347-301-7769

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

Signature Charles Park	X		Signature Catharine Chen	X	
Pres Print Name	President Charles Park		Treas Print Name	Treasurer Catharine Chen	
Signature Brandon Smith	X		Signature Veronica Wang	X	
VP Print Name	Vice President Brandon Smith		Secy Print Name	Secretary Veronica Wang	

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 require NSC ~~Pres~~ Treasurer plus one additional NSC Officer sign all payment 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

12/13/18
 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.

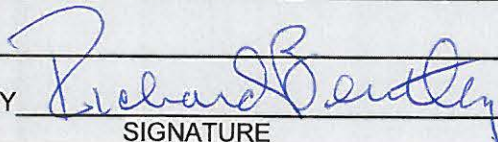
DO NOT WRITE BELOW THIS LINE (FSA USE ONLY)

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: Details provided in cover letter dated 12/13/18

CERTIFIED BY


 SIGNATURE

Date of Certification:

12/13/18