

**Faculty Student Association of DMC-Student Activity Fund
Nursing Student Council (NSC)
FY 2020 = June 1, 2019 through May 31, 2020
CERTIFIED BUDGET**

red ink indicates changes made during certification

Account	Description	Prior Yr 2018-2019 Actual @ 5/31/19	Submitted Budget FYE 2019- 2020	Certified Budget FY 2020	Comment
Income					
40-49001-014-30001	ACTIVITIES FEES INCOME BALANCE	\$ 13,145	\$ 13,145	\$ 13,145	based on prior yr actual
40-40001-014-30001	ROLLOVER BALANCE	\$ 8,322	\$ 7,687	\$ 7,540	Actual FY19 funds not spent as of 5/31/19
Total Income		\$ 21,467	\$ 20,832	\$ 20,685	Formula Cell- Do not alter
Program Expenses The resulting bottom line = Zero (a balanced Budget)					
40-70009-014-30001	ADMINISTRATION FEE	210	215	215	
40-70301-014-30001	RN-BS & GRAD CONVOCATION CURRENT FY	6,074	7,450	7,450	
40-70318-014-30001	Accel Pinning & Awards (August)	2,346	2,346	2,346	Event occurs in FY 2019-2020
40-70304-014-30001	EDUC CONFERENCES & RESEARCH ACTIVITIES	483	2,000	2,000	
40-70097-014-30001	CON WHITE COAT CEREMONY	3,500	3,500	3,500	
40-70173-014-30001	PROGRAMS & PROJECTS	-	2,772	2,608	Place any net excess in this acct
40-70305-014-30001	SOCIAL ACTIVITIES	114	670	670	
40-70371-014-30001	DSNA	-	-	-	
40-70355-014-30001	TRANS TO MSC BFC	1,200	1,200	1,200	
Total Program Expense		13,927	20,153	19,989	Formula Cell- Do not alter
Balance Before Reserves		7,540	679	696	Formula Cell- Do not alter
Reserves:					
40-70181-014-30001	RESERVE FUND	-	679	696	=Minimum 5% of prior yr actual expenses
Total Reserves		-	679	696	Formula Cell- Do not alter
Total Expenses + Reserves		13,927	20,832	20,685	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		7,540	-	-	Formula Cell- Do not alter

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



Faculty Student Association of
DOWNSTATE
Medical Center

Aug 28, 2019

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

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

SUBJECT: NSC Budget Certification for FY 2020 (6/1/19 thru 5/31/20).

Attached is a copy of NSC's certified budget for Student Activity fees (SAF) for the fiscal year (FY) 2020 that began on June 1, 2019. The NSC approved the submitted budget at their May 1st, 2019 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:

- **Rollover Balance:** The NSC's actual year end unused funds at 5/31/19 was **\$ 7,540**. NSC must make efforts to increase its programs and activities to spend its annual SAF income by May 31st or consider reducing its future fee rate.
- **Programs & Projects:** The net of the above revisions results has been made in this account being adjusted to **\$ 2,608** in order to balance NSC's budget (bottom line net to zero)
- **Reserve Fund:** NSC initially submitted a **\$ 679** Reserve Fund, which has been revised to the minimum required a **\$ 696** Reserve Fund (5% of prior year's actual expenses of **\$ 13,927**). SUNY Guidelines requires a 5% but no more than 100% of prior year's actual expenses.

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
Chaya Weinstein, VP
Vivian Hoang, Secretary
Kerry Hosford, 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:

- 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, 20NAME 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:)	Jennifer Herrmann	8/2020	jennifer.herrmann@downstate.edu	516-448-2860
Vice President (if other Title,specify:)	Chaya Weinstein	8/2020	chaya.weinstein@downstate.edu	347-601-6477
Secretary (if other Title,specify:)	VIVIAN HOANG	8/2020	vivian.hoang@downstate.edu	(347) 443-7343
Treasurer (if other Title,specify:)	Kerry Hosford	8/2020	kerry.hosford@downstate.edu	516-965-2300

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

Signature Jennifer Herrmann	X		Signature	X	
Pres Print Name	President	Jennifer Herrmann	Treas Print Name	Treasurer	Kerry Hosford
Signature Chaya Weinstein	X		Signature	X	
VP Print Name	Vice President	Chaya Weinstein	Secy Print Name	Secretary	VIVIAN HOANG

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)

NSC's Constitution requires that the Treasurer plus one other 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

Jennifer Henan
Applicant's Main Representative Signature

8/25/19
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 above linked documents FSA Policies and Procedures and SUNY Board of Trustee Guidelines. Certification Comments:

Revision made during certification as detailed in cover letter dated 8/28/19.

CERTIFIED BY

Richard Bentley
SIGNATURE

Date of Certification:

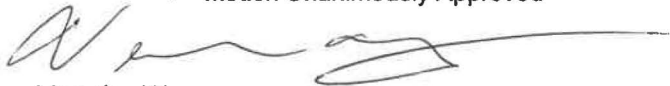
8/28/19

5/1//2019
NSC Meeting
Cafeteria
12:18-1:00PM

Present:

President: Charles Park
Vice President: Brandon Smith
Treasurer: Catharine Chen
Secretary: Veronica Wang
ABSN Undergraduate Representative: Tai Henriquez
Graduate Representative: Anselm Lalla

- Veronica Wang: Motion to ratify and approve the proposed budget for 2019-2020. See attached.
 - Seconded: Charles Park
 - Motion Unanimously Approved



Veronica Wang

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PROPOSED BUDGET (RJB draft)

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