

**Faculty Student Association of DMC-Student Activity Fund
Nursing Student Council (NSC)
FY 2021 = June 1, 2020 through May 31, 2021
CERTIFIED BUDGET**

red ink indicates changes made during certification

Account	Description	Prior Yr 2020 Actual @ 5/31/20	Submitted Budget FYE 2020-2021	Certified Budget FY 2020-2021	Comment
Income					
40-49001-014-30001	ACTIVITIES FEES INCOME	7,685.00	15,505.00	13,145.00	
40-40001-014-30001	ROLLOVER BALANCE	7,789.81	13,859.12	5,050.30	Actual FY20 funds not spent as of 5/31/20
Total Income		15,474.81	29,364.12	18,195.30	Formula Cell- Do not alter
Program Expenses					
40-70318-014-30001	ACCEL PINNING & AWARDS EVENT	2,346.00	2,346.00	2,346.00	
40-70009-014-30001	ADMINISTRATION FEE	215.00	220.00	220.00	
40-70097-014-30001	CON WHITE COAT CEREMONY	3,500.00	3,500.00	3,500.00	
40-70302-014-30001	CONVOCATION MAY PRIOR FY	-	7,450.00	-	
40-70371-014-30001	DOWNSTATE STUDENT NURSING ASSOCIATION (DSNA)	(119.20)	450.00	450.00	
40-70304-014-30001	EDUC CONFERENCES & RESEARCH ACTIVITIES	810.00	2,000.00	1,000.00	
40-70173-014-30001	PROGRAMS & PROJECTS	1,983.44	2,552.12	1,008.30	Place any net excess in this acct
40-70301-014-30001	RN-BS & GRAD CONVOCATION CURRENT FY	-	7,450.00	7,450.00	
40-70305-014-30001	SOCIAL ACTIVITIES	489.27	1,000.00	500.00	
40-70355-014-30001	SUPPORT TO BROOKLYN FREE CLINIC	1,200.00	1,700.00	1,200.00	
Total Program Expense		10,424.51	28,668.12	17,674.30	Formula Cell- Do not alter
Balance Before Reserves		5,050.30	696.00	696.00	Formula Cell- Do not alter
Reserves:					
40-70181-014-30001	RESERVE FUND	-	696.00	521.00	=Minimum 5% of prior yr actual expenses
Total Reserves		-	696.00	521.00	Formula Cell- Do not alter
Total Expenses + Reserves		10,424.51	29,364.12	18,195.30	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		5,050.30	-	-	Formula Cell- Do not alter

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



Faculty Student Association of DOWNSTATE Medical Center

Sept 30, 2020

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

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

SUBJECT: NSC Budget Certification for FY 2021 (6/1/20 thru 5/31/21).

Attached is a copy of NSC's certified budget for Student Activity fees (SAF) for the fiscal year (FY) 2021 that began on June 1, 2020. The NSC approved the submitted budget at their May 15, 2020 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 5/31/20 was **\$ 5,050.30**. 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 **\$ 1,008.30** in order to balance NSC's budget (bottom line net to zero)
- **Reserve Fund:** NSC initially submitted a **\$ 696** Reserve Fund, which has been revised to the minimum required a **\$ 521** Reserve Fund (5% of prior year's actual expenses of **\$ 10,424.51**). 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
Rebecca Kaye, VP
Tzipora Berman, Secretary
Leandra Laundry, Treasurer
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: **September 25, 2020**

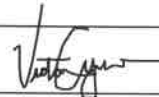

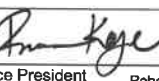
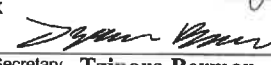
Instructions: 1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on [FSA website](#).
2. Attach the detail SAF Budget Worksheet as approved by the student council,
3. Attach the SIGNED meeting minutes showing the budget detail was approved by 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: 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:)	Victoria Ayvazian	August 2021	victoria.ayvazian@downstate.edu	631-560-8034
Vice President (if other Title,specify:)	Rebecca Kaye	August 2021	Rebecca.kaye@downstate.edu	612-801-0781
Secretary(if other Title,specify:)	Tzipora Berman	August 2021	tzipora.berman@downstate.edu	347-363-9016
Treasurer (if other Title,specify:)	Leandra Laundry	August 2021	Leandra.Laundry@downstate.edu	917-856-3149

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	Rebecca Kaye	Secy Print Name	Secretary	Tzipora Berman

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 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 (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:

CERTIFIED BY _____

SIGNATURE

Date of Certification: _____

Nursing Student Council (NSC) Meeting Minutes
May 15th, 2020, 2:00PM
Zoom Conference Meeting

Present were:

- President: Jennifer Herrmann
- Vice President: Chaya Weinstein
- Treasurer: Kerry Hosford
- Secretary: Vivian Hoang
- ABSN Undergraduate Representative: Emily Zheng
- RN-BSN Undergraduate Representative: Susanna Scalise
- FNP Graduate Representative: Saundra Jones
- WHNP Graduate Representative: Lyne R. Jean-Louis

With quorum present, Jennifer Herrmann called the meeting to order at 1:00PM. The following were discussed:

1. **2020-2021 Budget Proposal.** Additional revisions and corrections to the budget proposal were made after conversations with the FSA office and NSC faculty advisor, Dr. Rosario Sim.

To be clear, the attached budget means that the NSC has decided not to offer any refund of Spring 2020 student activity fee to Nursing students. This decision was made as the CON convocation event that was budgeted for May 2020 has been postponed but will be planned in the 2020-2021 fiscal year or as soon as feasible given COVID-19 parameters. Additionally, the council has decided not to lower the 2020-2021 student activity fee as we feel the fee is the appropriate amount for a full fiscal year without pandemic restrictions. In the event the postponed convocation does not take place in the 2020-2021 fiscal year, the council will make a decision about what to do with those funds at the time the event is either confirmed or cancelled.

The president of the NSC, Jennifer Herrmann, had a phone conversation with faculty advisor, Dr. Rosario Sim on May 13th, 2020 regarding the attached budget proposal, the decision to **not** return any student activity fee money to Nursing students, and the decision to **not** lower future student activity fees; Dr. Sim is in full agreement with all of the aforementioned decisions.

MOTION: To approve the 2020/21 budget as presented, see attached

Seconded by: Kerry Hosford

Vote: Motion unanimously approved

2. **Adjournment.** The next meeting will be 6/9/2020 at TBD time. There being no further business, the following motion was made by Vivian Hoang:

MOTION: To adjourn at 2:15PM.

Seconded by: Kerry Hosford

Vote: Motion unanimously approved.

Respectfully submitted by:

A handwritten signature in black ink, appearing to read 'Vivian Hoang', written in a cursive style.

Vivian Hoang, NSC Secretary

<p align="center"> Faculty Student Association of DMC-Student Activity Fund Nursing Student Council (NSC) FY 2021 = June 1, 2020 through May 31, 2021 BUDGET TEMPLATE </p>	
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For each Council account, Column C = the Council's current yr Certified Budget, Column D= Actual 10 months Year to Date amounts. **Insert Council's Proposed FYE 2021 Budget in Column E.**

Add/Insert rows for any needed New Accounts (insert title, leave account # "TBD")

Account	Description	Certified Budget 2020 - 2021	Current YTD as of 03/31/20	Proposed Budget 2020 - 2021	Difference (Funds Avail)	Comments
Income						
40-49001-014-30001	ACTIVITIES FEES INCOME	\$ 13,145.00	\$ 15,505.00	\$ 15,505.00		
40-40001-014-30001	ROLLOVER BALANCE	7,789.81	7,789.81	13,859.12	-	
Total Income		\$ 20,934.81	\$ 23,294.81	\$ 29,364.12	\$ -	Formula cell (Don't change)
Program Expenses						
<i>Note: If a Club/Org does its own fundraising, Be sure to mark Column F comment= "Retains Any Prior Year Rollover"</i>						
40-70009-014-30001	ADMINISTRATION FEE	\$ 215.00	\$ -	\$ 220.00	\$ -	Formula cell (Don't change)
40-70318-014-30001	ACCEL PINNING 7 AWARDS EVENT	\$ 2,346.00	\$ 2,346.00	\$ 2,346.00	\$ -	
40-70301-014-30001	RN-BS & GRAD CONVOCAION CURRENT FY	7,450.00	-	7,450.00		
40-70302-014-30001	CONVOCAION MAY PRIOR FY	7,450.00	-	7,450.00	-	Retains rollover from previous year-70301-014-30001
40-70371-014-30001	DOWNSTATE STUDENT NURSING ASSOCIATION (DSNA)		(119.20)	450.00		
40-70304-014-30001	EDUC CONFERENCES & RESEARCH ACTIVITIES	2,000.00	510.00	2,000.00		
40-70097-014-30001	CON WHITE COAT CEREMONY	3,500.00	3,500.00	3,500.00	-	
40-70173-014-30001	PROGRAMS & PROJECTS	2,857.81	1,509.62	2,552.12		Retains any rollover
40-70305-014-30001	SOCIAL ACTIVITIES	670.00	489.27	1,000.00		
40-70280-014-30001	SUPPORT TO BROOKLYN FREE CLINIC	1,200.00	1,200.00	1,700.00	-	
Total Program Expense		\$ 27,688.81	\$ 9,435.69	\$ 28,668.12	\$ -	Formula cell (Don't change)
Balance Before Reserves		(6,754.00)	13,859.12	696.00		Formula cell (Don't change)
Reserves:						
40-70181-014-30001	RESERVE FUND	696.00	-	696.00		7%
Total Reserves		\$ 696.00	\$ -	\$ 696.00		Formula cell (Don't change)
Total Expenses + Reserves		\$ 28,384.81	\$ 9,435.69	\$ 29,364.12		Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ (7,450.00)	\$ 13,859.12	\$ -		Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses						