



Faculty Student Association of DOWNSTATE

Faculty Student Association of DMC-Student Activity Fund Nursing Student Council (NSC) FY 2022 = June 1, 2021 through May 31, 2022 CERTIFIED BUDGET

red ink indicates changes made during certification

Account	Description	Prior Yr 2021 Actual @ 5/31/21	Submitted Budget FYE 2021-2022	Certified Budget FY 2021-2022	Comment
Income					
40-49001-014-30001	ACTIVITIES FEES INCOME	15,685.71	13,145	15,686	based on prior yr actual
40-40001-014-30001	ROLLOVER BALANCE	5,050.30	-	16,978	Actual FY20 funds not spent as of 5/31/20
Total Income		20,736.01	13,145.00	32,664	Formula Cell- Do not alter
Program Expenses					
40-70009-014-30001	ADMINISTRATION FEE	220.00	225	225	
40-70318-014-30001	ACCEL PINNING & AWARDS EVENT	1,802.93	2,000	2,000	
40-70097-014-30001	CON WHITE COAT CEREMONY	-	2,500	2,500	
40-70302-014-30001	CONVOCATION MAY Prior Yr (payment expected after FYE)	-	-	-	
40-70301-014-30001	CONVOCATION RN-BS & GRAD CURRENT FY	-	5,599	5,599	
40-70371-014-30001	DOWNSTATE STUDENT NURSING ASSOCIATION (DSNA)	75.00	300	300	
40-70304-014-30001	EDUC CONFERENCES & RESEARCH ACTIVITIES	-	1,000	1,000	
40-70173-014-30001	PROGRAMS & PROJECTS	460.00	500	16,282	Place any net excess in this acct
40-70305-014-30001	SOCIAL ACTIVITIES	-	-	500	
40-70355-014-30001	SUPPORT TO BROOKLYN FREE CLINIC	1,200.00	500	500	
Total Program Expense		3,757.93	12,624	28,906	Formula Cell- Do not alter
Balance Before Reserves		16,978.08	521	696	Formula Cell- Do not alter
Reserves:					
40-70181-014-30001	RESERVE FUND	-	521	3,758	=Maximum 100% of prior yr actual expenses
Total Reserves		-	521	3,758	Formula Cell- Do not alter
Total Expenses + Reserves		3,757.93	13,145	32,664	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		16,978.08	-	0	Formula Cell- Do not alter
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					



July 20, 2021

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

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

SUBJECT: NSC **Interim** Budget Certification for FY 2022 (6/1/21 thru 5/31/22) – **Expires 10/29/21**.

Attached is a copy of NSC's certified interim budget for Student Activity fees (SAF) for the fiscal year (FY) 2022 that began on June 1, 2021. The NSC approved the submitted budget at their May 25, 2021 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:

1. **SAF Income:** NSC initially budgeted \$13,145, but prior year actual as of 5/31/21 was \$15,686. FY2022 estimated SAF revenue has been **adjusted to \$15,686**.
2. **Rollover Balance:** The NSC's actual year end unused funds at 5/31/21 was **\$16,978.08**, which represents **129%** of its annual SAF income, and **452%** of its prior year expenses and by SUNY Board of Trustee guidelines is **excessive**. We recognize the pandemic affected planned year end and summer activities which caused this excessive rollover. To provide time for NSC to plan the 2021/22 year, **at the start of the Fall 2021 semester, NSC must take actions** to either increase its programs and activities to spend its annual SAF income by May 31st or consider reducing its Spring 2022 SAF fee rate, and **must submit a revised FY2022 Budget to FSA for certification prior to 10/29/21** (the Bursar's cutoff date for Spring 2022 billing to students).
3. **Reserve Fund:** NSC initially submitted a **\$ 521** Reserve Fund, which has been revised to the maximum Reserve Fund of **\$ 3,758**. (100% of prior year's actual expenses). SUNY Guidelines requires a 5% but no more than 100% of prior year's actual expenses.
4. **Programs & Projects:** The net of the above revisions results has been made in this account being adjusted to **\$16,282** in order to balance NSC's budget (bottom line net to zero), which remains excessive.

Please be aware that:

- **Authorized Signatures:** 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 MUST submit a revised budget for additional certification on or before 10/29/21.**
- [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
Deanne Kennedy-Lorde, Interim Bursar (No SAF rate change; NSC rate=\$40./yr)

Dr. Mary Hickey, Faculty Advisor
Marcel Kennedy
Jeffrey Putman, VP Student Affairs
Adam Burgman, Asst Director, Student Center
Schuyler Hooke, Interim Director, Student Life



Date Completed: **May 20, 2021**

- 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, 20²¹ thru May 31, 20²²**

Nursing Student Council

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:)	Victoria Ayvazian	August 2021	victoria.ayvazian@do	631-560-8034
Vice President (if other Title,specify:)	Rebecca Kaye	August 2021	rebecca.kaye@downs	612-801-0781
Secretary(if other Title,specify:)	Tzipora Berman	August 2021	tzipora.berman@dow	347-363-9016
Treasurer (if other Title,specify:)	Leandra Laundry	August 2021	leandra.laundry@dow	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 Victoria Ayvazian	Treas Print Name	Treasurer Leandra Laundry
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
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 Date

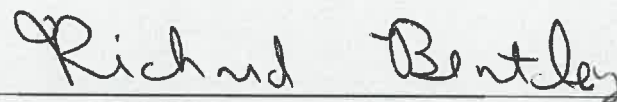
Send (1) This form with all original signatures, (2) The Budget Worksheet (detail), and (3) the Council's SIGNED MEETING MINUTES showing their approval of this budget, to the FSA Business Office (DMC Mail Stop 1219); A copy will be returned after certification.

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: 7/30/21