

Faculty Student Association of DMC-Student Activity Fund

Nursing Student Council (NSC)


FY 2023 = June 1, 2022 through May 31, 2023

CERTIFIED BUDGET (10/25/22 revisions)

Account	Description	Prior Year End @ 05/31/22	Submitted Budget 2023	Original Certified Budget FY 2022- 2023	Revised Certified Budget FY 2022- 2023	Comments
Income						
40-49001-014-30001	ACTIVITIES FEES INCOME	\$ 15,723.29	\$ 15,686.00	\$ 15,723.29	\$ 15,723.29	
40-40001-014-30001	ROLLOVER BALANCE	16,978.08	28,741.00	27,323.18	27,323.18	Actual FY22 funds not spent as of 5/31/22
Total Income		\$ 32,701.37	\$ 44,427.00	\$ 43,046.47	\$ 43,046.47	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	\$ 225.00	\$ 230.00	\$ 244.13	\$ 244.13	Formula cell (Don't change)
40-70318-014-30001	ACCEL PINNING 7 AWARDS EVENT	\$ -	\$ 2,000.00	\$ 2,000.00	\$ 4,000.00	
40-70301-014-30001	RN-BS & GRAD CONVOCATION CURRENT FY	-	5,599.00	5,599.00	9,000.00	
40-70302-014-30001	CONVOCATION MAY PRIOR FY	-	-	-	-	Close Account
40-70371-014-30001	DOWNSTATE STUDENT NURSING ASSOCIATION (DSNA)	-	300.00	300.00	500.00	
40-70304-014-30001	EDUC CONFERENCES & RESEARCH ACTIVITIES	-	1,000.00	1,000.00	1,000.00	
40-70097-014-30001	CON WHITE COAT CEREMONY	-	2,500.00	2,500.00	4,000.00	
40-70173-014-30001	PROGRAMS & PROJECTS	4,653.19	16,074.00	25,025.34	18,226.70	Place any net excess in this account
40-70305-014-30001	SOCIAL ACTIVITIES	-	500.00	500.00	2,000.00	
40-70348-014-30001	SPRING FLING/WINTER BALL	-	-	-	1,000.00	Transfer to SCGB-Special Events
40-70280-014-30001	SUPPORT TO BROOKLYN FREE CLINIC	500.00	500.00	500.00	2,000.00	Transfer to MSC-BFC Account
Total Program Expense		\$ 5,378.19	\$ 28,703.00	\$ 37,668.47	\$ 41,970.83	Formula cell (Don't change)
Balance Before Reserves		27,323.18	15,724.00	5,378.00	1,075.64	Formula cell (Don't change)
Reserves:						
40-70181-014-30001	RESERVE FUND	-	15,724.00	5,378.00	1,075.64	
Total Reserves		\$ -	\$ 15,724.00	\$ 5,378.00	\$ 1,075.64	Formula cell (Don't change)
Total Expenses + Reserves		\$ 5,378.19	\$ 44,427.00	\$ 43,046.47	\$ 43,046.47	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 27,323.18	\$ -	\$ -	\$ -	Formula cell (Don't change)
<i>*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses</i>						

February 3, 2023

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

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

SUBJECT: NSC Budget Certification for FY 2023 (6/1/22 thru 5/31/23)

Attached is a copy of NSC's REVISED certified budget for Student Activity fees (SAF) for the fiscal year (FY) 2023 that began on 6/1/22, and replaces the prior NSC certified interim budget that provided NSC with time to increase its planned spending through 5/31/23. This revised budget is **retroactive** to the expiration of the earlier interim certification 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 \$15,686 but prior year actual as of 5/31/21 was \$15,723. FY2023 estimated SAF revenue has been **adjusted to \$15,723**.
2. **Rollover Balance:** The NSC's actual year end unused funds at 5/31/22 was **\$27,323** which represents **106%** of its annual SAF income, and **508%** of its prior year expenses and by SUNY Board of Trustee guidelines is **excessive**. We recognize this excess was caused by prior year activities cancelled due to the pandemic. At their October 25, 2022 meeting, NSC took actions to increase its programs and activities to spend its annual SAF income by May 31, 2023.
2. **Reserve Fund:** NSC initially submitted a **\$15,724** Reserve Fund, which had been revised to the Reserve Fund of **\$ 5,378** and is now revised to **\$ 1,075.64** in this revised certified budget (20% of prior year's actual expenses). SUNY Guidelines requires a reserve of 5% but no more than 100% of prior year's actual expenses.
3. **Programs & Projects:** The net of the above revisions results has been placed in this account, adjusted to **\$18,226.70** in order to balance NSC's budget (bottom line net to zero).

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.
- [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 Staff Accountant
James Freire, VP
Tatiana Keeby, Secretary
Freda Nokaly, Treasurer
Lori Escallier, Dean, College of Nursing
Deanne Kennedy-Lorde, Interim Bursar (No SAF rate change; NSC rate=\$40./yr)

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

Date Completed: 10/25/2022

- 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, 20²³ thru May 31, 20²⁴NAME 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:)	Amayra Choudhury	10/20/2023	choudhury.amayra@downstate.edu	917-724-5961
Vice President (if other Title,specify:)	James Freire	10/20/2023	james.freire@downstate.edu	917-593-0273
Secretary(if other Title,specify:)	Tatiana Keeby	10/20/2023	tatiana.keeby@downstate.edu	516-603-1515
Treasurer (if other Title,specify:)	Freda Nokaly	10/20/2023	freda.nokaly@downstate.edu	917-450-4334

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

Signature Amayra Choudhury	X DocuSigned by: <i>Amayra Choudhury</i>	Signature Freda Nokaly	X DocuSigned by: <i>Freda Nokaly</i>
Pres Print Name President Amayra Choudhury		Treas Print Name Treasurer Freda Nokaly	
Signature James Freire	X DocuSigned by: <i>James Freire</i>	Signature Tatiana Keeby	X DocuSigned by: <i>Tatiana Keeby</i>
VP Print Name Vice President James Freire		Secy Print Name Secretary Tatiana Keeby	

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 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 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  10/25/2022
DocuSigned by: 00F98893BCC841A... 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 (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:

NSC initially had submitted with an excessive reserve fund, Budget was certified on an interim basis to expire 10/28/22 giving time for NSC to adjust increased program and activity spending budgeted amounts, which NSC submitted on or about 10/2022. This certified REVISED budget is retroactive to 10/28/2022 with the specific revision highlighted in the budget certification cover letter dated 2/3/2023.

CERTIFIED BY  Date of Certification: 10/28/22
SIGNATURE