


Faculty Student Association of DMC-Student Activity Fund					
Nursing Student Council (NSC)					
FY 2025 = June 1, 2024 through May 31, 2025					
CERTIFIED BUDGET (amounts highlighted in yellow were updated by FSA)					
Account	Description	Actual Prior Year End 5/31/24	Submitted Budget 2024- 2025	Certified Budget 2024 - 2025	Comments
Income					
40-49001-014-30001	ACTIVITIES FEES INCOME	\$ 14,830.83	\$ 15,723.29	14,831	
40-40001-014-30001	ROLLOVER BALANCE	19,130.01	-	8,090	
Total Income		\$ 33,960.84	\$ 15,723.29	22,920	Formula cell (Don't change)
Program Expenses	Note: If a Club/Org does its own fundraising, Be sure to mark Column F comment= "Retains Any Prior Year Rollover".				
40-70009-014-30001	ADMINISTRATION FEE	\$ 250.00	\$ 250.00	\$ 256	Formula cell (Don't change)
40-70318-014-30001	SUMMER CONVOCATION	\$ 4,000.00	\$ 3,000.00	\$ 3,000	
40-70301-014-30001	WINTER CONVOCATION	4,000.00	4,000.00	\$ 4,000	
40-70371-014-30001	DOWNSTATE STUDENT NURSING ASSOCIATION (DSNA)	-	300.00	\$ 300	
40-70304-014-30001	EDUC CONFERENCES & RESEARCH ACTIVITIES	-	1,000.00	\$ 1,000	
40-70306-014-30001	NURSE ANESTHESIA CLUB	(93.55)	-	\$ -	
40-70097-014-30001	CON WHITE COAT CEREMONY	2,500.00	2,500.00	\$ 2,500	
40-70173-014-30001	PROGRAMS & PROJECTS	2,348.90	673.29	\$ 7,014	Place any net excess in this account
40-70305-014-30001	SOCIAL ACTIVITIES	-	1,000.00	\$ 1,000	
40-70280-014-30001	SUPPORT TO BROOKLYN FREE CLINIC	500.00	2,000.00	\$ 2,000	
40-70348-014-30001	WINTER/SPRING EVENTS	-	500.00	\$ 500	
Total Program Expense		\$ 13,505.35	\$ 15,223.29	\$ 21,570	Formula cell (Don't change)
Balance Before Reserves		20,455.49	500.00	\$ 1,351	Formula cell (Don't change)
Reserves:					
40-70181-014-30001	RESERVE FUND	12,365.87	500.00	\$ 1,351	10% Prior Year Actual Expenses
Total Reserves		\$ 12,365.87	\$ 500.00	\$ 1,351	Formula cell (Don't change)
Total Expenses + Reserves		\$ 25,871.22	\$ 15,723.29	\$ 22,920	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 8,089.62	\$ -	\$ -	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					

August 12, 2024

TO: Jake Britton, President
Nursing Student Council (NSC)
Via eMail and posted on FSA-SAF website

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

SUBJECT: NSC Budget Certification for FY 2025 (6/1/24 thru 5/31/25)

Attached is a copy of NSC's certified budget for Student Activity fees (SAF) for the fiscal year (FY) 2025 that began on June 1, 2024. The NSC approved the submitted budget at their May 15, 2023 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 \$15,723.29 and the prior year actual as of 5/31/23 was \$14,830.83. FY2024 estimated SAF revenue has been **adjusted to \$14,831**.
2. **Rollover Balance:** The NSC's actual year end unused funds at 5/31/24 was **\$8,090**. NSC must make efforts to either increase its programs and activities to spend its annual SAF income by May 31st, 2025 or consider reducing its future fee rate.
3. **Reserve Fund:** NSC initially submitted a **\$500** Reserve Fund, which has been revised to the minimum of **\$1,351**. (10% of prior year's actual expenses). SUNY Guidelines requires a minimum 5% but no more than 100% of prior year's actual expenses.
4. **Programs & Projects:** The net of the above revisions made results in this account being adjusted to **\$7,014** 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
Lauren Seidman, VP
Diya Verman, Secretary
Jillian Craig, Treasurer
Lori Escallier, Dean, College of Nursing
Deanne Kennedy-Lorde, Bursar (No SAF rate change; NSC rate=\$40./yr)

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



Date Completed: 10/20/2023

- 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 (Mall Stop 1219) by SAF Budget deadline (see annual cover letter for May date).

SAF BUDGET REQUEST AND AGREEMENT FOR FISCAL YEAR: June 1, 20²⁴ thru May 31, 20²⁵

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:)	JAKE BRITTON	10/2024 FALL 2024	a.britton@downstate.e	516-528-4330
Vice President (if other Title,specify:)	LAUREN SEIDMAN	10/2024 FALL 2024	n.seidman@downstat	516-606-7313
Secretary(if other Title,specify:)	DIYA VERMA	10/2024 FALL 2024	a.verma@downstate.e	516-661-4415
Treasurer (if other Title,specify:)	JILLIAN CRAIG	10/2024 FALL 2024	an.craig@downstate.e	336-972-1701

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 JAKE BRITTON	Treas Print Name	Treasurer JILLIAN CRAIG
Signature	X	Signature	X
VP Print Name	Vice President LAUREN SEIDMAN	Secy Print Name	Secretary DIYA VERMA

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.

NSC Officer elections are held in October and terms of office begin/end in Oct of each year.

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



Applicant's Main Representative Signature

10/20/2023

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:

See accompanying cover letter.

CERTIFIED BY



SIGNATURE

Date of Certification: 8/31/24