



**Faculty Student Association of DMC-Student Activity Fund**  
**Student Center Governing Board (SCGB)**  
**FY 2022= June 1, 2021 through May 31, 2022**  
**CERTIFIED BUDGET**

Account	Description	Current YTD as of 05/31/21	Submitted Budget FY 2022	Certified Budget 2021 - 2022	Comments
40-49001-015-30001	ACTIVITY FEES INCOME	\$145,025.47	\$127,800	145,025	<i>based on prior year actual</i>
40-40001-015-30001	ROLLOVER BALANCE	24,789.59	\$12,652	68,725	<i>Actual Prior yr Funds not spent as of 5/31/21</i>
40-41001-015-30001	GROUP & GUEST FEE	-	\$2,000	2,000	
40-41002-015-30001	HAPPY HOUR INCOME	-	\$1,500	1,500	
40-41003-015-30001	INTRAMURALS INCOME	-	\$1,000	1,000	
40-41004-015-30001	LOCKER RENTAL INCOME	-	\$5,000	5,000	
40-41005-015-30001	MINI COURSES INCOME	-	\$8,000	8,000	
40-41006-015-30001	SPECIAL EVENTS INCOME	2,000.00	\$40,000	40,000	
40-49004-015-30001	STAFF MEMBERSHIP INCOME	-	\$15,000	15,000	
40-70383-015-30001	FOOD PANTRY		\$0	-	
<b>Total Income</b>		<b>\$ 171,815.06</b>	<b>\$212,952</b>	<b>286,250</b>	Formula cell (Don't change)
<b>Program Expenses</b>					
40-70009-015-30001	ADMINISTRATION FEE	\$ 3,023.00	\$3,096	3,096	Formula cell (Don't change)
40-70096-015-30001	ATHLETIC EQUIPMENT	-	\$4,500	4,500	
40-70310-015-30001	BAGEL BRUNCH (EXP)	-	\$0	-	
40-70311-015-30001	COFFEE HOUSE (EXP)	1,400.00	\$15,000	15,000	
40-70383-015-30001	FOOD PANTRY DONATIONS	(621.61)	\$1,000	1,000	
40-70312-015-30001	HAPPY HOUR (EXP)	-	\$3,000	3,000	
40-70124-015-30001	INSURANCE	-	\$1,200	1,200	
40-70313-015-30001	INTRAMURALS (EXP)	-	\$1,500	1,500	
40-70135-015-30001	MEETING EXPENSE	-	\$2,500	2,500	
40-70314-015-30001	MINI COURSE (EXP)	3,455.00	\$8,500	8,500	
40-70315-015-30001	NEW/SPONTANEOUS (EXP)	(4,625.69)	\$6,000	6,000	
40-70145-015-30001	OFFICE SUPPLIES	349.18	\$1,000	1,000	
40-70307-015-30001	SERVICE IMPROVEMENTS	15,266.50	\$20,000	20,000	
40-70194-015-30001	SPECIAL EVENTS (EXP)	67,014.20	\$64,000	107,454	<i>Net Remaining Funds placed in this account</i>
40-70198-015-30001	STAFF FUNCTION (EXP)	-	\$3,000	3,000	
40-70308-015-30001	STEREO EQUIPMENTS (EX	-	\$2,000	2,000	
40-70316-015-30001	SUMMER PROGRAM (EXP)	3,571.89	\$13,000	13,000	
40-70317-015-30001	TRAVEL FUNCTIONS (EX	-	\$2,000	2,000	
40-70309-015-30001	VIDEO RENTAL (EXP)	-	\$500	500	
40-70149-015-30001	WELCOME EVENTS	14,257.30	\$48,000	48,000	
<b>Total Program Expense</b>		<b>\$ 103,089.77</b>	<b>\$199,796</b>	<b>243,250</b>	Formula cell (Don't change)
<b>Balance Before Reserves</b>		68,725.29	\$13,156	43,000	Formula cell (Don't change)
<b>Reserves:</b>					
40-30008-015-30001	UNALLOCATED RESERVE	-	\$0	43,000	<i>42% of prior yr actual expenses (within guideline)</i>
<b>Total Reserves</b>		<b>\$ -</b>	<b>\$0</b>	<b>43,000</b>	Formula cell (Don't change)
<b>Total Expenses + Reserves</b>		<b>\$ 103,089.77</b>	<b>\$212,952</b>	<b>286,250</b>	Formula cell (Don't change)
<b>Total Net Income less Expenses + Reserves</b>		<b>\$ 68,725.29</b>		<b>0</b>	Formula cell (Don't change)
<i>*SUNY Reserve Guidelines &gt;5% and &lt;100% of prior year actual expenses</i>					



# Faculty Student Association of DOWNSTATE

July 20, 2021

TO: Isaac Vingan Chang, President  
Student Center Governing Board (SCGB)  
via eMail and posted on FSA website.

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

SUBJECT: SCGB Budget Certification for FY 2022 (6/1/21 thru 5/31/22).

Attached is a copy of SCGB's certified budget for Student Activity fees (SAF) for the fiscal year 2022 that began June 1, 2021. The SCGB approved the submitted budget at their May 11, 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:** SCGB had submitted with estimated FY2022 SAF Revenue at **\$127,800**. However, actual SAF revenue FYE 5/31/21 was **\$145,025**. The estimated SAF Revenue for **FY2022** has been **revised to \$145,025**.
2. **Rollover:** The actual rollover of prior FY unused funds at 5/31/21 was **\$68,725.29**. This, when added to the revised estimated SAF income and other income, results in a **grand total income being revised to \$286,250**.

The net resulting surplus of the above revisions is \$86,464 and has been split between Special Events account and the Reserve Fund:

3. **Special Events:** has been adjusted in this unallocated account to **revised total at \$107,454**.
4. **Reserve Fund:** SCGB submitted estimate at **\$13,159** has been **revised to \$43,000** which is within SUNY Guidelines representing 42% of prior year's actual expenses of **\$ 103,089.77**.

Please be aware that:

- **Authorized Signatures:** SCGB's Constitution requires payment forms be jointly signed by the Treasurer plus either one other officer or the Assistant Vice President for Student Life (or equivalent incumbent).
- 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 New-Spontaneous, Special Events, and Reserve Fund accounts require meeting minutes approving use since purpose is undesignated at this time of certification.**
- 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

via eMail:

Christopher Garnett, VP  
Maisha Ahmed, Secretary  
Donna Lee, Treasurer  
Jeffrey Putman, VP Student Affairs  
Adam Burgman, Asst Director, Student Center  
Schuyler Hooke, Interim Director, Student Life  
Deanne Kennedy-Lorde, Interim Bursar (**No SAF Rate Change**; Full time rate = **\$80/yr.** as \$40 Fall & \$40 Spring)



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, 2021 thru May 31, 2022

NAME OF STUDENT ORGANIZATION: Student Center Governing Board

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:)	Isaac Vingan	May 31 <sup>st</sup> 2022	isaac.vingan@downstate.edu	(631) 332-1843
Vice President (if other Title,specify:)	Christopher Garnett	May 31 <sup>st</sup> 2022	christopher.garnett	516 761 2670
Secretary (if other Title,specify:)	Maisha Ahmed	May 31 <sup>st</sup> 2022	maisha.ahmed@downstate.edu	(845) - 554-907
Treasurer (if other Title,specify:)	Donna Lee	May 31 <sup>st</sup> 2022	donna.lee@downstate.edu	(917) 968-0589

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		Secy Print Name	Secretary	

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)

SCGB's Constitution requires payment forms be jointly signed by the Treasurer plus either one other officer or the Assistant Vice President for Student Life (or equivalent incumbent).

AGREEMENT Between  
THE FACULTY STUDENT ASSOCIATION OF DOWNSTATE MEDICAL CENTER, INC.  
And

STUDENT CENTER GOVERNANCE BOARD SCGB

(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:

Amounts updated to 5/31/21 actual values with corresponding adjustments noted on budget certification cover letter and posted certified budget.

CERTIFIED BY



Date of Certification: 7/20/21