

**Faculty Student Association of DMC-Student Activity Fund**

**Student Center Governing Board (SCGB)**

**FY 2024 = June 1, 2023 through May 31, 2024**

**CERTIFIED BUDGET**

Account	Description	Certified Budget 2022 - 2023	Current YTD as of 05/31/23	Proposed Budget 2023 - 2024	Certified Budget 2023 - 2024	Comments
40-49001-015-30001	ACTIVITY FEES INCOME	\$ 142,545.74	\$ 146,521.82	\$142,545.74	\$ 146,521.82	<i>Based on Prior Year Actual</i>
40-40001-015-30001	ROLLOVER BALANCE	134,144.14	89,159.14	-	54,550.05	<i>Actual Prior Year Funds Not Spent as of 5/31/23</i>
40-41001-015-30001	GROUP & GUEST FEE	2,000.00	1,327.00	2,000.00	2,000.00	
40-41002-015-30001	HAPPY HOUR INCOME	2,500.00	1,532.50	2,500.00	2,500.00	
40-41003-015-30001	INTRAMURALS INCOME	1,000.00	810.00	3,000.00	3,000.00	
40-41004-015-30001	LOCKER RENTAL INCOME	5,000.00	1,508.50	5,000.00	5,000.00	
40-41005-015-30001	MINI COURSES INCOME	8,000.00	1,145.00	4,000.00	4,000.00	
40-41006-015-30001	SPECIAL EVENTS INCOME	45,000.00	68,993.00	60,000.00	60,000.00	
40-49004-015-30001	STAFF MEMBERSHIP INCOME	45,000.00	29,410.75	30,000.00	30,000.00	<i>Estimated as 300 1 Yr Memberships</i>
40-70383-015-30001	FOOD PANTRY INCOME	3,000.00	2,030.39	3,000.00	3,000.00	
<b>Total Income</b>		<b>\$ 388,189.88</b>	<b>\$ 342,438.10</b>	<b>\$252,045.74</b>	<b>\$ 310,571.87</b>	Formula cell (Don't change)
<b>Program Expenses</b>						
40-70009-015-30001	ADMINISTRATION FEE	\$ 3,359.16	\$ 3,359.16	\$ 3,359.16	\$ 3,440.00	Formula cell (Don't change)
40-70096-015-30001	ATHLETIC EQUIPMENT	6,000.00	3,226.44	5,000.00	5,000.00	
40-70409-015-30001	BLOCK PARTY	4,000.00	3,093.03	4,000.00	4,000.00	
40-70311-015-30001	COFFEE HOUSE (EXP)	20,000.00	18,606.64	10,000.00	10,000.00	
40-70023-015-30001	CREDIT CARD FEE			2,000.00	2,000.00	
40-70383-015-30001	FOOD PANTRY DONATIONS	2,201.36	3,878.11	3,000.00	3,000.00	<i>Rollover Remaining Balance</i>
40-70312-015-30001	HAPPY HOUR (EXP)	4,000.00	3,114.66	4,000.00	4,000.00	
40-70124-015-30001	INSURANCE	1,200.00	-	1,200.00	1,200.00	
40-70313-015-30001	INTRAMURALS (EXP)	1,500.00	1,500.00	4,000.00	4,000.00	
40-70135-015-30001	MEETING EXPENSE	3,000.00	1,829.14	3,000.00	3,000.00	
40-70314-015-30001	MINI COURSE (EXP)	8,500.00	7,405.00	4,000.00	4,000.00	
40-70315-015-30001	NEW/SPONTANEOUS (EXP)	8,000.00	6,653.95	5,000.00	5,000.00	
40-70145-015-30001	OFFICE SUPPLIES	1,000.00	365.51	1,000.00	1,000.00	
40-70307-015-30001	SERVICE IMPROVEMENTS	25,000.00	23,968.42	10,000.00	10,000.00	
40-70194-015-30001	SPECIAL EVENTS (EXP)	191,429.36	129,430.94	86,486.58	143,231.87	<i>Net Remaining Funds Placed in this Account</i>
40-70198-015-30001	STAFF FUNCTION (EXP)	3,000.00	2,634.12	3,000.00	3,000.00	
40-70308-015-30001	STEREO EQUIPMENTS (EX	2,000.00	-	2,000.00	2,000.00	
40-70316-015-30001	SUMMER PROGRAM (EXP)	15,000.00	12,217.00	15,000.00	15,000.00	
40-70317-015-30001	TRAVEL FUNCTIONS (EX	3,500.00	2,340.97	4,000.00	4,000.00	
40-70417-015-30001	TRAVEL AND TOURS			10,000.00	10,000.00	
40-70309-015-30001	VIDEO RENTAL (EXP)	500.00	-	-	-	<i>Delete Account</i>
40-70149-015-30001	WELCOME EVENTS	60,000.00	49,264.96	60,000.00	60,000.00	
<b>Total Program Expense</b>		<b>\$ 363,189.88</b>	<b>\$ 272,888.05</b>	<b>\$ 240,045.74</b>	<b>\$ 296,871.87</b>	Formula cell (Don't change)
<b>Balance Before Reserves</b>		25,000.00	69,550.05		13,700.00	Formula cell (Don't change)
<b>Reserves:</b>						
40-30008-015-30001	RESERVE	25,000.00	15,000.00	12,000.00	13,700.00	<i>5% Prior Year Actual Expenses</i>
<b>Total Reserves</b>		<b>\$ 25,000.00</b>	<b>\$ 15,000.00</b>	<b>\$ 12,000.00</b>	<b>\$ 13,700.00</b>	Formula cell (Don't change)
<b>Total Expenses + Reserves</b>		<b>\$ 388,189.88</b>	<b>\$ 287,888.05</b>	<b>\$ 252,045.74</b>	<b>\$ 310,571.87</b>	Formula cell (Don't change)
<b>Total Net Income less Expenses + Reserves</b>		<b>\$ -</b>	<b>\$ 54,550.05</b>	<b>\$ -</b>	<b>\$ -</b>	Formula cell (Don't change)
<i>*SUNY Reserve Guidelines &gt;5% and &lt;100% of prior year actual expenses</i>						

July 12 2023

TO: Felicia Chen, 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 2024 (6/1/23 thru 5/31/24).

Attached is a copy of SCGB's certified budget for Student Activity fees (SAF) for the fiscal year 2024 that began June 1, 2023. The SCGB approved the submitted budget at their March 8, 2022 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 FY2024 SAF Revenue at **\$142,545.74**. Actual SAF revenue FYE 5/31/23 was **\$146,521.82**. The estimated SAF Revenue for **FY2023** has been **revised to \$146,521.82**.
2. **Rollover:** The actual rollover of prior FY unused funds at 5/31/23 was **\$54,550.05**. This, when added to the revised estimated SAF income and other income, results in a **grand total income being revised to \$310,571.87**.
3. **Special Events:** has been adjusted in this unallocated account to **revised total at \$129,643.06**
4. **Reserve Fund:** SCGB initially submitted a **\$ 12,000** Reserve Fund which has been revised to **\$13,700**. (5% of Prior Year Actual Expenses of **\$ 272,888.05**)

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  
Andrew Liu, VP  
Sherey Tan, Secretary  
Dario Fucich, Treasurer  
Jeffrey Putman, VP Student Affairs  
Adam Burgman, Director, Student Center  
Schuyler Hooke, Director, Student Life  
Deanne Kennedy-Lorde, Interim Bursar (**No SAF Rate Change**; Full time rate = **\$80/yr**. as \$40 Fall & \$40 Spring)

Date Completed:

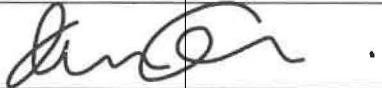
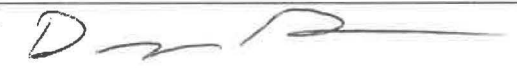
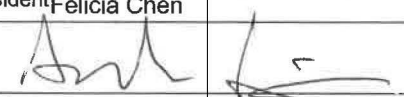
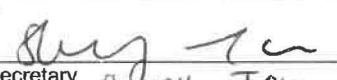
- Instructions:**
1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on FSA website,
  2. Attach the detail SAF Budget Worksheet as approved by the student council,
  3. Attach the SIGNED meeting minutes showing the budget detail was approved 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, 20 thru May 31, 20

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:)	Felicia Chen		Felicia.chen@downstate.edu	6469453402
Vice President (if other Title,specify:)	Andrew Liu		Andrew.Liu@downstate.edu	718-715-5358
Secretary(if other Title,specify:)	Shercy Tan		shercy.tan@downstate.edu	718-355-0638
Treasurer (if other Title,specify:)	Darro French		darro.french@downstate.edu	917-714-4471

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	Felicia Chen	Treas Print Name	Treasurer	Darro French
Signature	X		Signature	X	
VP Print Name	Vice President		Secy Print Name	Secretary	Shercy Tan

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:

- one other officer

or

- one of either the Director of Student Life or the Director of Student Center.

(SCGB in process of revising to "jointly by any 2 SCGB Officers, plus")

**AGREEMENT Between**  
**THE FACULTY STUDENT ASSOCIATION OF DOWNSTATE MEDICAL CENTER, INC.**  
**And**  
**Student Center Governing 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 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  05/15/23  
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:

Details of revisions needed for certification are [in accompanying cover letter dated 7/12/2023](#).

CERTIFIED BY

  
 SIGNATURE

Date of Certification: 7/12/2023