

Aug 12, 2024

TO: Sherey Tan, 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 2025 (6/1/24 thru 5/31/25).

Attached is a copy of SCGB's certified budget for Student Activity fees (SAF) for the fiscal year 2025 that began June 1, 2024. The SCGB approved the submitted budget at their April 16, 2024 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 **\$150,000**. Actual SAF revenue FYE 5/31/23 was **\$145,002**. The estimated SAF Revenue for **FY2025** has been **revised to \$145,002**.
2. **Rollover:** The actual rollover of prior FY unused funds at 5/31/24 was **\$22,458.06**. This, when added to the revised estimated SAF income and other income, results in a **grand total income being revised to \$313,960**.
3. **Special Events:** has been adjusted in this unallocated account to **revised total at \$131,421**.
4. **Reserve Fund:** SCGB initially submitted a **\$ 13,000** Reserve Fund which has been revised to **\$15,016**. (5% of Prior Year Actual Expenses of **\$ 300,328**.)

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

Date Completed:

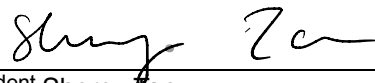
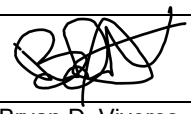


- Instructions:**
1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on [FSA website](#),
 2. Attach the detail SAF Budget Worksheet as approved by the student council,
 3. Attach the SIGNED meeting minutes showing the budget detail was approved 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, 20²⁴ thru May 31, 20²⁵

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:)	Sherey Tan	05/2025	sherey.tan@downstate.edu	718-355-0638
Vice President (if other Title,specify:)	Dario Fucich	05/2025	dario.fucich@downstate.edu	917-704-4471
Secretary(if other Title,specify:)	Michael Mesa	05/2025	michael.mesa@downstate.edu	786-304-3664
Treasurer (if other Title,specify:)	Bryan D. Viveros	05/2025	bryan.viveros@downstate.edu	(347) 753-6767

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	Sherey Tan	Treas Print Name	Treasurer	Bryan D. Viveros
Signature	X		Signature	Michael Mesa	
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 Director of Student Life (or equivalent incumbent)

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

Student Center Governing Board

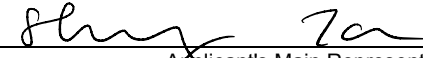
(Insert Name of Student Organization)

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  5/17/24
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:

See accompanying cover letter.

CERTIFIED BY


SIGNATURE

Date of Certification: 8/12/24