



**DOWNSTATE**  
HEALTH SCIENCES UNIVERSITY

Office of Development & Philanthropy

# Office of Development & Philanthropy



*Handbook  
And Forms*

*2023*

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This Handbook is published by the Office of Development & Philanthropy (ODP) at the State University of New York Health Sciences University, Brooklyn, NY

If you have any comments, suggestions or wish to be put on our mailing list, please direct your correspondence by email or standard mail to:

[DevelopmentandPhilanthropy@downstate.edu](mailto:DevelopmentandPhilanthropy@downstate.edu)

State University of New York  
Downstate Health Sciences University  
Office of Development & Philanthropy  
450 Clarkson Avenue, MSC 93  
Brooklyn, NY 11203

## Administration and Staff of the Office of Development & Philanthropy:

**Ingrid Dildy, MPH**  
Associate Vice President  
718.270.6375  
[Ingrid.Dildy@Downstate.edu](mailto:Ingrid.Dildy@Downstate.edu)

Heidi Christensen, MPH  
Director of Donor Stewardship  
718.270.8850  
[Heidi.Christensen@Downstate.edu](mailto:Heidi.Christensen@Downstate.edu)

Can Chen  
Prospect & Donor Research, Database Mgr.  
718.270.4169  
[Can.Chen@Downstate.edu](mailto:Can.Chen@Downstate.edu)

Natasha Edwards  
Executive Assistant to Associate V.P.  
718.270.4405  
[Natasha.Edwards@Downstate.edu](mailto:Natasha.Edwards@Downstate.edu)

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# Introduction

1. “The purpose of the Office of [Development] and Philanthropy is to create an awareness within the private sector of the financial needs of SUNY Downstate not being met by state or federal support. It will also serve, in consultation with [the President’s Office], as the coordinating agency for all types of fundraising programs and for all solicitation of funds from private individuals, foundations, businesses, corporations or organizations. This includes record-keeping, so that we can track and report on gifts to the campus as well as formal acknowledgement of all gifts received.” From *Fundraising and Solicitations Guidelines* memo, April 4, 2002.
2. The *Office of Development & Philanthropy Handbook and Forms, 2023* is designed to facilitate the above purpose. This Handbook and individual forms can be found online at <https://www.downstate.edu/about/societies-funds/development-philanthropy/forms.html>

## General Information

1. For Health Science Center at Brooklyn, Foundation Inc. (HSCBF) Policies, please refer to the HSCBF web page at <https://www.downstate.edu/about/our-administration/finance/departments/health-science-center-foundation.html>
2. The forms in this Handbook are of four main types:
  - a. Developed by the Office of Development & Philanthropy (ODP) with the HSCBF for use with HSCBF Accounts
  - b. Developed by the ODP to assist with using HSCBF Accounts
  - c. HSCBF Forms
  - d. External forms needed for transacting business with HSCBF Accounts
3. Information in this Handbook is organized by transaction type:
  - a. General Information
  - b. Processing Payments: 3 Steps
  - c. Processing Donations: 3 Steps
  - d. Establishing Fundraising Accounts: 3 Steps
  - e. Forms
4. Definitions and Sources for this Handbook include HSCB Foundation Policy, the First Edition (2003-2004) of ODP’s *Handbook and Forms*, the April 2022 version of the *Council for Advancement & Support of Education (CASE) Reporting Standards*, and current versions of IRS Publications regarding 501(c)(3) definitions and reporting.

# Processing Payments: 3 Steps

Please deliver the completed Payment Request & Voucher form with supporting documents to the Office of Development & Philanthropy (ODP) through the SharePoint link online or at the link below. If re-submitting or submitting additional documents, please resubmit original documents or rescan packet to remove any documents that were revised or are not being submitted.

The completed Payment Request & Voucher and supporting documents will be transmitted to the HSCB Foundation after ODP review and approval.

## **Step 1**

- Fill out the [Payment Request & Voucher Form](#)
- Account Name and Number<sup>Required</sup>
- Be Specific about Purpose<sup>Required</sup>

## **Step 2**

- Provide ALL the supporting documents based on the requirements of your specific payment request type, listed below:

## **Requirements:**

### **Supporting Documents for Products or Services**

- Original Vendor Invoice with unique invoice # detailing specific, per item costs (for payment to a vendor or individual) made out to the HSCB Foundation, Inc.
  - Please note, Pro Forma Invoices will not be accepted.
  - No tax is allowed on payments to vendors
- Letter/memo of Justification (for contracted payments, services, events).
- All external contracts for independent contractors, venues for events, catering, etc. require Downstate Counsel review and must have HSCB Foundation approval before official confirmation or work can begin.

### **Payments to Individuals for Services** *Additional*

- [W9 Form](#)
- [IRS 20 Question Form](#)

### **Payments to Vendors Associated with Events, Meetings, Meals, and /or Travel** *Additional*

- Flyer / Notice of Event / Agenda
- [Attendance sheet](#) (if the event already happened)

## Supporting Documents for Reimbursements

- Original itemized receipts specifying item/s for reimbursement.
  - All receipts need to show the method of payment, and paid in full or zero balance
  - Incomplete credit card receipts may be supported with Credit Card statements showing: amount paid, date paid, vendor/purchase, card holder name and partial card number (e.g. last 4). May redact other information.

### **Reimbursements for Events, Meetings, Reimbursed Meals, Travel** *Additional*

- Flyer/notice of event/agenda is required
- [Expense sheet](#) is required
- Letter/memo of Justification is required
- Ticket Receipts are required and must show date/time/location of travel or corroborating documentation showing date/time/location of travel must be provided
- An [attendance sheet](#) is required for meals, refreshments, and meetings

## Supporting Documents for Honoraria

- Letter/memo of Justification
- [W9 Form](#)
- [IRS 20 Question Form](#)
  - For honoraria for foreign national speakers without SSN#/TIN – omit W9/IRS 20 Questions and note “Not a Citizen” in the lower right-hand corner of the Payment Request & Voucher Purpose Section.
- Flyer/notice of event/agenda is required
- [Expense sheet](#) is required (when combined with travel or other reimbursements)

## Supporting Documents for Scholarships/Awards

- Summary memo/letter from a) the Committee Chair to the Signator or b) the Signator to the HSCB Foundation that includes:
  - The account name
  - The account number
  - The recipient/s’ name/s
  - Amount/s of award/s
- Committee member list is required
- Criteria for selection is required
- [Signature sheet](#) is required (per Legal Counsel)
  - Zoom (or other Distanced meetings) may be documented by email that includes:
    - The date and time of the meeting,
    - The method of the meeting (zoom or other distanced meeting)

- The recipient/s names
- The award amount/s
- Who decided on the recipient/s and how the decision was made.
- Note: every Committee Member should be CC'd in the email.
- Call for applications is strongly recommended, please attach copy; if a call for applications was not done, an explanation is required (may be included in summary memo) detailing the process for determining the pool of potential candidates.
- [W9 Form](#) is required with the permanent address (no Downstate Dorms)

### **Step 3**

- Click the Submit Request link at the end of this section or at the [Link here](#) to submit your complete packet to the ODP.

### **Summary: All Payment Request & Vouchers & General Considerations**

- Fully Completed payment request is required.
- Clearly Detail the purpose of the Payment Request in the Purpose section.
- The Payment Request must be consistent with the purpose on file for the account.
- The account needs sufficient funds to pay any Purchase Request/s.
- The number of Signatures required on a Payment Request is determined by the Account.
- Application, and all current signatures must be approved by the HSCB Foundation.
- When the payee is a current signer, or the signer benefits from the Payment Request, an additional authorized signature is required.
- Downstate Employees may receive reimbursement but may not directly be paid for services rendered.

[Click Here to Submit Request](#)

# Processing Donations: 3 Steps

Deliver the check/s with completed Donation Deposit Form and supporting documents to the Office of Development & Philanthropy (ODP) within 5 business days of receipt.

## Step 1

Fill out all 3 sections of the Donation Deposit Form which can be found at this [Link for the Donation Deposit Form](#). All sections must be fully completed.

### Donor Information Section:

- Donor Name and Address (as imprinted on the check).
- **Donor Category\*** (from the **Donor Coding Table** below the Donor Information Section) *based on the name imprinted on the check*

### Check Information Section:

- Provide the Check Amount, Check Number, Check Date, and **Usage Category\*** (from the Usage Coding Table below the Check Information Section).
  - **If the donor received goods/services in exchange for their gift** (such as payment for an auction item, payment to attend an event etc.), please note in the comment section what was received and the estimated value of goods/services received by the donor\*.
  - **If the value of goods/services received by the donor** is the same or more than the amount donated, then the gift is not a donation (example: a donor giving \$20 and receiving a T-Shirt valued at \$20 is not a donation). Non-donation gifts should be deposited on a non-donation Deposit Form which can be found at this [Link for the Non-Donation Deposit Form](#).

\* Definitions of the Donor Categories and Usage Categories follow step 3. If you have questions about the Donor Category or Usage Category, or gifts where the Donor receives something of value in exchange for their gift, please contact ODP for assistance.

### Deposit Information Section:

Provide:

- Total amount of the checks.
- Submission Date to ODP.
- The Name and the Account Number of the HSCB Foundation Account for deposit.
- The name and extension number of the person preparing the form.

## Step 2

### Provide ALL the supporting documents listed below:

- Check/s, which must be made out to the HSCB Foundation. (For further details go to [Accepting Donations for Your Account in the HSCB Foundation](#)).
- Mailing envelope:
  - **For gifts mailed/received in one year and submitted in a later calendar year:** please ensure the **postmarked envelope** is submitted with the check. **The postmark determines the tax year.**
  - *For gifts without a postmarked envelope:* **documentation of receipt date (such as a memo/email) is required** for the ODP to provide the donor with a Tax Acknowledgement letter in the earlier year.
- Correspondence from/to the donor:
  - Please attach copies of individual correspondence to/from the donor.
  - For general outreach emails and letters, please provide a copy to ODP **prior to reaching out to potential donors.**

## Step 3

- Deliver the check/s with completed Donation Deposit Form and supporting documents to the ODP (BSB M-128A or 2-71D) **within 5 business days of receipt.**

# CODE DEFINITIONS

## Donor Categories

### Individuals

- **A-Alumni** - former students – full- or part-time, undergraduate, graduate, resident or fellow – who have earned some credit toward one of the degrees, certificates, diplomas offered by the institution. (*If the donor is an Alumnus and another individual category, code the donor as an Alumnus.*)
- **B-Faculty/Staff** – the donor is a faculty or staff member at SUNY Downstate.
- **C-Parent** – the donor is the parent of a student or alumnus.
- **S-Student** – a current student, resident or fellow of SUNY Downstate
- **D-Other Individuals** – the donor is an individual, not in categories A, B, C, or S.



## Organizations

- **DAF-Donor-Advised Funds** – a donor advised fund (DAF) is a separately identified fund managed by a 501(c)(3) sponsoring organization. A donor contributes to the to the DAF, which is legally controlled by the sponsoring 501(c)(3). The donor advises the sponsor to distribute funds from the account. *Do not credit the individual for such gifts.*
- **E-Foundations** – includes personal and family foundations and other foundations and trusts, including community foundations.
- **F-Corporations** – includes corporations, partnerships, and cooperatives that have been organized for profit-making purposes, including corporations owned by individuals and families as well as gifts from company-sponsored foundations, gifts from industry trade associations, and the corporate component of matching gifts.
- **G-Religious Organizations** – Religious organizations including churches, synagogues, mosques, temples and other houses of worship.
- **H-Other Organizations** – gifts from all organizations not in categories DAF, E, and F.

## Usage Categories

- **U-Unrestricted** – Funds received without any restriction placed on their use. Unrestricted funds can be spent at the discretion of the Institution and/or Foundation.\*\*
- **AD-Academic Divisions** - Funds the donor restricted for use in a particular academic division of the institution, but upon which no further restriction has been placed, or that the donor has restricted for academic support services, such as academic advising/skills tutoring.
- **SA/L-Student Affairs/Life** – Funds the donor restricted for activities related to student affairs and/or student life such as student clubs, health, wellness, diversity, equity, etc.
- **LIB-Library** – Funds the donor restricted to support activities of a Library.
- **PS-Public Service** – Funds the donor restricted for public service including to Downstate and the community.
- **SS-Student Scholarships** – Funds the donor restricted to scholarships and awards to students, residents and fellows, etc.
- **OR-Other** – Funds the donor restricted to gifts such as lectureships, hospitals, non-academic units that do not fall into the above purpose categories.

\*\* If a donor has chosen a specific fund/Department/College, the gift should be given one of the restricted codes.

# Establishing Fundraising Accounts: 3 Steps

Fundraising Accounts\* may be established in the HSCB Foundation to enhance programs at, related to, or for the benefit of SUNY Downstate Health Sciences University.

\* Both Operating Accounts (*where the **principal is used***) and Endowment Accounts (*where the **principal is not used** and interest on the principal is transferred to an Operating Account for use*) may be established.

## Step 1

- Contact (email or phone) the Associate Vice President of the Office of Development & Philanthropy (ODP) to discuss the proposed Account and fundraising plans.
- Working with the ODP, draft an agreement for the proposed Account (*this agreement may include some or all of the following: a specific donor, SUNY Downstate Legal, the Department/College proposing the Account, and the HSCB Foundation*).
- **Note:** *Donations are required to establish a Fundraising Account.*

## Step 2

- The ODP will **DRAFT** a Fundraising Account Application **for your review** based on the fully executed agreement.
  - Request any changes from ODP by email.
- **If there are no changes**, the following signatures must be obtained\*\*:
  - **Applicant** – in the top section
  - **Signators** – Primary, Secondary, and if Named, the tertiary Signator.
  - **Dean or Department Chair** – in the Approvals Section
  - **\*\*Note:** *Your Office may not be responsible for obtaining all signatures listed, please coordinate with ODP.*

## Step 3

- **Bring to the ODP:** Check donations made out to the HSCB Foundation (with the Account Name in the memo section) along with a completed Donation Deposit Form.
  - **Note:** *online donations may also be made at [giving.downstate.edu](http://giving.downstate.edu); choose **Other** at the bottom of the designation drop-down menu, and then type the proposed Account Name*
- The ODP will take the signed application, the fully executed agreement, and check donations to the HSCB Foundation for approval to establish the Account.
  - The HSCB Foundation notifies the ODP of approval, and ODP then notifies the Department/Division/College of the approval.
- After the Account has been established, whenever signatory changes are required on an HSCB Foundation Fundraising Account, a completed [Change of Signator Form](#) must be submitted. Both new and departing Signators need to sign off on the Change of Signator Form.

# Forms

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**DOWNSTATE**  
HEALTH SCIENCES UNIVERSITY

## PAYMENT REQUEST & VOUCHER

Health Science Center at Brooklyn Foundation, Inc.

(Fill out the Form electronically, print and sign. Mail completed form to MSC 1219 or hand deliver to Student Center, Room 2-09)

Check #:

Check date:

DATE OF REQUEST:

REQUESTOR:

ORGANIZATION OR  
DEPARTMENT:

PROJECT NUMBER  
TO BE CHARGED:

PROJECT  
TITLE:

TOTAL CHECK  
AMOUNT:

CHECK DRAWN  
PAYABLE TO:

PICK UP CHECK AT HSCBF OFFICE

Payee name:

Address:

1) attach original invoice

2) attach receipt of goods or services

City, State, Zip:

**PURPOSE** - BE SPECIFIC ABOUT PURPOSE, AND ATTACH ANY AND ALL NECESSARY ADDITIONAL SUPPORTING DOCUMENTATION, SUCH AS LETTERS OF EXPLANATION/JUSTIFICATION, MEETING MINUTES, CONTRACT, ETC.

**NOTE** - ADVANCES, WHEN APPROVED, MAY BE ISSUED, HOWEVER RECEIPTS MUST BE SUBMITTED WHEN RECEIVED. FAILURE TO RETURN RECEIPTS WILL RESULT IN ACCOUNT BEING FROZEN.

AUTHORIZED

SIGNATURE \_\_\_\_\_

Name (please type or print) \_\_\_\_\_

Organization Title \_\_\_\_\_

**WHEN SECOND SIGNATURE IS REQUIRED BY ORGANIZATION:**

AUTHORIZED

SIGNATURE \_\_\_\_\_

Name (please type or print) \_\_\_\_\_

Organization Title \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR HSCBF OFFICE USE ONLY**

ACCOUNT NUMBER	ACCOUNT TITLE	DEBIT	CREDIT

CHECK RECEIVED BY \_\_\_\_\_

DATE \_\_\_\_\_

BATCH # \_\_\_\_\_

**EXPENSE SHEET**

NAME: \_\_\_\_\_

DEPT./DIVISION \_\_\_\_\_

PURPOSE: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

**1. Travel Expense** (*Specify Air/Train/Bus/Car*):1.\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**2. Hotel Expense** (*Name of Hotel*):2.\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**3. Conference Registration Fee:**

3.\$ \_\_\_\_\_

**4. Meals:**

4.\$ \_\_\_\_\_

**5. Miscellaneous:**

5.\$ \_\_\_\_\_

a.  Local Transportation (*Specify means* \_\_\_\_\_)b.  Other (*Specify* \_\_\_\_\_)**Total Cost:**

\$ \_\_\_\_\_

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

## IRS FACTORS OF THE COMMON LAW TEST

### Health Science Center at Brooklyn Foundation

Please consider the following factors in determining whether a worker is an employee or an independent contractor. Feel free to include additional information not covered by the "Common Law Test" that further clarifies or supports the worker's classification. Submit this form and letter of offer with each standard voucher presented for payment by the Health Science Center at Brooklyn Foundation.

1. Is the Independent Contractor required to follow your instructions?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Employees must comply with another person's instructions on when, where and how the work is performed. If the firm (employer/business) retains the right to control the details of the worker's performance, then the relationship is more likely an employee relationship).*

2. Does the firm provide training to the Independent Contractor?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Independent contractors are not normally trained by the firm and use their own methods).*

3. Are the services to be provided by the Independent Contractor an integral part of the firm's day to day operations?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Employees' services are usually a vital part of the daily operations of an employer's operation).*

4. Does the Independent Contractor have the ability to delegate work to others, or to hire, supervise and pay assistants?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Employees personally perform the services whereas contractors may delegate such work to others)*

5. Is the job of relatively short duration?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Employees are usually hired for an ongoing period, whereas a contractor's work ends when the job ends).*

6. Is the Independent Contractor required to work set hours?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Employees usually must adhere to a work schedule established by the employer).*

7. Is the Independent Contractor required to work on a full time basis?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Employees usually work full time for an employer whereas independent contractors work when and for whom they choose).*

8. Where will the Independent Contractor perform the work?

\_\_\_\_\_  
*(Individuals who work on the firm's premises may be viewed as employees)*

9. Does the Independent Contractor have the freedom to perform the work in his/her own time and in his/her own way?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Individuals told to perform work in a certain sequence are generally considered to be employees)*

10. Is the Independent Contractor required to submit, upon request, regular oral or written reports?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Employees are more likely to be required to submit regularly scheduled reports to the employer).*

11. Is the Independent Contractor to be paid on a regular basis?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Typically, employees are paid on a regular basis whereas independent contractors are compensated by the job, lump sum or straight commission basis).*

12. Are the travel expenses, if any, that are incurred by the Independent Contractor to be incorporated into his/her fee?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Employer payments of a person's work related travel expenses that are paid on a separate travel voucher generally indicate employee status).*

13. Does the Independent Contractor supply his own tools and materials?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Employers generally supply employees with tools and materials).*

14. Does the Independent Contractor have a risk of loss?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Independent contractors realize a profit or loss as the result of their services or performance).*

15. Does the Independent Contractor have the freedom to work for more than one firm at a time?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Individuals who perform services for a number of employers are usually independent contractors).*

16. a. Are the services to be provided available to the public?

Yes \_\_\_\_\_ No \_\_\_\_\_

b. Are the services advertised?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(Individuals who regularly make their services available to the general public are usually treated as independent contractors).*

17. Does either party have the right to terminate the relationship at will without incurring any liability?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(An employee can terminate his/her employment relationship with his/her employer at any time, whereas an independent contractor may not be dismissed or terminate a contract without consequences, e.g., breach of contract).*

18. Is the Independent Contractor doing business as a corporation?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Does the Independent Contractor have a Federal Employment Identification number?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide number, if it has not been provided with an invoice submission previously \_\_\_\_\_.

20. If no EIN number, does the Independent Contractor have a social security number?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide number, if it has not been provided with an invoice submission previously \_\_\_\_\_.

\_\_\_\_\_  
Project Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person who completed the Questionnaire

\_\_\_\_\_  
Date





The Health Science Center  
at Brooklyn Foundation, Inc.



SUNY Downstate Health Sciences University  
450 Clarkson Ave., MSC 93  
Brooklyn, NY 11203-2098  
718-270-4418

### DONATION DEPOSIT FORM

All checks must be made out to the HSCB Foundation, Inc. **NO EXCEPTIONS.**  
Include the account name and/or number **ONLY** in the “for” or “memo” section of the check.

Within **5 business days** bring to **BSB MI28-A or 2-71D**: 1) the completed **Donation Deposit Form**, 2) **all check(s) and their envelope(s)**, 3) originals or copies of any donor cards or correspondence with the donor about the gift. If you have questions, please call Development & Philanthropy at 718-270-4418.

**Donor Information** (as *IMPRINTED* on the check): **Donor Category**

<b>Ck #1</b> Donor:	
<hr/>	
Address:	
<hr/>	
<b>Ck #2</b> Donor:	
<hr/>	
Address:	
<hr/>	
<b>Ck #3</b> Donor:	
<hr/>	
Address:	
<hr/>	
<b>Ck #4</b> Donor:	
<hr/>	
Address:	
<hr/>	
<b>Ck #5</b> Donor:	
<hr/>	
Address:	
<hr/>	

DONOR CODING							
Individuals				Organizations			
Donor	Category	Donor	Category	Donor	Category	Donor	Category
Alumni .....	A	Students .....	S	Donor-Advised Fund ...	DAF	Religious Organizations .....	G
Faculty/Staff .....	B	Other Individuals .....	D	Foundations .....	E	Other Organizations .....	H
Parents .....	C			Corporations .....	F		

  

USAGE CODING						<i>The Donor &amp; Donor Category</i> are determined by the name <b>imprinted</b> on the check.
Usage	Category	Usage	Category	Usage	Category	
Academic Division .....	AD	Student Affairs/Life ...	SA/L	Other Restricted .....	OR	
Library/Staff .....	LIB	Student Scholarship .....	SS	Unrestricted .....	U	
Public Service .....	PS					

#### CHECK INFORMATION

	Amount \$	Check #	Date Received	Usage Category	Comments/Info
<b>Ck #1</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Ck #2</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Ck #3</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Ck #4</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Ck #5</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

#### Donation Deposit Summary Information:

Total Donation Amount	<hr/>	Date Submitted	<hr/>
Account Name	<hr/>	Account Number	<hr/>
Person Making Deposit	<hr/>	Phone Extension	<hr/>

**HSCB FOUNDATION, INC.  
NON DONATION FORM  
DEPOSIT INFORMATION**

Check #s	Company/Individual Name	Account #	Amount \$	Reason For Deposit
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				

TOTAL     \$           -

**ACCEPTING DONATIONS FOR YOUR ACCOUNT**  
**In the Health Science Center at Brooklyn (HSCB) Foundation, Inc.**  
**By Check or Online Transaction (Credit Card/Debit)**

## CHECKS

- **Checks for your account in the HSCB Foundation must be made out to: HSCB Foundation**
- **In the *Memo Section* your donor writes:  
The Name/Number of the Account they wish to contribute.**
- **Mail Checks to:**  
Office of Development & Philanthropy  
SUNY Downstate Health Sciences University  
450 Clarkson Ave., MSC 93  
Brooklyn, NY 11203  
**Attn: Ingrid Dildy, MPH, Associate Vice President**

## ONLINE GIFTS:

- Donors give online by going to [giving.downstate.edu](http://giving.downstate.edu)
- Choose the fund from the drop-down menu (sorted by number).
  - Choose “Other” at the end of the list if the chosen account is not listed.
- Complete the online payment transaction.

## QUESTIONS & ASSISTANCE:

- \* For Questions and Assistance, Contact Development & Philanthropy at x-4418.
- \* For Gifts other than Check or Online Donation, Contact Development & Philanthropy at x-4418.
- \* For other Downstate accounts (Research, IFR, etc.), please contact the administrating agency for more information.



**DOWNSTATE**  
HEALTH SCIENCES UNIVERSITY

Office of Development & Philanthropy

**Department/College – Coding**

Description:

Numeric Code:

### Application to Create a Fundraising Account

Mail or Hand Deliver completed application to the **Office of Development & Philanthropy**, MSC 93, BSB 2-71D  
Please fill out completely, with no abbreviations on the application.

Applicant: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ MSC: \_\_\_\_\_

Account Name: \_\_\_\_\_

**New Account # (Project #) Assigned:**

**Date:**

Funds and/or proceeds from this account may be used for the following purpose/s (attach additional sheets as needed, including documentation from the donor if available; list attachments, if any):

- This account is **(CHECK ONE)**  Endowment Account  Operating Account
- This account is **(CHECK ONE)**  Permanently Restricted  Unrestricted
- Temporarily Restricted: (time period) \_\_\_\_\_

Authorized signature(s) on the account is/are as follows: (you cannot authorize payment to yourself)

Please **CIRCLE** the number of signatures required for disbursement of funds **1 2 3**

Primary Signator \_\_\_\_\_ Sign \_\_\_\_\_  
Print Name: \_\_\_\_\_ Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Secondary Signator \_\_\_\_\_ Sign \_\_\_\_\_  
Print Name: \_\_\_\_\_ Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Tertiary Signator \_\_\_\_\_ Sign \_\_\_\_\_  
Print Name: \_\_\_\_\_ Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Initial Donation Amount: \_\_\_\_\_ Date Rcd.: \_\_\_\_\_

Source of Funds: Donations

Agreement: The applicant/signator(s) requests and authorizes the HSCB Foundation to receive, accept custody for, and disburse funds. The assets of restricted and unrestricted funds in the accounts of the HSCB Foundation are the property of the HSCB Foundation. The HSCB Foundation reserves the right to refuse to pay out any funds that, in its own recognizance, it determines may be unauthorized or improper. The HSCB Foundation, however, will not be liable for any funds used by applicant or signator(s) that may be unauthorized or improper, provided the appropriate signator(s) has executed the withdrawal order. The HSCB Foundation assumes no liability for actions of signator(s). Applicant/signator(s) agrees to hold harmless the HSCB Foundation from any and all actions against it resulting from the actions of the applicant or signator(s).

### APPROVAL SIGNATURES

Dean or \_\_\_\_\_  
Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Dev. \_\_\_\_\_  
& Philanthropy: \_\_\_\_\_ Date: \_\_\_\_\_

HSCB Foundation \_\_\_\_\_  
Designee: \_\_\_\_\_ Date: \_\_\_\_\_

ACFA-12102021b

**State University of New York Downstate Health Sciences University**

450 Clarkson Avenue, MSC 93, Brooklyn, NY 11203-2098 • Phone 718 270 – 4418 • Fax 718 270 - 4409



The Health Science Center  
at Brooklyn Foundation, Inc.

### Application for Request for Change of Signator(s) on Fundraising HSCB Foundation Account

(Submit Completed Application to Office of Development & Philanthropy, Heidi Christensen, MSC 93,  
Or Hand Deliver to Room BSB-M128-A) Please do not abbreviate on this application.

As stated in the Policies and Procedures for Fundraising Foundation Accounts: "Whenever signatory changes become necessary, new signators must certify they understand and accept the guidelines for responsibility and liability of the HSCB Foundation by signing a *Change of Signator(s) Application*. Primary signators shall sign off of the account using the same form."

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Type of Account (Check one):                      Endowment (    )                      Operating (    )

#### Former Signator(s) To Be Deleted:

(Primary\*)

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

AGREEMENT: The new signator(s) requests and authorizes the HSCB Foundation to receive, accept custody for, and disburse funds. Assets of restricted funds in accounts of the HSCB Foundation are the property of the HSCB Foundation. The HSCB Foundation reserves the right to refuse to pay out any funds that, in its own recognizance, it determines may be unauthorized or improper. However, the HSCB Foundation will not be liable for any funds used by signator(s) which may be unauthorized or improper, provided the appropriate signator(s) have executed the withdrawal order. The HSCB Foundation assumes no liability for actions of signator(s). Signator(s) agrees to hold harmless the HSCB Foundation from any and all actions against it resulting from actions of signator(s).

#### New Signator(s) To Be Added:

(Primary\*)

Print Name: \_\_\_\_\_ MSC #/Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ MSC #/Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Approval Signatures:

Primary Signator \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Ofc. Dev. & Phil.: \_\_\_\_\_ Date: \_\_\_\_\_

HSCB Foundation: \_\_\_\_\_ Date: \_\_\_\_\_

#### Other Remaining Signator(s) On This Account:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

\* If the Primary Signator is no longer on campus, the Dean, Chairman, or appropriate Vice President may request a change of signators.



**DOWNSTATE**  
HEALTH SCIENCES UNIVERSITY

Office of Development & Philanthropy

# Office of Development & Philanthropy

*2023*