## Faculty Student Association of DMC-Student Activity Fund
### College of Health Related Professions Student Council (CHRP)

**FY 2019 = June 1, 2018 through May 31, 2019**

### CERTIFIED INTERIM BUDGET (update 9/18/18)

CHRP Council transferred funds from "Programs and Project" to individual clubs at 9/18/18 mtg. This updated certified budget reflects those highlighted re-allocations.

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Submitted Budget 2019</th>
<th>Certified Budget 2019</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-40001-010-30001</td>
<td>ROLLOVER INCOME</td>
<td>$ -</td>
<td>$11,236</td>
<td>Funds not spent as of 5/31/18 become FY 2019 income. Total rollover was $13,698 of which $ 2,462 is YrBk rollover</td>
</tr>
<tr>
<td>40-70227-010-30001</td>
<td>ROLLOVER - YEARBOOK CURRENT</td>
<td>$ -</td>
<td>$2,462</td>
<td>YrBk retains its 5/31/18 rollover</td>
</tr>
<tr>
<td>40-49001-010-30001</td>
<td>ACTIVITY FEES INCOME</td>
<td>$18,432</td>
<td>$18,432</td>
<td>based on prior yr actual</td>
</tr>
<tr>
<td>40-40002-010-30001</td>
<td>YBOOK CURRENT-ADVERT INCOME</td>
<td>$ -</td>
<td>$1,100</td>
<td>per Phillip Bones</td>
</tr>
</tbody>
</table>

**Total Income**

$18,432 $33,230

Formula Cell: Do not alter

| Program Expenses (in title alpha sequence) |
|-----------------|-----------------|-----------------|-----------------|
| 40-7009-010-30001 | ADMINISTRATION FEE | $243 | $243 |
| 40-70280-010-30001 | BROOKLYN FREE CLINIC | $500 | $500 | Transfer to 40-70280-012 |
| 40-70230-010-30001 | club-DIAGNOSTIC MEDICAL IMAGING | $ - | $500 | Not a Current DMC Registered Club |
| 40-70134-010-30001 | club-Medical Informatics Association | $500 | $1,000 |
| 40-70136-010-30001 | club Downstate Midwives Association | $300 | $500 |
| 40-70240-010-30001 | club-Student Occupational Therapy Assn (SOTA) | $296 | $500 | transfer to Downstate Orthopedics Club Act 40260-012 |
| 40-70233-010-30001 | club-ORTHOPEDICS JOURNAL | $140 | $140 |
| 40-70231-010-30001 | club-PHYSICAL THERAPY (PT) CLUB | $200 | $1,100 |
| 40-70232-010-30001 | club-PHYSICIAN ASSISTANT (PA) | $ - | $1,000 |
| 40-70217-010-30001 | CONFERENCES | $1,000 | $1,000 |
| 40-70234-010-30001 | CONVOCATION | $1,823 | $1,823 |
| 40-70135-010-30001 | MEETINGS | $1,000 | $1,000 |
| 40-70173-010-30001 | PROGRAMS AND PROJECTS | $ - | $10,501 |
| 40-70097-010-30001 | SPRING FLING/ WINTER BALL | $1,000 | $1,000 | Trans to SCGB 70194-015 towards 2019 Spring Fling-Winter Ball event. |
| 40-70235-010-30001 | WELCOME RECEPTION | $1,329 | $1,329 |
| 40-70241-010-30001 | YEARBOOK CURRENT | $2,000 | $3,381 | 2019 Yearbook |
| 40-70241-010-30001 | YEARBOOK PRIOR | $187 | $2,462 | YrBk balances from 2017 ($162.) plus 2018 ($2,300) rolls over to Yearbook Prior Acct. Remaining 2018 YrBk Publishing expenses $81. is planned to be paid after FYE 5/31/18 |
| 40-30008-010-30001 | RESERVE FUND * | $1,251 | $1,251 | SUNY Min of 5% and Max 100% of prior year actual expenses that were $13,699. $1,251 = 9% |

**Total Expenses + Reserves**

$10,769 $33,230

Formula Cell: Do not alter

**Total Net Income less Expenses + Reserves**

$7,663 $ -

Formula Cell: Do not alter (A balanced budget will net to ZERO)

All Other Dormant CHRP Council accts- Change to INACTIVE

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See accompanying following pages:
1. Budget certification cover letter,
2. Budget Authorized Signatures and Agreement,
3. Meeting Minutes at which Council approved the submitted budget.
TO: Catrisha Duret, President (via eMail and posted on FSA website)
College of Health Related Professions Student Council (CHRP)

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

SUBJECT: CHRP Council INTERIM Budget Certification for FY 2019 (6/1/18 thru 5/31/19).

August 23, 2018

Attached is CHRP’s certified INTERIM budget for Student Activity fees (SAF) for the fiscal year 2019 that began June 1, 2018. The prior CHRP Council approved a budget at their 6/26/18 meeting, but minutes submitted (link) do not document or attach the actual budget that was presented and approved, and attendance indicates that a quorum (in accordance with the CHRP Council Constitution (link)) was not present to conduct any official business. In order to provide time for the new Council to resolve this matter, the attached 2019 Budget is certified on an INTERIM basis to expire 10/15/18.

This means that the CHRP Council needs to meet, approve, and submit a revised 2019 Budget to FSA Business Office by 10/15/18. The prior CHRP Council submitted an unbalanced budget (surplus of $7,663), that did not include any provision for any 5/31/18 estimated rollover of unused funds, did not include any estimated CHRP 2019 yearbook advertising income. This INTERIM certification reflects the following adjustments discussed with the Council’s Advisor, Phillip Bones:

- **Rollover:** has been revised to the actual rollover of unused funds at fiscal year ended 5/31/18 of $13,698. This results in a revised grand total income of $33,230.
- **CHRP Yearbook, Current (2019) estimated income:** Revised to $1,100, based on prior year (2018) actual advertising income.
- **CHRP Yearbook Expense (2019):** has been revised to $3,381 based on prior year (2018) actual publishing expenses.
- **CHRP Yearbook Expense (Prior):** is revised to $2,462 to reflect retention of all prior years surplus rollover balance, Mr. Bones reports a remaining balance for the 2018 yearbook publishing expense to be paid of $81.
- **Programs & Projects:** The net of all above adjustments has been placed in this account $13,805 for which the Council needs to plan additional allocations.

Please be aware that:

- **Registered Clubs.** Several Clubs that CHRP Council seeks to fund are not yet registered clubs and need to complete the DMC Student Life Club Registration Process (link) before allocated funds can be spent.
- **Authorized Signators:** CHRP’s Constitution requires CHRP must sign all payment requests. The ‘signature restriction’ section adjusted to reflect that the Treasurer plus one other officer must sign all payment vouchers.
- **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.**
- **Programs & Projects and Reserve Fund** 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:

- Nelza Pierre Louis, VP
- Keiona Ellison, Secretary
- Nicole Boucicaut, Treasurer
- Philip Bones, Faculty Advisor
- Peter Ljutic, Bursar (No SAF rate change; $55/yr)

Faculty Student Association of Downstate Medical Center, Inc
Mail Stop 1219; 450 Clarkson Avenue; Brooklyn, NY 11203-2098 Telephone:718-270-3187
www.downstate.edu/fsa
SAF BUDGET REQUEST & AGREEMENT FORM  

Date Completed: 6/27/18

Instructions: 1. Complete this form. All Signatures on this form must be ORIGINAL signatures (pages 1 & 2), blank form available 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 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, 2018 thru May 31, 2019

NAME OF STUDENT ORGANIZATION: CHRP Council

<table>
<thead>
<tr>
<th>Officer (if other Title, specify:)</th>
<th>Print Name</th>
<th>Term of Office until (end date)</th>
<th>eMail (best way to reach you)</th>
<th>Phone # (best way to reach you)</th>
</tr>
</thead>
<tbody>
<tr>
<td>President (if other Title, specify:)</td>
<td>Catrisha Duret</td>
<td>06/01/18 to 05/31/19</td>
<td>sha.duret@downstate</td>
<td>646-853-4993</td>
</tr>
<tr>
<td>Vice President (if other Title, specify:)</td>
<td>Nelza Pierre Louis</td>
<td>06/01/18 to 05/31/19</td>
<td>pierre.louis@downstate</td>
<td>718-753-4864</td>
</tr>
<tr>
<td>Secretary (if other Title, specify:)</td>
<td>Keiona Ellison</td>
<td>06/01/18 to 05/31/19</td>
<td>na.ellison@downstate</td>
<td>718-607-4314</td>
</tr>
<tr>
<td>Treasurer (if other Title, specify:)</td>
<td>Nicole Boucicaut</td>
<td>06/01/18 to 05/31/19</td>
<td>nicole.boucicaut@downstate</td>
<td>516-563-0139</td>
</tr>
</tbody>
</table>

AUTHORIZED SIGNATURE(S) FOR PAYMENT FORMS (check your council bylaws – some have specific authorized signatory requirements):

<table>
<thead>
<tr>
<th>Signature</th>
<th>X</th>
<th>Signature</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pres Print Name</td>
<td>President</td>
<td>Catrisha Duret</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Signature</td>
<td>X</td>
<td>Signature</td>
<td>X</td>
</tr>
<tr>
<td>VP Print Name</td>
<td>Vice President</td>
<td>Nelza Pierre Louis</td>
<td>Secy Print Name</td>
</tr>
</tbody>
</table>

Check One: [x] JOINT or [ ] SINGLE SIGNATURES ARE REQUIRED FOR DISBURSEMENTS.

Other signature restrictions, if any (insert any special instructions such as club accounts which may have different authorized signature requirements)

CHRP council Constitution requires CHRP President and Treasurer sign all payment forms.

V.5/3/2018
AGREEMENT Between
THE FACULTY STUDENT ASSOCIATION OF DOWNSTATE MEDICAL CENTER, INC.
And

CHRPI 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 Trust and Agency (T&A) Accounts" and the SUNY Board of Trustee "Guidelines on Student Activity Fees" documents.

In consideration thereof, the applicant 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 recognizance, 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:

Catrisha Duret
Applicant's Main Representative Signature
06/27/2018

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 FSA guidelines entitled "Policies and Procedures for Trust and Agency Accounts" and "SUNY Board of Trustee Guidelines on Student Activity Fees".
Certification Comments: CHRP Council 2018 submitted a budget with no estimated 5/11/18, loss of unused funds and no CHRP yearbook advertising income. This certification is on an INTERIM Basis to provide Council time to prepare, approve and submit a REVISED 2019 Budget by 10/15/18. See cover letter dated 8/23/18 for details of adjustments that were necessary.

CERTIFIED BY: Richard Dudley
Date of Certification: 8/23/18

V.5/3/2018
CHRP Student Council
Date: 06.26.2018.
Time: 6:00 - 8:00 pm.
Location: BSB, room 301-1
Meeting facilitators: CHRP Council
Attendance: 4 PA students

1. Call the meeting into order:
Motion to open by Charandy Jean Baptiste
Seconded by Natalia M Grinkina

2. Appreciation to everyone, who came to the meeting to facilitate the budget meeting, calculate spending over the academic year September 2017 – to May 2018.

3. Announcement from the CHRP Council President - Charandy Jean Baptiste
   - Purpose of the meeting to evaluate spending to balance the SAF budget

4. Attendees are informed of all the spending supported by receipt documents from orders made by the different groups (PA, OT, PT, Midwifery, Medical Informatics, DMI) under CHRP council.

5. Balance of the FAS budget by
   - Charandy Jean Baptiste CHRP President
   - Jason Cheung CHRP Vice President
   - Adebisi Ojudun CHRP Treasurer
   - Natalia Grinkina CHRP Secretary

6. Closing of the budget meeting
   Motion to adjourn by Adebisi Ojudun
   Motion seconded by Jason Cheung

Submitted by Natalia M Grinkina

NOTE (RJB):
1. These minutes do not indicate a quorum was present to conduct any official business. CHRP Student Council Constitution requires ONE representative from each of the 6 CHRP programs (DMI, MI, Midwifery, OT, PT, and PA) and a quorum of 4 representatives present to conduct business. These minutes reflect 4 person present but all were PA students.
2. Minutes do not reflect that any 2019 proposed budget was presented, and do not reflect any motion being made to approve any specific budget for FY 2019 (there was no attachment to the minutes presented), no no specific vote tabulation.