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

FY 2018 = June 1, 2017 through May 31, 2018 CERTIFIED BUDGET

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	Yellow highlights sh	ow revisions th		ary
		Proposed	Certified	
Account	Description	Budget 2018	Budget 2018	Comments
Income				
40-49001-010-30001	ACTIVITY FEES INCOME	\$ 17,313.00	17,295	based on prior yr actual
		8.677.00		FY '17 funds not spent as of 5/31/17 (becomes
40-40001-010-30001	ROLLOVER BALANCE	0,077.00	8,006	FY 2018 income).
		2 200 00		5/31/17 balance (for 2017 Yearbook) rolls over
40-40002-010-30001	Y/BOOK CURRENT-ADVERT INCOME	2,000.00	2,000	to Yearbook Prior Acct
Total Income		\$ 27,990.00	27,301	Formula Cell- Do not alter
Program Expenses	(in title alpha sequence)			
40-70009-010-30001	ADMINISTRATION FEE	\$ 237.00	237	
TBD	BROOKLYN FREE CLINIC	500.00	500	CHRP donation to BFC or used to run an event with the BFC.
40-70230-010-30001	club DIAGNOSTIC MEDICAL IMAGING	300.00	300	
40-70134-010-30001	club MEDICAL INFORMATICS	500.00	500	
40-70136-010-30001	club MIDWIFERY	300.00	300	
40-70240-010-30001	club OCCUPATIONAL THERAPY (OT)	500.00	500	
40-70233-010-30001	club ORTHOPEDICS JOURNAL	140.00	140	
40-70231-010-30001	club PHYSICAL THERAPY (PT)	500.00	500	
40-70232-010-30001	club PHYSICIAN ASSISTANT (PA)	1,000.00	1,000	Acct Retains 5/31 rollover; \$500 to be used for summer 2017 white coat ceremony + \$500 for 2018.
40-70217-010-30001	CONFERENCES	1,000.00	1,000	
40-70234-010-30001	CONVOCATION	5,000.00		for May 2018 event
40-70135-010-30001	MEETINGS	3,100.00	3,308	Acct Retains any 5/31/17 rollover
40-70173-010-30001	PROGRAMS AND PROJECTS	3,262.00	2,365	placed in this account.
40-70097-010-30001	SPRING FLING	1,000.00	1,000	Special Events rename acct to Spring Fling; To SCGB towards Spring Fling event.
40-70235-010-30001	WELCOME RECEPTION	2,000.00	2,000	Fall Welcome Reception rename to Welcome Reception. Retains rollover (\$1000) to be used for summer welcome events.
40-70227-010-30001	YEARBOOK CURRENT	2,000.00	2,000	5/31/17 Rollover goes into YearBook Prior
40-70241-010-30001	YEARBOOK PRIOR	5,400.00		After the 5/9/17 Planned TFRS, Retains 5/31/17 Rollover from yearbook current (Publisher Pmt occurs after 5/31/17)
40-30008-010-30001	RESERVE FUND *	1,251.00	1,251	*SUNY Requires Minimum of 5% and Maximum of 100% of prior year actual expenses
Total Expenses + Res	serves	\$ 27,990.00	27,301	Formula Cell- Do not alter
Total Net Income less	Expenses + Reserves	\$ -	\$ -	Formula Cell- Do not alter (A balanced budget will net to \$ZERO)
All Other Dormant CH	IRP Council accts to be CLOSED			



August 1, 2017

TO:

Charandy Baptiste, President

College of Health Related Professions Student Council (CHRP)

via eMail and posted on FSA website-

FROM:

Richard J. Bentley, President,

Faculty Student Association (FSA)

SUBJECT:

CHRP Budget Certification for FY 2018 (6/1/17 thru 5/31/18).

Attached is a copy of CHRP's certified budget for Student Activity fees (SAF) for the fiscal year 2018 that began June 1, 2017. The CHRP Council approved the submitted budget at their 5/9/17 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:

- Rollover: has been reduced by \$671 to the actual rollover at 5/31/17 at \$8,006. This results in a revised grand total income of \$27,301.
- <u>Meetings</u>: Council requested this account keeps its 5/31/17 rollover; Submitted allocation has been increased accordingly by \$208 to \$3,308.
- Programs & Projects: The net change of the above adjustments at \$897 has been added to this
 account.

Please be aware that:

- Authorized Signators: CHRP's Constitution requires CHRP President and Treasurer must sign all
 payment requests. The 'signature restriction' section has been revised accordingly.
- 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 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:

Chris Sena, FSA Interim Controller (w/original documents);

Deshawn Hilliard

via eMail:

Jason Cheung, VP Natalia Grinkina, Secretary Adebisi Ojudun, Treasurer Philip Bones, Faculty Advisor

Peter Ljutic, Bursar (No SAF rate change; \$55/yr)

Jeffrey Putman, VP Student Affairs Meg O'Sullivan, AVP Student Life Amy Urqhart, Director, Student Center Allen Lewis, PhD, Dean, CHRP



Date Completed: 5/9 17

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,

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, 20 17 thru May 31, 20 18

NAME OF STUDENT ORGANIZATION:

CHRP Student Courie

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:)	CHARANDY JEAN BAPTISTE	05/31/18	Charandy 21@g mail.com	347 293 9844
Vice President (if other Title,specify:)	Jason Cheung	p5/31/18		
Secretary(if other Title,specify:	Natalia Grinkina		svoisreditugihe gr	
Treasurer (if other Title,specify:)	Adebis: Qindun		adebisi. abadun@gmilwi	

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

Signature	X	Signature X	
	Charamoth lean lapking	Albin A GH ADEBISI A. DJUDI	IN
Pres Print Name	President	Treas Print Name Treasurer	
Signature	× July	Signature X Nortalia Grinkin	ia
VP Print Name	Vice President	SegyPrint Name Secretary	

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)

Os per CHRP student Council Constitution, Pres & Treasures must sign all payment request forms.

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

CHRP Student Council

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 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: X 6 h a rand for Sq DTS te 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 FSA guidelines entitled "Policies and Procedures for Trust and Agency Accounts" and "SUNY Board of Trustee Guidelines
on Student Activity Fees". Rollover @ 5/31/17 = \$8,006. CHRP Council approved its
Submitted budget for FY2018 at their meeting 5/9/17.
Resulting revisions made in certification process detailed in
8/1/17 cover memo-
CERTIFIED BY Clarable Det Date of Certification: 8117
SIGNATURE 1

CHRP Student Council Meeting Agenda

May 9, 2017 12:00pm-1:00 pm Student Center, Main Lounge

Meeting Facilitators: CHRP Council

Invitees: ALL OF CHRP!! (DMI, Medical Informatics, Midwifery, PA, PT, OT students!)

Attendance attached

Call the meeting into order:

Motioned to Open by: Janeane Humprey

Seconded by: Alvin So

I. Appreciation to those who Attended Monthly CHRP Meeting.

A special thank you was made for individuals who participated in student activities throughout the semester. Students were encouraged to continue to participate in future events

II. Open Floor for Budget Requests for 2017 FY.

Motion to vote on 2017 Budget Request by: Stephanie Ngan

Seconded by: Alex Basca

Motion to approve the transfer of \$3,075 into Yearbook Current, transfers as follow:

- Motion to transfer \$140.00 from Ortho Journal Club/ account # 40-70233-010-30001 to YEARBOOK CURRENT/ account # 40-70227-010-30001
- Motion to transfer \$147.00 from Meetings/ account # 40-70135-010-30001 to YEARBOOK CURRENT/ account # 40-70227-010-30001
- Motion to transfer \$2,000.00 from Conferences/account # 40-70217-010-30001 to YEARBOOK CURRENT/ account # 40-70227-010-30001
- Motion to transfer \$500.00 from Study Breaks/ account # 40-70204-010-30001 to YEARBOOK CURRENT/ account # 40-70227-010-30001
- Motion to transfer \$288.00 from Programs and Projects/ account # 40-70173-010-30001 to YEARBOOK CURRENT/ account # 40-70227-010-30001

Decision: MOTION to approve the transfer of \$3,075 into Yearbook Current PASSES—Unanimous

Motion to vote on 2018 FY Budget request by: Stephanie Ngan

Seconded by: Alex Basca

• Motion to approve the Proposed 2018 FY Budget, Proposal as follow:

o As of 5/8/17 CHRP Council funds account remains at \$14,511.00. CHRP Council estimateds an additional cost of \$5,833.00 will be deducted from the current account, leaving an estimated balance of \$8,677.00 to remain for the 2018 FY.

Decision: MOTION to approve 2018 budget proposal PASSES – Unanimous 2018 Budget approval: See attached document

III. Upcoming Student Center Events.

Students were informed of upcoming events in the Student Center including: Coffee House on Tuesday, 5/9/2017 at 6pm and the Ping Pong Tournament on Thursday 5/11/17 at 6pm.

IV. Next CHRP Meeting/ Welcoming Event

Students were informed that the next CHRP meeting will take place in the Student Center on Tuesday, June 13th at 12pm. Students were encouraged to attend.

V. Special "Happy Birthday" presentation to May birthdays.

As a means of getting to know our fellow classmates, a special acknowledgement was made to all individuals born in May. Those individuals were asked to stand up and share their name, program, and birthday date. Each student received a homemade CHRP F.I.R.S.T. ID badge.

VI. Adjournment of End of Semester CHRP Meeting

Motion to adjourn by: Charandy Baptise

Motion seconded by: Rachel Minchuk

Minute Respectfully Submitted by: Marlayna Leader

Faculty Student Association of DMC-Student Activity Fund College of Health Related Professions Student Council (CHRP) FY 2018 = June 1, 2017 through May 31, 2018 PROPOSED BUDGET

Submit for certification by deadline: Fri May 5, 2017. Submit to FSA Office (1) this budget with (2) completed <u>Budget Agreement Form</u> (<u>link</u>) and (3) <u>signed meeting minutes</u> at which the council approved this budget. FSA will return a certifed budget to the Council officers once final fiscal year end (May 31) balances are known.

Account	Description		ed Budget E 2018	Comments
Income				
40-49001-010-30001	ACTIVITY FEES INCOME	\$	17.313.00	based on prior yr actual
				estimated current yr funds not spent as of
40-40001-010-30001	Estimated ROLLOVER BALANCE		8,677.00	5/31/17 (becomes FY 2018 income).
				NOTE: 5/31/17 balance (for 2017 Yearbook)
40-40002-010-30001	Y/BOOK CURRENT-ADVERT INCOME		2,000.00	rolls over to Yearbook Prior Acct
Total Income		\$	27,990.00	Formula Cell- Do not alter
Program Expenses	(in title alpha sequence)	_		
40-70009-010-30001	ADMINISTRATION FEE	\$	237.00	
		+		CHRP donation to EFC or used to run an
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40-70230-010-30001	club DIAGNOSTIC MEDICAL IMAGING	1	300.00	
40-70134-010-30001	club MEDICAL INFORMATICS		500.00	
40-70136-010-30001	club MIDWIFERY		300.00	
40-70240-010-30001	club OCCUPATIONAL THERAPY (OT)		500.00	V
40-70233-010-30001	club ORTHOPEDICS JOURNAL		140.00	
40-70231-010-30001	club PHYSICAL THERAPY (PT)		500.00	
				Acct Retains 5/31 rollover; \$500 to be used
4:)-70232-010-30001	club PHYSICIAN ASSISTANT (PA)		1,000.00	for summer 2017 white coat ceremony + \$500 for 2018.
40-70217-010-30001	CONFERENCES		1,000.00	
40-70234-010-30001	CONVOCATION		5,000.00	for May 2018 event
40-70135-010-30001	MEETINGS		3,100.00	Acct Retains any 5/31/17 rollover
4:)-70173-010-30001	PROGRAMS AND PROJECTS		3,262.00	Any rollover not otherwise specified will be placed in this account.
4:)-70097-010-30001	SPRING FLING		1,000.00	Special Events rename acct to Spring Fling; To SCGB towards Spring Fling event.
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40-70241-010-30001	YEARBOOK PRIOR			After the 5/9/17 Planned TFRS, Retains 5/31/17 Rollover from yearbook current (Publisher Pmt occurs after 5/31/17)
40-30008-010-30001	RESERVE FUND *		1,251.00	*SUNY Requires Minimum of 5% and Maximum of 100% of prior year actual expenses (Est based on current yr reserve)
Total Expenses + Res	serves	\$	27,990.00	Formula Cell- Do not alter
Total Net Income less	Expenses + Reserves	\$	•	Formula Cell- Do not alter (A balanced budget will net to \$ZERO)
All Other Dormant CH	IRP Council accts to be CLOSED			



Use additional sheets if necessary, or continue on reverse side

Medical Center STUDENT COUNCIL/ CLUB MEETING MINUTES ATTENDANCE COVER SHEET

Date Meeting Was Held: 5/9/17 Time Meeting Was Held: 12pm

Place Meeting Was Held: Student Center

Print Name of Member or Guest (can customize to pre-print voting member names)	Present √	Voting Member (Yes/No)	Signature (*if Bylaws permit, when present by proxy, insert name of person holding proxy)
Melanie Moore			Meani nos
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STUDENT COUNCIL/ CLUB MEETING MINUTES ATTENDANCE COVER SHEET

COUNCIL / CLUB NAME: CHRP Student council

Date Meeting Was Held: 12pm

Place Meeting Was Held: Student	Com	Cer	Her
Print Name of Member or Guest (can customize to pre-print voting member names)	Present √	Voting Member (Yes/No)	Signature (*if Bylaws permit, when present by proxy, insert name of person holding proxy)
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COUNCIL/CLUB NAME: CHRP Student Causal

Date Meeting Was Held:	5/9/17	Time Meeting Was Held: _	lapm	
Place Meeting Was Held:	Student Cente			

Print Name of Member or Guest (can customize to pre-print voting member names)	Present √	Voting Member (Yes/No)	Signature (*if Bylaws permit, when present by proxy, insert name of person holding proxy)
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Use additional sheets if necessary, or continue on reverse side



	COUNCIL / CLUB NAME:	Student Council	
Date Meeting Was Held: _	5/9/17	Time Meeting Was Held:	12pm

Place Meeting Was Held: Student Center

Print Name of Member or Guest (can customize to pre-print voting member names)	Present √	Voting Member (Yes/No)	Signature (*if Bylaws permit, when present by proxy, insert name of person holding proxy)
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	COUNCIL / CLUB NAME:	CHRP Student Ca	encil	
Date Meeting Was Held:	Stadeon 5/9/17	Time Meeting Was Held:	12pm	
Place Meeting Was Held:	Student Center			

Print Name of Member or Guest (can customize to pre-print voting member names)	Present √	Voting Member (Yes/No)	Signature (*if Bylaws permit, when present by proxy, insert name of person holding proxy)
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COUNCIL/CLUB NAME: (HRP Student Cancil

Date Meeting Was Held: 5914		Time	Meeting Was Held: 12pm
Place Meeting Was Held: Student Cer	nter		
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Date Meeting Was Held: _	5/9/17		Time Meeting Was Held: _	12pm
Place Meeting Was Held:	Student C	enter		

Place Meeting Was Held:	Crote		
Print Name of Member or Guest (can customize to pre-print voting member names)	Present	Voting Member (Yes/No)	Signature (*if Bylaws permit, when present by proxy, insert name of person holding proxy)
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