


Faculty Student Association of DMC-Student Activity Fund					
Medical Student Council Student Notetaking Service 1st YR (MSC-SNS1)					
FY 2018 = June 1, 2017 through May 31, 2018					
CERTIFIED BUDGET					
Yellow highlighted amounts indicate adjustment made to Submitted budget to certify as a balanced budget					
Account	Description	Prior Year End Actual @ 5/31/17	Submitted Budget 2018	Certified Budget 2018	Comments
Income					
40-40001-018-30001	1ST YR SNS ROLLOVER	\$ 3,164.89	\$ 3,165.00	\$ 7,040.00	Any current yr funds not spent as of 5/31/17.
40-70278-012-30001	1ST YR SNS ALLOCATION FROM MSC	22,441.00	22,441.00	22,441.00	
Total Income		\$ 25,605.89	\$ 25,606.00	\$ 29,481.00	Formula Cell- Do not alter
Program Expenses					
40-70108-018-30001	GENERAL MANAGER	\$ 800.00	\$ 880.00	\$ 880.00	
40-70042-018-30001	CLASS MANAGER	1,400.00	1,250.00	1,250.00	
40-70216-018-30001	TRANSCRIBER SUPERVISOR	1,775.00	1,250.00	1,250.00	
40-70159-018-30001	PAYROLL SUPERVISOR	-	220.00	220.00	
40-70008-018-30001	ACCOUNTING FEE	1,015.00	1,015.00	1,015.00	
40-70127-018-30001	LECTURE FEE (Avg. \$60)	13,576.11	16,800.00	16,800.00	
Total Program Expense		\$ 18,566.11	\$ 21,415.00	\$ 21,415.00	Formula Cell- Do not alter
Balance Before Reserves		7,039.78	4,191.00	8,066.00	Formula Cell- Do not alter
Reserves:					
40-30008-018-30001	RESERVE FUND	-	4,191.00	8,066.00	
Total Reserves		\$ -	\$ 4,191.00	\$ 8,066.00	Formula Cell- Do not alter
Total Expenses + Reserves		\$ 18,566.11	\$ 25,606.00	\$ 29,481.00	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		\$ 7,039.78	\$ -	\$ -	Formula Cell- Do not alter
Faculty Student Association of DMC-Student Activity Fund					
Medical Student Council Student Notetaking Service 2nd YR (MSC-SNS2)					
FY 2018 = June 1, 2017 through May 31, 2018					
CERTIFIED BUDGET					
Account	Description	Curent YTD Actual @5/31/17	Budget FYE 2018	Certified Budget FYE 2018	Comments
Income					
40-40001-017-30001	2ND YR SNS ROLLOVER	\$ 3,182.88	\$ 3,183.00	\$ 4,021.00	estimate any current yr funds not spent as of 5/31/17 . If a current year expense will be paid after 5/31/17, be sure to add an expense row for it.
40-70279-012-30001	2ND YR SNS ALLOCATION FROM MSC	16,888.00	16,888.00	16,888.00	
Total Income		\$ 20,070.88	\$ 20,071.00	\$ 20,909.00	Formula Cell- Do not alter
Program Expenses					
40-70108-017-30001	GENERAL MANAGER	\$ 600.00	\$ 880.00	\$ 880.00	
40-70042-017-30001	CLASS MANAGER	1,500.00	1,500.00	1,500.00	
40-70216-017-30001	TRANSCRIBER SUPERVISOR	2,050.00	1,500.00	1,500.00	
40-70159-017-30001	PAYROLL SUPERVISOR	-	220.00	220.00	
40-70008-017-30001	ACCOUNTING FEE	1,015.00	1,015.00	1,015.00	
40-70127-017-30001	LECTURE FEE (Avg. \$60)	10,884.76	11,100.00	11,100.00	
Total Program Expense		\$ 16,049.76	\$ 16,215.00	\$ 16,215.00	Formula Cell- Do not alter
Balance Before Reserves		4,021.12	3,856.00	4,694.00	Formula Cell- Do not alter
Reserves:					
40-30008-017-30001	RESERVE FUND	-	3,856.00	4,694.00	
Total Reserves		\$ -	\$ 3,856.00	\$ 4,694.00	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		\$ 4,021.12	\$ -	\$ -	Formula Cell- Do not alter
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					



Faculty Student Association of DOWNSTATE Medical Center

August 31, 2017

TO: Maryam T. Siddiqui, SNS General Manager
Medical Student Council Student Notetaking Service (MSC-SNS)
via eMail and posted on FSA website.

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

SUBJECT: MSC-SNS Budget Certification for FY 2018 (6/1/17 thru 5/31/17).

Attached is a copy of MSC-SNS's certified budget for Student Activity fees (SAF) for the fiscal year 2018 that began June 1, 2017. The MSC approved the submitted budget at their 5/15/17 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:** Actual rollover at 5/31/17 was **\$7,040** (1st Yr) and **\$4,021** (2nd Yr). This, when added to MSC's 2018 allocations, results in a grand total income being revised to **\$29,481** (1st Yr) and **\$20,909** (2nd Yr).
- **Reserve Fund:** MSC-SNS's submitted a budget reflected Reserve Funds of 1st Yr @ **\$4,191** & 2nd Yr @ **\$3,856**. The net increase caused by actual 5/31/17 rollover amounts have been added to these reserve accounts and remain within SUNY Guidelines (minimum of 5% but no more than 100% of prior year's actual expenses):
 - 1st Yr @ **\$8,066** = 43% of prior year actual expenses, and
 - 2nd Yr @ **\$4,694** = 29% of prior year's actual expenses.

Please be aware that:

- **Authorized Signators:** Pursuant to MSC's signature requirements, one MSC-SNS Management signature plus one MSC Officer must co-sign all payment forms. Currently, only the SNS General Manager has provided her authorized signature sample; **SNS Class Manager(s) must go to the FSA Business Office to add their authorized signatures to this original document.**
- 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);
via eMail:

Christian Rodriguez, 2nd Yr Class Manager
Safanah Siddiqui, 1st Yr Class Manager
Zachery Feurer, MSC President
Krystal Ealy, MSC Treasurer
Jeffrey Putman, VP Student Affairs
Meg O'Sullivan, AVP Student Life
Amy Urqhart, Director, Student Center
Carlos N. Pato, MD, Dean, College of Medicine



Date Completed: 8/31/17

- 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,
 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, 20¹⁷ thru May 31, 20¹⁸NAME OF STUDENT ORGANIZATION: Student Note Taking Service (MSC-SNS)

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:)	Maryam T. Siddiqui		maryam.siddiqui@downstate.edu	
Vice President (if other Title,specify:)	Christian Rodriguez		Christian.Rodriguez@downstate.edu	
Secretary (if other Title,specify:)	Safinah Siddiqui		safinah.siddiqui@downstate.edu	
Treasurer (if other Title,specify:)				

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

Signature	X	Signature	X
	Maryam T. Siddiqui		
Pres Print Name	President Maryam T. Siddiqui	Treas Print Name	Treasurer Class Manager Safinah Siddiqui
Signature	X	Signature	X
VP Print Name	Vice President Christian Rodriguez	Secy Print Name	Secretary

Check One: ☒ 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)

MSC Signature requirements: One MSC-SNS Signature
PLUS
One MSC Officer Signature

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

Student Note Taking Service
 (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 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 Maryann J. Siddiqui Aug 31, 2017
 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 (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".

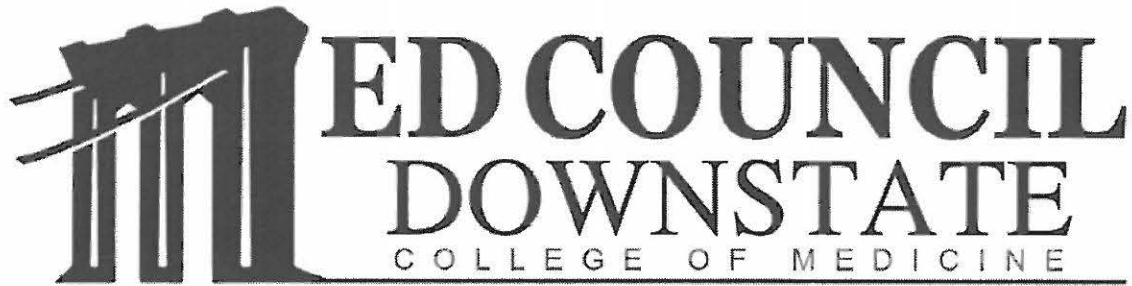
Certification Comments: Approved by MSC at their 5/15/17 meeting. Subsequent
revisions by FSA resulting from prior FYE actual amounts @ 5/31/17.

CERTIFIED BY

Richard Bentley
 SIGNATURE

Date of Certification:

8/31/17



Medical Student Council Special Meeting
Monday, May 15th, 2017 at 6pm**
 Student Center Main Lounge

Minutes

Attendance (proxies): Jordana Meisel (Kurn Singh), Krystal Ealy (Maxwell Thomas), Sarah Galler (Michael Levine), Antonios Dimopoulos (Jonas Kwok), Pratik Chandra (Demitri Dedouris), Boey Li (Brandon Adelson), Elizabeth Moccia (Sam Einbender), Sol Geizhals (Omid Amidi), Zachary Feuer (Bhanu Seth)

Zach Feuer served as chair, and Jordana Meisel served as recording secretary for this meeting.

Zach Feuer called this meeting to order because that the Med Council had not previously formally approved the needed Budgets for Med Council, its Student Notetaking Service (SNS) and Iatros (Yearbook) for the fiscal year 2018 that begins June 1, 2017 and ends May 31, 2018. These budgets are now past due to be submitted to FSA for certification. This special meeting became necessary on an emergency basis to complete this requirement.

- 1.) **Closed Meeting:** The meeting to review and approve 2018 budgets. A motion to go into Executive Session (closed meeting) was introduced by Pratik Chandra and seconded by Boey Li and unanimously approved

Meeting is now closed.

2.) Budget Approvals

- a. MSC – Student Note Taking Service
 - 1. Proposed SNS budget as attached
 - 2. Options: Approval, modification in funding, disapproval
 - 3. Motion to approve the 2018 MSC-SNS budget in full made by Krystal Ealy, second by Antonios Dimopoulos
 - a. For: 17
 - b. Against: 0
 - c. Abstain: 0

Motion unanimously passes to approve the MSC SNS MS1 2018 budget and MSC SNS MS2 2018 budget as attached (See attachment 1).

- b. MSC
 - 1. Budget was initially presented and discussed by Med Council during its Spring 2017 budget planning process, as attached.
 - 2. Options: Approval, modification, disapproval
 - 3. Motion to approve in full made by Pratik Chandra, second by Sol Giezhals

4. Vote:
 - a. For - 17
 - b. Against - 0
 - c. Abstain - 0

Motion passes to approve the MSC 2018 budget as attached.(See attachment 2).

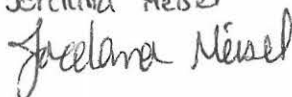
- c. MSC – Yearbook
 1. Proposed budget as attached.
 2. Options: Approval, modification, disapproval
 3. Motion to approve the MSC-Yearbook budget in full made by Boey Li, second by Elizabeth Moccia
 - a. For: 17
 - b. Against: 0
 - c. Abstain: 0

Motion passes to approve the MSC-Yearbook 2018 budget as attached (See attachment 3).

3.) Adjournment:

- a. A Motion to end meeting at 6:30pm was introduced by Sol Giezhals, Seconded by Boey Li, and unanimously approved.

Minutes submitted by: Jordana Meisel



Jordana Meisel, Medical Council Secretary

Faculty Student Association of DMC-Student Activity Fund

Medical Student Council Student Notetaking Service 1st YR (MSC-SNS1) RJB Rev

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

Instructions: Fill in **Column E (Budget)**. Insert additional rows where necessary-Any needed new account #s will be inserted when budget is certified. Subtotal and Total fields have calculated formulas- do not alter these fields. Submit for certification by deadline: Fri May 5, 2017. Submit to FSA Office (1) this budget with (2) completed [Budget Agreement Form \(link\)](#) and (3) signed meeting minutes at which the council approved this budget. FSA will return a certified budget to the Council officers once final fiscal year end (May 31) balances are known.

Account	Description	Certified Budget 2016-2017	Curent YTD @ 3/31/17	Budget FYE 2018	Comments
Income					
40-40001-018-30001	1ST YR SNS ROLLOVER	\$ 3,165.00	\$ 3,164.89	\$ 3,165	estimate any current yr funds not spent as of 5/31/17. If a current year expense will be paid after 5/31/17, be sure to add an expense row for it.
40-70278-012-30001	1ST YR SNS ALLOCATION FROM MSC	22,441.00	22,441.00	\$ 22,441	
Total Income		\$ 25,606.00	\$ 25,605.89	\$ 25,606	Formula Cell- Do not alter
Program Expenses					
40-70108-018-30001	GENERAL MANAGER	\$ 880.00	\$ 400.00	\$ 880	
40-70042-018-30001	CLASS MANAGER	1,250.00	1,000.00	\$ 1,250	
40-70216-018-30001	TRANSCRIBER SUPERVISOR	1,250.00	1,400.00	\$ 1,250	
40-70159-018-30001	PAYROLL SUPERVISOR	220.00	-	\$ 220	
40-70008-018-30001	ACCOUNTING FEE	1,015.00	1,015.00	\$ 1,015	
40-70127-018-30001	LECTURE FEE (Avg. \$60)	16,800.00	10,606.03	\$ 16,800	
Total Program Expense		\$ 21,415.00	\$ 14,421.03	\$ 21,415	Formula Cell- Do not alter
Balance Before Reserves		4,191.00	11,184.86	\$ 4,191	Formula Cell- Do not alter
Reserves:					
40-30008-018-30001	RESERVE FUND	4,191.00	-	\$ 4,191	
Total Reserves		\$ 4,191.00	\$ -	\$ 4,191	Formula Cell- Do not alter
Total Expenses + Reserves		\$ 25,606.00	\$ 14,421.03	\$ 25,606	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		\$ -	\$ 11,184.86	\$ (0)	Formula Cell- Do not alter

Faculty Student Association of DMC-Student Activity Fund

Medical Student Council Student Notetaking Service 2nd YR (MSC-SNS2)

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

Instructions: Fill in **Column E (Budget)**. Insert additional rows where necessary-Any needed new account #s will be inserted when budget is certified. Subtotal and Total fields have calculated formulas- do not alter these fields. Submit for certification by deadline: Fri May 5, 2017. Submit to FSA Office (1) this budget with (2) completed [Budget Agreement Form \(link\)](#) and (3) signed meeting minutes at which the council approved

Account	Description	Certified Budget FYE 2017	Curent YTD Actual @3/31/17	Budget FYE 2018	Comments
Income					
40-40001-017-30001	2ND YR SNS ROLLOVER	\$ 3,183.00	\$ 3,182.88	\$ 3,183	estimate any current yr funds not spent as of 5/31/17. If a current year expense will be paid after 5/31/17, be sure to add an expense row for it.
40-70279-012-30001	2ND YR SNS ALLOCATION FROM MSC	16,888.00	16,888.00	\$ 16,888	
Total Income		\$ 20,071.00	\$ 20,070.88	\$ 20,071	Formula Cell- Do not alter
Program Expenses					
40-70108-017-30001	GENERAL MANAGER	\$ 880.00	\$ 400.00	\$ 880	
40-70042-017-30001	CLASS MANAGER	1,500.00	1,050.00	\$ 1,500	
40-70216-017-30001	TRANSCRIBER SUPERVISOR	1,500.00	1,600.00	\$ 1,500	
40-70159-017-30001	PAYROLL SUPERVISOR	220.00	-	\$ 220	
40-70008-017-30001	ACCOUNTING FEE	1,015.00	1,015.00	\$ 1,015	
40-70127-017-30001	LECTURE FEE (Avg. \$60)	11,100.00	8,392.50	\$ 11,100	
Total Program Expense		\$ 16,215.00	\$ 12,457.50	\$ 16,215	Formula Cell- Do not alter
Balance Before Reserves		3,856.00	7,613.38	\$ 3,856	Formula Cell- Do not alter
Reserves:					
40-30008-017-30001	RESERVE FUND	3,856.00	-	\$ 3,856	
Total Reserves		\$ 3,856.00	\$ -	\$ 3,856	Formula Cell- Do not alter
Total Net Income less Expenses + Reserves		\$ -	\$ 7,613.38	\$ (0)	Formula Cell- Do not alter

*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses