## 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 REVISED BUDGET (11/14/18)

		App	roved by CHR	P Coun	cil 10/16/2018			
		2019 Budget		Revised		Certified FY		
			submitted by prior CHRP		FY2019 Budget Submitted to FSA		2019	
							Revised	Comments
Account	Description	Council		on 11/14/18		Budget		
Income								
								Funds not spent as of 5/31/18 become FY 2019
		\$	-					income. Total rollover was \$13,698 of which \$
40-40001-010	ROLLOVER INCOME			\$	11,236	\$	11,236	2,462 is YrBk rollover
40-70227-010	ROLLOVER - YEARBOOK CURRENT	\$	-	\$	2,462	\$		YrBk retains its 5/31/18 rollover
40-49001-010	ACTIVITY FEES INCOME	\$	18,432	\$	18,432	\$	18,432	based on prior yr actual
40-40002-010	Y/BOOK CURRENT-ADVERT INCOME	\$	· -	\$	1,100	\$	1,100	per Phillip Bones
Total Income		\$	18,432	\$	33,230	\$		Formula Cell- Do not alter
		_	.0, .02	_	00,200	. *	00,200	
Program Expen	ses (in title alpha sequence):	_						
40-70009-010	ADMINISTRATION FEE	\$	243	\$	243	\$	243	
40-70280-010	BROOKLYN FREE CLINIC	\$	500	\$	500	\$	500	Transfer to 40-70280-012
40-70230-010	club-DIAGNOSTIC MEDICAL IMAGING	\$	-	\$	500	\$	500	
40-70134-010	club-Medical Informatics Association	\$	500	\$	1,000	\$	1,000	
40-70136-010	club Downstate Midwives Association	\$	300	\$	500	\$	500	
40-70240-010	club-Student Occupational Therapy Assn (SOTA)	\$	296	\$	500	\$	500	
40-70233-010	club-ORTHOPEDICS JOURNAL	\$	140	\$	140	\$	140	transf to Downstate Orthopedics Club Act 40260-012
40-70233-010	club-PHYSICAL THERAPY (PT) CLUB	\$	200	\$	1,100	\$	1,100	transi to bownstate Orthopedics Club Act 40200-012
40-70231-010	club-PHYSICIAN ASSISTANT (PA)	\$	- 200	\$	1,000	\$	1,000	
40-70232-010	CONFERENCES	\$	1,000	\$	1,000	\$	1,000	
40-70217-010	CONVOCATION	\$	1,000	\$	5,000	\$	5,000	for May 2019 event
40-70234-010	MEETINGS	\$	1,823	\$	1,823	\$	1,823	Tor May 2019 event
40-70133-010	PROGRAMS AND PROJECTS	\$	1,023	\$	10,501	\$	10,501	
40-70173-010	PROGRAMS AND PROJECTS	Ф		Φ	10,501	Ф	10,501	Trans to SCGB 70194-015 towards 2019 Spring
40-70097-010	SPRING FLING/ WINTER BALL	\$	1,000	\$	1,000	\$	1,000	Fling-Winter Ball event.
40-70235-010	WELCOME RECEPTION	\$	1,329	\$	1,329	\$	1,329	
40-70227-010	YEARBOOK CURRENT	\$	2,000	\$	3,381	\$	3,381	2019 Yearbook
40-70241-010	YEARBOOK PRIOR	\$	187	\$	2,462	\$	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	RESERVE FUND *	\$	1,251	\$	1,251	\$	1,251	*SUNY Min of 5% and Max 100% of prior year actual expenses that were \$13,699. \$1,251 = 9%
<b>Total Expenses</b>	+ Reserves	\$	10,769	\$	33,230	\$	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 Ch	HRP Council accts- Change to INACTIVE							
See accompanyi	ng following pages:							
	ration cover letter							
2. Authorized Signature	natures and Account Agreement							
3. Meeting Minut	es at which Council approved the submitted	budget					_	



November 26, 2018

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 Budget Certification for FY 2019 (6/1/18 thru 5/31/19).

Attached is a copy of CHRP Council's certified budget for Student Activity fees (SAF) for the fiscal year 2019 that began June 1, 2018. The CHRP Council had submitted an earlier FY2019 Budget that was certified on an interim basis expiring 11/15/18 in order to provide time for the Council to meet and approve needed revisions. CHRP Council met 10/16/2018 and approved a new FY2019 revised budget, which has been certified on behalf of the campus President in accordance with the SUNY Board of Trustees Guidelines. Please be aware that:

- Authorized Signators: CHRP's Constitution requires CHRP President and Treasurer must sign all payment requests.
- 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), & 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
Nelza Pierre Louis, VP
Keiona Ellison, Secretary
Nicole Boucicaut, Treasurer
Philip Bones, Faculty Advisor
Jeffrey Putman, VP Student Affairs
Meg O'Sullivan, AVP Student Life
Amy Urqhart, Director, Student Center
Allen Lewis,PhD, Dean, CHRP
Peter Ljutic, Bursar (No SAF rate change; \$55/yr)



Date Completed: 6/27/18

- 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, 20 18 thru May 31, 20 19

NAME OF STUDENT ORGANIZATION: CHRP Council

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:)	Catrisha Duret	06/01/18 to 05/31/19	sha.duret@downstate	646-853-4993
Vice President (if other Title, specify:)	Nelza Pierre Louis	06/01/18 to 05/31/19	pierre.louis@downsta	718-753-4864
Secretary(if other Title,specify:	Keiona Ellison	06/01/18 to 05/31/19	na.ellison@downstate	718-607-4314
Treasurer (if other Title,specify:)	Nicole Boucicaut	06/01/18 to 05/31/19	boucicaut@downstat	516-563-0139

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

Signature	×	Signature	× Maro Z. Mif
Pres Print Name	President Catrisha Duret	Treas Print Name	TreasurerNicole Boucicaut
Signature	Xela Bene-Louis	Signature	x Keigna Ellison
VP Print Name	Vice President Nelza Pierre Louis	Secy Print Name	SecretaryKeiona Ellison

Other signature restrictions, if any (insert any special instructions such as club accounts which may have different authorized signature requirements) CHRP Council Constitution regimes CHRP President and Treasures sign all payment forms.

V.5/3/2018

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

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## (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 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.

06/27/2018

Agreed and Accepted: X

Applicant's Main Representative Signature

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". CHRP Council 2018 submitted a budget with No actimated 5/31/18 pollower of trustee Guidelines on Student Activity Fees". CHRP Council 2018 submitted a budget with No actimated 5/31/18 pollower of trustee Guidelines on Student Activity Fees".

Basis to provide Council time to pregare, approve and submit a REVISED 30/9 Budget by 10/15/18. See cover letter dated 8/33/18 for details of adjustments that were necessary.

CERTIFIED BY CICLORIA Delley Date of Certification: 8/33/18

SIGNATURE

V.5/3/2018 / RAVISED BUDGET SUBMITTED & CERTIFIED 11/14/18 RICHARD BUTCE

10/16/2018

as revised 11/14/18

12:10pm

**Student Center** 

Meeting minutes

Attendance - please see attached sign in sheets

- 1. Sign in
  - a. All CHRP members, voting members and guests, were requested to sign in using

the club meeting attendance sheet

- 2. Pizza
  - a. All CHRP members, voting members and guests, were encouraged to partake in

the refreshments made available throughout the meeting

- 3. Welcome
  - a. Introduction of CHRP council and Faculty
    - i. President Catrisha Duret
    - ii. Vice President Nelza Pierre-Louis
    - iii. Secretary Keiona Ellison
    - iv. Treasurer Nicole Boucicaut
  - b. Yearbook
    - i. Pictures: headshot sign-up
- 4. Acknowledgement of October events/Novemeber
  - ➤ BLOOD DRIVE (9am-6pm, Sodexo court)
  - ➤ Coffee House 6:00pm Main Lounge
  - ➤ 10/25-Cupcake decorating 6:00pm Main Lounge
  - ➤ 10/26 Pick up your pumpkin for the pumpkin carving contest
  - ➤ 10/28 National Chocolate Day
  - ➤ 10/29 MOVIE NIGHT 7:00pm main lounge
  - ➤ 10/31 VOTE for your favorite carved pumpkin (all day)
  - ➤ 10/31 KIDS TRICK OR TREATING in Res. halls
  - d. Thanksgiving Dinner

- 5. Welcome Luncheon for Medical Informatics Program
  - a. This program schedule did not permit them to participate in the welcome breakfast.
  - b. Luncheon vendor was Fefitas restaurant
- 6. Catrisha Duret presented the proposed 2019 CHRP Council budget based on club allocation requests discussed at the last CHRP meeting.

MOTION: To approve the FY 2019 Proposed Budget as presented in Attachment 1. All 36 non-voting members present expressed support for the proposed budget.

CHRP Council Voting members voted:

0 nay, 0 abstain and 4 yes. Motion unanimously approved.

7. Meeting adjourned - 12:45pm

Submitted by,

Catrisha Duret BS, RRT/PA-S CHRP Student Council President SUNY Downstate Medical Center

College of Health Related Professions

## 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 Proposed Revisions Presented at 10/16/18 CHRP Council Meeting This update Revised 2019 Budget reflects transfers from "Programs and Project" Account to Club Accounts discussed at 9/18/18 mtg. 2019 Budget submitted by **Proposed** Revised 2019 prior CHRP **Budget** Account Description Council Comments Income Funds not spent as of 5/31/18 become FY \$ 2019 income. Total rollover was \$13,698 of 40-40001-010 ROLLOVER INCOME 11,236 which \$ 2,462 is YrBk rollover 40-70227-010 **ROLLOVER - YEARBOOK CURRENT** \$ \$ 2,462 YrBk retains its 5/31/18 rollover 40-49001-010 ACTIVITY FEES INCOME \$ 18,432 \$ 18,432 based on prior yr actual 1,100 per Phillip Bones Y/BOOK CURRENT-ADVERT INCOME 40-40002-010 \$ \$ Total Income 18,432 33,230 Formula Cell- Do not alter Program Expenses (in title alpha sequence): 40-70009-010 ADMINISTRATION FEE 243 243 40-70280-010 BROOKLYN FREE CLINIC \$ 500 \$ 500 Transfer to 40-70280- 012 40-70230-010 club-DIAGNOSTIC MEDICAL IMAGING \$ 500 500 1,000 40-70134-010 club-Medical Informatics Association \$ \$ 40-70136-010 \$ 500 club Downstate Midwives Association 300 \$ 500 40-70240-010 club-Student Occupational Therapy Assn (SOTA) \$ 296 \$ club-ORTHOPEDICS JOURNAL 140 40-70233-010 \$ \$ 140 transf to Downstate Orthopedics Club Act 40260-012 club-PHYSICAL THERAPY (PT) CLUB \$ 200 1,100 40-70231-010 \$ 40-70232-010 club-PHYSICIAN ASSISTANT (PA) \$ 1,000 \$ 40-70217-010 CONFERENCES \$ 1,000 \$ 1,000 5,000 for May 2019 event 40-70234-010 CONVOCATION \$ \$ 1,823 40-70135-010 **MEETINGS** \$ \$ 1,823 40-70173-010 PROGRAMS AND PROJECTS 10,501 \$ \$ Trans to SCGB 70194-015 towards 2019 Spring 40-70097-010 SPRING FLING/ WINTER BALL \$ 1,000 \$ 1,000 Fling-Winter Ball event. WELCOME RECEPTION \$ 1,329 40-70235-010 1,329 \$ 2019 Yearbook 40-70227-010 YEARBOOK CURRENT \$ 2,000 \$ 3,381 YrBk balances from 2017 (\$162.) plus 2018 (\$2,300) rolls over to Yearbook Prior Acct. 40-70241-010 YEARBOOK PRIOR \$ 187 2,462 \$ Remaining 2018 YrBk Publishing expenses \$81. is planned to be paid after FYE 5/31/18 \*SUNY Min of 5% and Max 100% of prior year actual expenses that were \$13,699. \$1,251 = \$ \$ 1,251 1,251 40-30008-010 RESERVE FUND \* 10,769 33,230 Formula Cell- Do not alter \$ Total Expenses + Reserves \$ Formula Cell- Do not alter (A balanced budget will net to \$ 7,663 \$ Total Net Income less Expenses + Reserves \$ZERO) All Other Dormant CHRP Council accts- Change to