



FY 2025 = June 1, 2024 through May 31, 2025

FY 2025 CERTIFIED BUDGET (Yellow highlights= FSA revisions made)

*SUNY Reserve Guidelines $\geq 5\%$ and $\leq 100\%$ of prior year actual expenses

Aug 24, 2024

TO: Rachel Baum, President, Medical Student Council (MSC)
via eMail and posted on FSA website.

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

SUBJECT: MSC Budget Certification for FY 2025 (6/1/24 thru 5/31/25).



Attached is a copy of MSC's certified budget for Student Activity fees (SAF) for the fiscal year 2025 that began June 1, 2024. The MSC Budget approved the submitted budget at their May 2nd, 2024 meeting, which has been certified on behalf of the Campus President in accordance with the SUNY Board of Trustees Guidelines including the following adjustments:

1. **Rollover:** MSC's actual rollover at 5/31/24 of **\$273,221.67** which is reflected as two separate accounts:
 - "Rollover Balance" of **\$77,888.52** represent funds reverted back to MSC to re-allocate, and
 - "Rollover Balance-Clubs" represent those accounts that retained their actual rollover; Total of **\$195,333.15**
2. **Total "Available to Spend"** column reflects each Club/Organization's retained **rollover income plus** any new 2023 MSC allocation
3. **AMSA:** Dormant club- 5/31/24 balance of \$8,121.31 has been transferred to Reserve pending response from AMSA National on use of funds vs need to return funds to AMSA National.
4. **Reserve Fund:** The reserve was submitted as 10% of prior year actual expenses at **\$ 5,000.00 plus** the AMSA acct 5/31/24 balance which remains pending AMSA National response on use vs return of \$8,121.31 (funds originally received from AMSA National); Net 26% Reserve Fund.
5. **Programs and Projects:** The net remaining balance of all above adjustments was placed in this account at **\$80,325.73**

Please be aware that:

- **Authorized Signatures:** In accordance with the MSC bylaws, payment forms require joint signatures as follows:
General Med Council Accounts: Any two MSC Officers.
Club and Class Accounts: Any one MSC Officer, plus any one club/class officer.
MSC requires that whenever the MSC Treasurer is not the authorized signature on any payment form, the MSC officer signing/approving that payment form must provide the relevant details (payee, \$ amount, purpose) **to the MSC Treasurer within 3 business days** of its submission to FSA.
- 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 unknown at this time of certification.
- **Reminder that all meeting minutes and FSA payment forms need to reflect the approved organization name as per its Constitution and Bylaws. The MSC Constitution specifies its name as **Medical Student Council (MSC)** or **Med Council****
- 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 \(link\)](#) 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
Michel Liu, VP
Amanda Azmi, Secretary
Eric Acosta, Treasurer
DeAnne Kennedy-Lorde, Bursar (No SAF rate change; F/T Rate = \$110 /year)

Charles Brunicardi, MD, Dean COM
Jeffrey Putman, PhD, Advisor
Schuyler Hooke, Director, Student Life
Adam Burgman, Dir, Student Center

Date Completed: **2/5/2025**


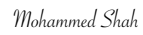


Instructions: 1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on [FSA website](#),
 2. Attach the detail SAF Budget Worksheet as approved by the student council,
 3. Attach the SIGNED meeting minutes showing the budget detail was approved by the student council.
Submit all 3 documents together 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, 20²⁴ thru May 31, 20²⁵**

NAME OF STUDENT ORGANIZATION: **Medical School 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:)	Rachel Baum	5/2025	rachel.baum@downstate.edu	516-281-4096
Vice President (if other Title,specify:)	Michel Liu		michel.liu@downstate.edu	
Secretary(if other Title,specify:)	Shadman Kazi	2/1/2026	Shadman.Kazi@downstate.edu	9179604790
Treasurer (if other Title,specify:)	Mohammad	2/1/2026	Mohammed.Shah@downstate.edu	607-972-8391

AUTHORIZED SIGNATURE(S) FOR PAYMENT FORMS (check your Council Constitution -Bylaws ; Most have specific authorized signator requirements):

Signature	X 	Signature	X 
Pres Print Name	President Rachel Baum	Treas Print Name	Treasurer Mohammad Shah
Signature	X 	Signature	X 
VP Print Name	Vice President Michel Liu	Secy Print Name	Secretary Shadman Kazi

Check One: ☒ JOINT or ☐ SINGLE SIGNATURES ARE REQUIRED FOR DISBURSEMENTS.

Other signature restrictions, if any (Often specified in Council's Constitution-Bylaws. insert any additional special instructions or signature requirements that are applicable)

Authorized Signatures: In accordance with the MSC bylaws, payment forms require joint signatures as follows:

-General Med Council Accounts: Any two MSC Officers.

-Club and Class Accounts: Any one MSC Officer, plus any one club/class officer.

MSC requires that whenever the MSC Treasurer is not the authorized signature on any payment form, the MSC officer signing/approving that payment form must provide the relevant details (payee, \$ amount, purpose) to the MSC Treasurer within 3 business days of its submission to FSA.

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

Medical School 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 SAF and 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  2/3/
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 (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 above linked documents FSA Policies and Procedures and SUNY Board of Trustee Guidelines. Certification Comments:

Initially certified 8/24/24.. this update reflects recent MSC Officer changes

CERTIFIED BY  Date of Certification: 2/6/25
SIGNATURE