

Faculty Student Association of DMC-Student Activity Fund

Residence Hall Council (RHC)

FY 2024 = June 1, 2023 through May 31, 2024

CERTIFIED BUDGET


Account	Description	Prior FY @ 5/31/23	Submitted Budget FY 2023- 2024	Certified Budget 2023 - 2024	Comments
Income					
40-42092-009-30001	ACTIVITIES FEES INCOME	\$ -	\$ 3,000.00	\$ 3,000.00	
40-49001-009-30001	ROLLOVER BALANCE	3,370.87	-	2,887.21	
Total Income		\$ 3,370.87	\$ 3,000.00	\$ 5,887.21	Formula cell (Don't change)
Program Expenses					
<i>Note: If a Club/Org does its own fundraising, Be sure to mark Column F comment= "Retains Any Prior Year Rollover".</i>					
40-70009-009-30001	ADMINISTRATION FEE	\$ -	\$ 100.00	\$ 254.00	Formula cell (Don't change)
40-71000-009-30001	FLOOR ALLOTMENTS	-	-		<i>Delete Account</i>
40-70135-009-30001	MEETINGS	483.66	1,000.00	1,000.00	
40-70173-009-30001	PROGRAMS & PROJECTS	-	1,800.00	4,533.21	
Total Program Expense		\$ 483.66	\$ 2,900.00	\$ 5,787.21	Formula cell (Don't change)
Balance Before Reserves		-	100.00	100.00	Formula cell (Don't change)
Reserves:					
40-30008-009-30001	RESERVE FUND	-	100.00	100.00	
Total Reserves		\$ -	\$ 100.00	\$ 100.00	Formula cell (Don't change)
Total Expenses + Reserves		\$ 483.66	\$ 3,000.00	\$ 5,887.21	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 2,887.21	\$ -	\$ -	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					



Faculty Student Association of
DOWNSTATE
Medical Center

July 20, 2023

TO: Thomas Sanford, President
Residence Hall Council (RHC) via eMail and posted on FSA webpage

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

SUBJECT: RHC Budget Certification for Fiscal Year 2024 (June 1, 2023 to May 31, 2024).

Attached is a copy of RHC's certified budget for Student Activity Fees (SAF) for the fiscal year 2024 that began June 1, 2023 pursuant to the budget that the RHC approved on 5/12/23. This budget has been certified on behalf of the Campus President in accordance with the SUNY Board of Trustees SAF Guidelines. The following changes were made to the submitted budget:

- **Activity Fee Income:** was based on students living at Residence Halls to reflect prior year actual at **\$ 3,000**
- **Rollover Balance:** The RHC's actual year end unused funds at 5/31/23 was **\$ 2,887.21**. RHC must make efforts to increase its program and activities to spend its annual SAF income by May 31st or consider reducing its future fee rate.
- **Administration Fee:** The FSA fee was increased from \$100 to **\$254**.
- **Programs & Projects:** The net of the above revisions results has been made in this account being adjusted to **\$ 4,533.21** in order to balance RHC's budget (bottom line net to zero).
- **Reserve Fund:** The reserve was set as 20.67% of prior year actual expenses at **\$100**

Please be aware that:

- **Payments signature requirements:** In accordance with the RHC bylaws, the Treasurer plus one other RHC officer shall 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 RHC 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 forms \(link\)](#), [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, bookkeeper
Samer Mahmoud, Vice-President
Michel Liu, Secretary
Jenelle Cocorpus, Treasurer
Sherice Fields, Assistant Dir, Residential Life and Services
Schuyler Hooke, Director Student Life
Adam Burgman, Director Student Center
DeAnne Kennedy-Lorde, Bursar (no SAF rate increase: Current flat rate=\$20/yr)

Date Completed:

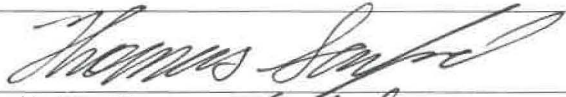



- Instructions:**
1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on FSA website,
 2. Attach the detail SAF Budget Worksheet as approved by the student council,
 3. Attach the SIGNED meeting minutes showing the budget detail was approved by 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, 2023 thru May 31, 2024

NAME OF STUDENT ORGANIZATION: Residence Hall 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:)	Thomas Sanford	3-1-23 to 3-1-24	thomas.sanford@downstate.edu	347-834-6530
Vice President (if other Title,specify:)	Samer Mahmoud	3-1-24	Samer.mahmoud@downstate.edu	631-568-3723
Secretary (if other Title,specify:)	Michel Liu	3-1-24	michel.liu@downstate.edu	585-355-9888
Treasurer (if other Title,specify:)	Jenelle Cocorpus	3-1-24	jenelle.cocorpus@downstate.edu	718-304-4299

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	Thomas Sanford	Treas Print Name	Treasurer	Jenelle cocorpus
Signature	X		Signature	X	
VP Print Name	Vice President	samer mahmoud	Secy Print Name	Secretary	Michel Liu

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)

As per RHC Constitution Article VII.E: All disbursements must be cosigned by the Treasurer plus one other RHC officer (President, Vice-President, or Secretary).

AGREEMENT Between
THE FACULTY STUDENT ASSOCIATION OF DOWNSTATE MEDICAL CENTER, INC.
And
Residence Hall Council (RHC)

(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 Thomas D. Sefel 3-13-23
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:

Necessary revisions made to the submitted RHC budget have been highlighted in the accompanying Budget Certification cover letter dated 7/20/23.

CERTIFIED BY Richard Bentley Date of Certification: 7/20/23
SIGNATURE