

**Faculty Student Association of DMC-Student Activity Fund**

**Residence Hall Council (RHC)**


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

**CERTIFIED BUDGET**

Account	Description	Prior Fiscal Year @ 5/31/2024	Submitted Budget 2024- 2025	Certified Budget 2024 - 2025	Comments
<b>Income</b>					
40-42092-009-30001	ACTIVITIES FEES INCOME	\$ 2,320.00	\$ 3,000.00	\$ 2,320.00	
40-49001-009-30001	ROLLOVER BALANCE	2,887.21	200.00	-	
<b>Total Income</b>		<b>\$ 5,207.21</b>	<b>\$ 3,200.00</b>	<b>\$ 2,320.00</b>	Formula cell (Don't change)
<b>Program Expenses</b>					
40-70009-009-30001	ADMINISTRATION FEE	\$ 254.00	\$ 254.00	\$ 254.00	Formula cell (Don't change)
40-70135-009-30001	MEETINGS	687.96	1,500.00	1,000.00	
40-70173-009-30001	PROGRAMS & PROJECTS	4,539.63	1,246.00	791.92	<i>Place any net excess in this account</i>
<b>Total Program Expense</b>		<b>\$ 5,481.59</b>	<b>\$ 3,000.00</b>	<b>\$ 2,045.92</b>	Formula cell (Don't change)
<b>Balance Before Reserves</b>		<b>(274.38)</b>	<b>200.00</b>	<b>274.08</b>	Formula cell (Don't change)
<b>Reserves:</b>					
40-30008-009-30001	RESERVE FUND		200.00	274.08	<i>5% Prior Year Actual Expenses</i>
<b>Total Reserves</b>		<b>\$ -</b>	<b>\$ 200.00</b>	<b>\$ 274.08</b>	Formula cell (Don't change)
<b>Total Expenses + Reserves</b>		<b>\$ 5,481.59</b>	<b>\$ 3,200.00</b>	<b>\$ 2,320.00</b>	Formula cell (Don't change)
<b>Total Net Income less Expenses + Reserves</b>		<b>\$ (274.38)</b>	<b>\$ -</b>	<b>\$ 0.00</b>	Formula cell (Don't change)
<i>*SUNY Reserve Guidelines &gt;5% and &lt;100% of prior year actual expenses</i>					

Aug 24, 2024

TO: Frank Arturi, 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 2025 (June 1, 2024 to May 31, 2025).

Attached is a copy of RHC's certified budget for Student Activity Fees (SAF) for the fiscal year 2025 that began June 1, 2024 pursuant to the budget that the RHC approved on April 25, 2024. 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 **\$ 2,320**
- **Rollover Balance:** The RHC had no unused funds at 5/31/23 and went into a deficit of **\$274.38**. In this case, **this has a good outcome since RHC previously had an excessive reserve.**
- **Administration Fee:** The FSA fee remains unchanged at **\$254**.
- **Programs & Projects:** The net of the above revisions results has been made in this account being adjusted to **\$ 791.92** in order to balance RHC's budget (bottom line net to zero).
- **Reserve Fund:** The reserve was set at 5% of prior year actual expenses at **\$274.23**

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  
Navid Ashrafi, Secretary  
Alexandra Tolmasov, 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: 05/12/2024




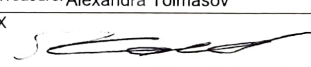
- Instructions:**
1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on [FSA website](#).
  2. Attach the detail SAF Budget Worksheet as approved by the student council,
  3. Attach the SIGNED meeting minutes showing the budget detail was approved 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, 20<sup>24</sup> thru May 31, 20<sup>25</sup>

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:)	Frank Arturi	June 1 2024 - May 31 2025	frank.arturi@downstate.edu	(914) 733-2139
Vice President (if other Title,specify:)	Samer Mahmoud	June 1 2024 - May 31 2025	samer.mahmoud@downstate.edu	(631) 568-3723
Secretary(if other Title,specify:)	Navid Ashrafi	June 1 2024 - May 31 2025	navid.ashrafi@downstate.edu	(516) 532-0185
Treasurer (if other Title,specify:)	Alexandra Tolmasov	June 1 2024 - May 31 2025	alexandra.tolmasov@downstate.edu	(646) 920-2168

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 Frank Arturi	Treas Print Name	Treasurer Alexandra Tolmasov
Signature	X 	Signature	X 
VP Print Name	Vice President Samer Mahmoud	Secy Print Name	Secretary Navid Ashrafi

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)

In accordance with the RHC bylaws, the Treasurer plus one other RHC officer shall sign all payment requests.

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

## Residence Hall 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  05/12/2024  
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:

The RHC had no unused funds at 5/31/23 and went into a deficit of \$374.38. In this case, this has a good outcome since RHC previously had an excessive reserve.

CERTIFIED BY  Date of Certification: 8/10/24  
SIGNATURE