

Faculty Student Association of DMC-Student Activity Fund					
School of Health Professions (SOHP)					
FY 2020 = June 1, 2019 through May 31, 2020					
FY 2020 CERTIFIED BUDGET					
Account	Description	Prior Fy 2019 @ 5/31/19 Actual	Submitted Budget FY 2020	Certified Budget 2020	Comments
Income					
40-49001-010-30001	ACTIVITIES FEES INCOME	\$ 18,328.80	\$ 18,328.80	\$ 18,328.80	Based on prior yr actual
40-40001-010-30001	ROLLOVER BALANCE	13,838.80	2,450.00	\$ 2,450.57	Actual FY19 not spent as of 5/31/19
40-40002-010-30001	Y/BOOK CURRENT-ADVERT INCOME	300.00	-	\$ -	
Total Income		\$ 32,467.40	\$ 20,778.80	\$ 20,779.37	Formula cell (Don't change)
Program Expenses <small>Note: If a Club/Org does its own fundraising, Be sure to mark Column G comment= "Retains Any Prior Year Rollover".</small>					
40-70009-010-30001	ADMINISTRATION FEE	\$ 243.00	\$ 249.00	\$ 249.00	Formula cell (Don't change)
40-70280-010-30001	BROOKLYN FREE CLINIC	500.00	500.00	\$ 500.00	Transfer to 40-70280-012
40-70230-010-30001	DIAGNOSTIC MEDICAL IMAGING	500.00	500.00	\$ 500.00	
40-70134-010-30001	MEDICAL INFORMATICS	1,000.00	1,000.00	\$ 1,000.00	
40-70136-010-30001	MIDWIFERY	107.14	180.00	\$ 180.00	
40-70240-010-30001	OCCUPATIONAL THERAPY (O.T.)	339.95	400.00	\$ 400.00	
40-70233-010-30001	ORTHOPEDICS JOURNAL CLUB	140.00	140.00	\$ 140.00	Transfer to 40-70260-012
40-70231-010-30001	PHYSICAL THERAPY CLUB (P.T.)	1,100.00	1,000.00	\$ 1,000.00	
40-70232-010-30001	PHYSICIAN ASSISTANT CLUB (P.A.)	1,400.00	1,000.00	\$ 1,000.00	
40-70217-010-30001	CONFERENCE	-	500.00	\$ 500.00	
40-70234-010-30001	CONVOCATION	5,000.00	3,000.00	\$ 3,000.00	For May 2020 event
40-70135-010-30001	MEETINGS	1,978.00	1,800.00	\$ 1,800.00	
40-70173-010-30001	PROGRAMS AND PROJECTS	8,927.74	5,009.80	\$ 3,509.37	Net of all Revisions placed in this account Transfer to SCGB 70194-015 toward 2020 Spring Fling-Winter Ball Event
40-70097-010-30001	SPRING FLING/WINTER BALL	1,000.00	1,000.00	\$ 1,000.00	
40-70235-010-30001	WELCOME RECEPTION	1,200.00	1,200.00	\$ 1,200.00	
40-70227-010-30001	YEARBOOK CURRENT	3,381.00	3,300.00	\$ 3,300.00	2020 Yearbook
40-70241-010-30001	Y/BOOK PRIOR BALANCE	3,200.00	-	\$ -	
Total Program Expense		\$ 30,016.83	\$ 20,778.80	\$ 19,278.37	Formula cell (Don't change)
Balance Before Reserves		\$ 2,450.57	\$ -	\$ 1,501.00	Formula cell (Don't change)
Reserves:					
40-30008-010-30001	RESERVE FUND	\$ -	-	\$ 1,501.00	Minimum 5% prior yr actual expenses
Total Reserves		\$ -	\$ -	\$ 1,501.00	Formula cell (Don't change)
Total Expenses + Reserves		\$ 30,016.83	\$ 20,778.80	\$ 20,779.37	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 2,450.57	\$ -	\$ -	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					



Faculty Student Association of
DOWNSTATE
Medical Center

August 23, 2019

TO: Augustine Gnalian, President (via eMail and posted on FSA website)
School of Health Professions Student Council (SOHP)

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

SUBJECT: SOHP Council Budget Certification for FY 2020 (6/1/19 thru 5/31/20).

Attached is a copy of SOHP Council's certified budget for Student Activity fees (SAF) for the fiscal year 2020 that began June 1, 2019. The SOHP Council, formerly the CHRP Council approved the submitted budget at their 5/7/19 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:** has been revised to the actual rollover at 5/31/2019 at **\$2,451**. This results in a revised grand total income to **\$20,779**
- **Reserve Fund:** SOHP initially submitted a **\$ 0** Reserve Fund, which has been revised to the minimum required **\$ 1,501** Reserve Fund, representing 5% of prior year's actual expenses of **\$ 30,017** which is within SUNY Guidelines (minimum 5% but no more than 100% of prior year actual expenses).
- **Programs & Projects:** The net of the above adjustment at **\$3,509** has been inserted to this account.

Please be aware that:

- **Authorized Signators:** SOHP's Constitution requires the SOHP 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
Ericka Boucard, VP
Soraya Deshommer, Secretary
Joanne St. Robert, Treasurer
Philip Bones, Faculty Advisor
Jeffrey Putman, VP Student Affairs
Meg O'Sullivan, AVP Student Life
Amy Urquhart, Director, Student Center
Allen Lewis, PhD, Dean, SOHP
Peter Ljusic, Bursar (No SAF rate change; \$55/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, 20 19 thru May 31, 20 20NAME OF STUDENT ORGANIZATION: SCHOOL OF HEALTH PROFESSIONS (SOHP)

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:)	AUGUSTINE GNALIAN	MAY 31 2020	AUGUSTINEGNALIAN@EMAIL.COM	347-355-0245
Vice President (if other Title,specify:)	Ericha Boucard	May 31, 2020	eboucard1@gmail.com	347-443-3741
Secretary(if other Title,specify:)	Soraya Deshommer	May 31, 2020	sdeshom@gmail.com	(718) 506-7322
Treasurer (if other Title,specify:)	JOANNE St. Robert	may 31 2020	Jstruber@nyit.edu	914-405-6601

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 AUGUSTINE GNALIAN	Treas Print Name	Treasurer JOANNE St. Robert
Signature	X	Signature	X
VP Print Name	Vice President Ericha Boucard	Secy Print Name	Secretary

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)

SOHP Student Council requires President & Treasurer to sign all Payment Forms.

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

School of Health Professions (SOHP)

(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

Applicant's Main Representative Signature

8/1/19
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 above linked documents FSA Policies and Procedures and SUNY Board of Trustee Guidelines. Certification Comments:

Revisions made during certification are detailed in cover letter dated 8/23/19

CERTIFIED BY

Richard Bentley

SIGNATURE

Date of Certification:

8/23/19

05-07-2019

May CHRP Meeting

May 2019

Attendance was taken – Please see attached sign in sheets

Meeting began – 12:15pm

1. Sign in
 - a. All CHRP members were asked to sign the attendance sheets that were circulating the room
2. Refreshments
 - a. All CHRP members were encouraged to retrieve and consume the food and drinks provided
3. Welcome and Introductions
 - a. Reintroduction of CHRP Council Officers
 - i. **President – Catrisha Duret** (meeting presider)
 - ii. Vice President - Nelza Pierre-Louis
 - iii. Secretaty – Keiona Ellison
 - iv. Treasurer – Nicole Boucicaut
 - v. Advisor – Dr. Phillip Bones, Assistant Dean of CHRP
4. Welcome MAY – scheduled events
 - a. 5/7- Anatomy Donor Memorial, Alumni Auditorium 5:00pm
 - i. OT, PT, PA programs are welcome to submit a thank you to the families who have donated their bodies
 - b. 5/7- National Teacher Day
 - c. 5/12- Happy Mothers Day!!!!
 - d. 5/13-Chess tournament, Reading Room 5:30pm
 - e. 5/14- CON Convocation, Alumni Auditorium 5:00pm
 - f. 5/15- CHRP Convocation, Alumni Auditorium 5:00pm
 - g. 5/16-COM Awards day, Alumni Auditorium 3:00pm
 - h. 5/19-Crimes of Grinwald Main Lounge 7:00pm
 - i. 5/21- CHRP GRADUATION, Canargie Hall, CONGRATS TO YOU!!!
 - j. 5/27 Student enter closed for Memorial Day weekend
 - k. 5/28- Coffee house Patio 6:00pm (Main lounge, if raining)
 - l. 5/28-5/29- CON/CHRP Orientation, welcome new students!!!!
5. Vote for Fund Reallocation
 - a. All programs have a set budget from CHRP, however, if programs need additional funds to complete additional programs, if there is funding available, CHRP can provide
 - b. Propositions –
 - i. After discussion, the following motions were made by Nicole Boucicaut and 2nd by Nelza Pierre-Louis:
 - ii. Remove the \$1500 that was previously allocated to the **SOTA** account back to programs and projects
 1. Yes - 44
 2. No - 0

3. **Abstain - 0**
 - iii. Move the remainder of the funds that were previously allocated to the **yearbook account to programs and projects**
 1. **Yes - 44**
 2. **No - 0**
 3. **Abstain - 0**
 - iv. Move \$4000 from **programs and projects** to the **PA club** to cover event: **"Save a life, give a breath"** on May 13th, 2019
 1. **Yes - 44**
 2. **No - 0**
 3. **Abstain - 0**
 - v. Move \$800 from programs and projects to CHRP Meeting fund to cover the cost of CHRP Council food expenses
 1. **Yes - 44**
 2. **No - 0**
 3. **Abstain - 0**
 - vi. Use surplus of **programs and projects** funds to fund **CHRP graduation gifts**, as an alternative to the cancellation of the yearbook
 1. **Yes - 44**
 2. **No - 0**
 3. **Abstain - 0**
6. 2019-2020 CHRP Executive Board Elections
- a. CHRP executive board elections will take place today, 5/7/2019, official members to be announced today after votes are tallied. (Transition meeting to take place 6/11/2019 with new council)
 - b. Nominees
 - i. President-
 1. **Augustine Gnalian (PA-S)** – held leadership positions during undergraduate tenure and would like to use that leadership to continue what the current eboard has been doing
 - a. **Vote yes - 24**
 2. **Bernisier Destine (OT-S)** – important for students to have a voice to help organize activities throughout tenure here at downstate
 - a. **Vote yes - 19**
 - ii. Vice President-
 1. **Ericka Boucard (MI-S)** – wants to help serve and support the student body for CHRP. Currently the president of her class and serves as a member of the university council – great position to advocate for funding on a larger scale.
 - a. **Vote yes – 22**
 2. **Rebecca Jason-Rousseau (PA-S)** – currently serves in a position in the PA program, wants to foster more of a community within the different disciplines within CHRP
 - a. **Vote yes – 19**

iii. Secretary-

1. **Soraya Deshommes (PA-S)** – secretary at former school for council meetings, union delegate. Has leadership and communication skills to communicate on behalf of all students in respective programs
 - a. **Vote yes - 21**
2. **Valerie Batcher (OT-S)** – CHRP representative for OT class this year, shares all info on what happens on campus and would like to continue that opportunity
 - a. **Vote yes - 19**

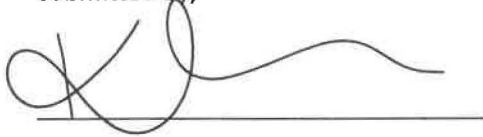
iv. Treasurer-

1. **Joanne St. Robert (PA-S)**
 - a. **Vote yes - 26**

7. Thank you for a great year and congratulations again to all 2019 graduates!

Meeting is adjourned at 12:38pm

Submitted by,

A handwritten signature in black ink, appearing to be 'Keiona', written over a horizontal line.

Keiona Ellison

Occupational Therapy Class of '19

CHRP Council Secretary Class of '19

AOTA Student Delegate

SUNY Downstate Medical Center

keiona.ellison@downstate.edu



**SUNY
DOWNSTATE**
Medical Center

**STUDENT COUNCIL / CLUB MEETING MINUTES
ATTENDANCE COVER SHEET**

COUNCIL / CLUB NAME: CHRP

Date Meeting Was Held: 05/14/19

Time Meeting Was Held: 12:00 pm

Place Meeting Was Held: Student Center Main Lounge

Print Name of Member or Guest (can customize to pre-print voting member names)	Present ✓	Voting Member (Yes/No)	Signature (if Bylaws permit, when present by proxy, insert name of person holding proxy)
Farmaz Anwar			<i>[Signature]</i>
Amey Chen			<i>[Signature]</i>
Annalee Reid		Y	<i>[Signature]</i>
Christine Roman		yes	<i>[Signature]</i>
Amanda Volpe		yes	<i>[Signature]</i>
Gabriela Christ		yes	<i>[Signature]</i>
Rebecca Lison - Rousseau		NO	<i>[Signature]</i>
Soraya Dshommes		NO	<i>[Signature]</i>
Valehe Butcher		NO	<i>[Signature]</i>
Sinam Bennis		yes	<i>[Signature]</i>
Michelle Korn		NO	<i>[Signature]</i>
Katherine Mannauer		yes	<i>[Signature]</i>
Bernisier Destine		yes	<i>[Signature]</i>
Jamie Sobin			<i>[Signature]</i>
SABIA Sheth		yes	<i>[Signature]</i>
Eldona Samorski		yes	<i>[Signature]</i>
Gabriella DEMARINIS		yes	<i>[Signature]</i>
Caitlin Durt		yes	<i>[Signature]</i>
Isabel Salazar		yes	<i>[Signature]</i>
Pascale Saad		yes	<i>[Signature]</i>
Michael Epebana		yes	<i>[Signature]</i>
Rand Abayer		yes	<i>[Signature]</i>
Joanne St. Paul			<i>[Signature]</i>
Alynn Arzuly			<i>[Signature]</i>

Use additional sheets if necessary, or continue on reverse side

Ariane Mallon (or)
Kalena Patton
Sandra Marie




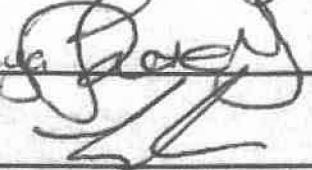




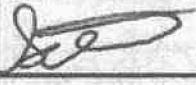

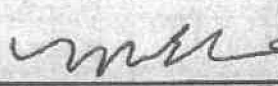




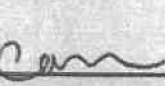

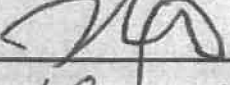


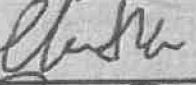



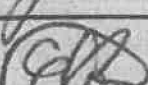
yes
yes
yes

ariane mallon
[Signature]


**STUDENT CLUB, ORGANIZATION or Event
ATTENDANCE SHEET**

Club, Org or Event Name: _____ Date Held: _____

Place Held: _____ Time Held: _____

Print Name of Member/ Guest	Signature	Print Name of Member/ Guest	Signature
AUGUSTINE GNALIAN		Dinnisa Chang	
Manssa Norman		Svetlana Sutskaya	
Nordia Whyte		Lore Park	
	Priscilla Hutchinson	Fabienne Mendell	
Sandra Blumenthal		Michael Monaghan	
Mary Ellen Sobel		Philly Jones	
Mikayla So		Keiona Ellison	
Adebayo Aboye		Carlis St. Hillaire	
Michelle Lam		Nicolas Baricout	
Perseus B		Neha Patel	
Christy Ku			
Vincent Lu			
Hosny Pan			
Cherpanova			
Erica R.			

1 page = 30 persons; Use additional sheets if necessary, or continue on reverse side

CRISTIAN GUAZO 

Faculty Student Association of DMC-Student Activity Fund

School of Health Professions (SOHP)

FY 2020 = June 1, 2019 through May 31, 2020

PROPOSED BUDGET

For each Council account, Column C = the Council's current Yr Certified Budget, Column D= Actual 10 months Year to Date amounts. [Insert Council's Proposed FYE 2020 Budget in Column E.](#)

Add/Insert rows for any needed New Accounts (insert title, leave account # "TBD")

Account	Description	Budget 2018-2019	Current YTD as of 03/31/19	Budget 2019-2020	Comments
Income					
40-49001-010-30001	ACTIVITIES FEES INCOME	\$ 18,432.00	\$ 18,328.80	\$ 18,328.80	
40-40001-010-30001	ROLLOVER BALANCE	13,839.00	13,838.60	2,450.00	
40-40002-010-30001	Y/BOOK CURRENT-ADVERT INCOME	1,100.00	-		
Total Income		\$ 33,371.00	\$ 32,167.40	\$ 20,778.80	Formula cell (Don't change)
Program Expenses <small>Note: If a Club/Org does its own fundraising, Be sure to mark Column G comment= "Retains Any Prior Year Rollover"</small>					
40-70009-010-30001	ADMINISTRATION FEE	\$ 243.00	\$ 243.00	\$ 249.00	Formula cell (Don't change)
40-70280-010-30001	BROOKLYN FREE CLINIC	500.00	500.00	500.00	
40-70230-010-30001	DIAGNOSTIC MEDICAL IMAGING	-	4.00	500.00	
40-70134-010-30001	MEDICAL INFORMATICS	500.00	(385.50)	1,000.00	
40-70136-010-30001	MIDWIFERY	300.00	407.14	180.00	
40-70240-010-30001	OCCUPATIONAL THERAPY (O.T.)	296.00	(127.46)	400.00	
40-70233-010-30001	ORTHOPEDICS JOURNAL CLUB	140.00	140.00	140.00	
40-70231-010-30001	PHYSICAL THERAPY CLUB (P.T.)	200.00	(900.00)	1,000.00	
40-70232-010-30001	PHYSICIAN ASSISTANT CLUB (P.A.)	-	-	1,000.00	
40-70217-010-30001	CONFERENCE	1,000.00	-	500.00	
40-70234-010-30001	CONVOCATION	5,000.00	-	3,000.00	
40-70135-010-30001	MEETINGS	1,823.00	1,738.50	1,800.00	
40-70173-010-30001	PROGRAMS AND PROJECTS	13,946.00	3,939.56	5,009.80	
40-70097-010-30001	SPRING FLING/WINTER BALL	1,000.00	1,000.00	1,000.00	
40-70235-010-30001	WELCOME RECEPTION	1,329.00	1,200.00	1,200.00	
40-70227-010-30001	YEARBOOK CURRENT	3,381.00	-	3,300.00	
40-70241-010-30001	Y/BOOK PRIOR BALANCE	2,462.00	3,200.00	-	
Total Program Expense		\$ 32,120.00	\$ 10,959.24	\$ 20,778.80	Formula cell (Don't change)
Balance Before Reserves		\$ 1,251.00	\$ 21,208.16	\$ -	Formula cell (Don't change)
Reserves:					
40-30008-010-30001	RESERVE FUND	\$ 1,251.00	\$ -		
Total Reserves		\$ 1,251.00	\$ -	\$ -	Formula cell (Don't change)
Total Expenses + Reserves		\$ 33,371.00	\$ 10,959.24	\$ 20,778.80	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ -	\$ 21,208.16	\$ -	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					