

Faculty Student Association of DMC-Student Activity Fund

School of Health Professions (SOHP)

FY 2021 = June 1, 2020 through May 31, 2021

FY 2021 CERTIFIED BUDGET

Account	Description	Prior FY 2020 @ 5/31/20 Actual	Submitted Budget FY 2021	Certified Budget 2021	Comments
Income					
40-49001-010-30001	ACTIVITIES FEES INCOME	\$ 17,813.21	\$ 18,328.80	\$ 17,813.21	Based on prior yr actual
40-40001-010-30001	ROLLOVER BALANCE	2,450.57	13,760.59	\$ 13,283.92	Actual FY20 not spent as of 5/31/20
40-40002-010-30001	Y/BOOK CURRENT-ADVERT INCOME	-	-	\$ -	
Total Income		\$ 20,263.78	\$ 32,089.39	\$ 31,097.13	Formula cell (Don't change)
Program Expenses					
Note: If a Club/Org does its own fundraising, Be sure to mark Column G comment= "Retains Any Prior Year Rollover"					
40-70009-010-30001	ADMINISTRATION FEE	\$ 249.00	\$ 255.00	\$ 255.00	Formula cell (Don't change)
40-70280-010-30001	BROOKLYN FREE CLINIC	500.00	500.00	\$ 500.00	Transfer to 40-70280-012
40-70217-010-30001	CONFERENCE	300.00	600.00	\$ 600.00	
40-70234-010-30001	CONVOCAION	-	5,000.00	\$ 8,000.00	For May 2021 event
40-70230-010-30001	DIAGNOSTIC MEDICAL IMAGING	216.50	400.00	\$ 400.00	
40-70134-010-30001	MEDICAL INFORMATICS	132.50	1,100.00	\$ 1,100.00	
40-70135-010-30001	MEETINGS	1,349.69	2,000.00	\$ 2,000.00	
40-70136-010-30001	MIDWIFERY	180.00	220.00	\$ 220.00	
40-70240-010-30001	OCCUPATIONAL THERAPY (O.T.)	(372.33)	2,000.00	\$ 2,000.00	Retains any prior year rollover (already included)
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.)	1,000.00	1,200.00	\$ 1,200.00	
40-70232-010-30001	PHYSICIAN ASSISTANT CLUB (P.A.)	-	2,200.00	\$ 2,200.00	
40-70173-010-30001	PROGRAMS AND PROJECTS	1,084.50	2,570.00	\$ 1,577.74	Net of all Revisions placed in this account
40-70097-010-30001	SPRING FLING/WINTER BALL	1,000.00	1,000.00	\$ 1,000.00	Transfer to SCGB 70194-015 toward 2021 Spring Fling-Winter Ball Event
40-70235-010-30001	WELCOME RECEPTION	1,200.00	2,500.00	\$ 2,500.00	
40-70227-010-30001	YEARBOOK CURRENT	-	3,500.00	\$ 7,000.00	2021 Yearbook
Total Program Expense		\$ 6,979.86	\$ 25,185.00	\$ 30,692.74	Formula cell (Don't change)
Balance Before Reserves		\$ 13,283.92	\$ 6,904.39	\$ 404.39	Formula cell (Don't change)
Reserves:					
40-30008-010-30001	RESERVE FUND	\$ -	\$ 404.39	\$ 404.39	Minimum 5% prior yr actual expenses
Total Reserves		\$ -	\$ 404.39	\$ 404.39	Formula cell (Don't change)
Total Expenses + Reserves		\$ 6,979.86	\$ 25,589.39	\$ 31,097.13	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 13,283.92	\$ (6,500.00)	\$ 0.00	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					



Faculty Student Association of DOWNSTATE Medical Center

Oct 1, 2020

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

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

SUBJECT: SOHP Council Budget Certification for FY 2021 (6/1/20 thru 5/31/21).

Attached is a copy of SOHP Council's certified budget for Student Activity fees (SAF) for the fiscal year 2021 that began June 1, 2020. The SOHP Council approved their submitted budget at their 5/14/20 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 5/31/2020 at **\$13,283.92**. This results in a revised grand total income to **\$31,097.13**
- **Reserve Fund:** SOHP submitted a **\$ 404.39** Reserve Fund, representing 6% of prior year's actual expenses of **\$ 6,979.86** 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 **\$1,577.74** 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: **5/15/2020**

- 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, 20²⁰ thru May 31, 20²¹

NAME OF STUDENT ORGANIZATION: School of Health Professions

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	2019-2020	stinegnalian@gmail	3473550245
Vice President (if other Title,specify:)	Erika Boucard	2019-2020	Ericka.boucard.edu	3474433741
Secretary(if other Title,specify:)	Soraya Deshommes	2019-2020	deshomes@downs	7185067322
Treasurer (if other Title,specify:)	Joanne St.Robert	2019-2020	.strobert@downsta	9174056601

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 Erika Boucard	Secy Print Name		Secretary Soraya Deshommes.

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)

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

School of Health Professions

(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

5/15/20

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:

CERTIFIED BY


SIGNATURE

Date of Certification:

9/22/20

SOHP Student Council Meeting #9

Date: May 14th, 2020

Attendance- 81 participants

Meeting time- 2:00pm-3:00pm

Location: Zoom Meeting

1. Meeting called to order-2:00pm-Motion to open by Augustine Gnalian.
2. Appreciation and thanks to everyone in attendance.
3. Virtual commencement for the graduates of 2020 will be pre-recorded and broadcast on May 20th, 2020 at 3pm on several platforms, most likely YouTube. More information on the viewing platforms will be available soon.
4. Make sure to check Adam's emails regarding activities, virtual tours, trivia, games, puzzles, and tournaments –most of these activities involve cash prizes.
5. The next incoming students will start their summer semester virtually at the end of May 2020.
6. Proposed budget was discussed for the year 2020-2021.
7. Motion to vote on approving the revised budget for the 2020-2021 academic year made by Joanne St. Robert and seconded by Soraya Deshommes.

Vote: 60 YES/ 0 NO/ 21 Abstain

Motion passed to approve 2020-2021 budget.

8. Elections for SOHP newest council officers- Candidates were required to provide a short introduction of themselves; detailing their interests in running for such position. Election was conducted via zoom as participants raised their hands and voted for their candidate of choice meanwhile SOHP Secretary Soraya Deshommes tallied the votes.

- Candidate for SOHP Secretary: Paige Skinner, PA-S

Vote: 61 YES/ 3 NO/ 17 Abstain

Paige Skinner is voted in to be SOHP Student Council Secretary for '20-'21 year.

- Candidate for SOHP Treasurer: Norhan Eldib, PA-S

Vote: 68 YES/ 2 NO/ 11 Abstain

Norhan Eldib is voted in to be SOHP Student Council Treasurer for '20-'21 year.

- Candidate for SOHP Vice-President: Ryan Doherty, OT-S

Vote: 69 YES/ 9 NO/ 3 Abstain

Ryan Doherty is voted in to be SOHP Student Council Vice President for '20-'21 year.

- Candidate for SOHP President: Benjamin Boubli, PA-S

Vote: 20 YES/ 50 NO/ 11 Abstain

- Candidate for SOHP President: Clarisse Quirit, OT-S

Vote: 56 YES/ 20 NO/ 5 Abstain

Clarisse Quirit is voted in to be SOHP Student Council President for '20-'21 year.

9. SOHP Council Officers- effective in the fall 2020-2021

- President: Clarisse Quirit, OT-S
- Vice- President: Ryan Doherty, OT-S
- Treasurer: Norhan Eldib, PA-S
- Secretary: Paige Skinner, PA-S

Current SOHP Student Council will become Interim positions and provide training and help transition the roles to the newly elected Student Council before Fall 2020.

10. Questions- None

On behalf of the entire SOHP council officers, we would like to thank everyone for attending the monthly meetings and supporting us throughout the entire academic year. It was a pleasure serving you and SUNY Downstate.

Meeting Adjourned: 3:00pm

Submitted and signed by

Soraya Deshommes -05/14/2020
Physician Assistant Class of 2020
SOHP Council Secretary Class of 2020
SUNY Downstate Health Sciences University

Faculty Student Association of DMC-Student Activity Fund School of Health Related Professions Student Council (SOHP) FY 2021 = June 1, 2020 through May 31, 2021 BUDGET TEMPLATE						
For each Council account, Column C = the Council's current Yr Certified Budget, Column D= Actual 10 months Year to Date amounts. <u>Insert Council's Proposed FYE 2021 Budget in Column E.</u>						
Add/Insert rows for any needed New Accounts (insert title, leave account # "TBD")						
Account	Description	Budget 2019-2020	Current YTD as of 03/31/20	Budget 2020-2021	Difference (Funds Avail)	Comments
Income						
40-49001-010-30001	ACTIVITIES FEES INCOME	\$ 18,328.80	\$ 17,813.21	\$ 18,328.80	\$ 515.59	
40-40001-010-30001	ROLLOVER BALANCE	2,450.57	2,450.57	13,760.59	-	
40-40002-010-30001	Y/BOOK CURRENT-ADVERT INCOME	-	-	-	-	
Total Income		\$ 20,779.37	\$ 20,263.78	\$ 32,089.39		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	\$ 249.00	\$ 243.00	\$ 255.00	\$ -	Formula cell (Don't change)
40-70280-010-30001	BROOKLYN FREE CLINIC	500.00	500.00	500.00	-	
40-70217-010-30001	CONFERENCE	500.00	300.00	600.00	200.00	
40-70234-010-30001	CONVOCAION	3,000.00	-	5,000.00	3,000.00	
40-70230-010-30001	DIAGNOSTIC MEDICAL IMAGING	500.00	216.50	400.00	283.50	
40-70134-010-30001	MEDICAL INFORMATICS	1,000.00	132.50	1,100.00	867.50	
40-70135-010-30001	MEETINGS	1,800.00	1,349.69	2,000.00	450.31	
40-70136-010-30001	MIDWIFERY	180.00	180.00	220.00	-	
40-70240-010-30001	OCCUPATIONAL THERAPY (O.T.)	400.00	(600.00)	2,000.00	1,000.00	Retains any prior year rollover (already included)
40-70233-010-30001	ORTHOPEIDCS JOURNAL CLUB	140.00	140.00	140.00	-	
40-70231-010-30001	PHYSICAL THERAPY CLUB (P.T.)	1,000.00	1,000.00	1,200.00	-	
40-70232-010-30001	PHYSICIAN ASSISTANT CLUB (P.A.)	1,000.00	-	2,200.00	1,000.00	Retains any prior year rollover (already included)
40-70173-010-30001	PROGRAMS AND PROJECTS	3,509.37	1,084.50	2,570.00	2,424.87	
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	2,500.00	-	Doubled the funds for future Fall & Spring receptions
40-70227-010-30001	YEARBOOK CURRENT	3,300.00	-	3,500.00	3,300.00	
"TBD"	CONVOCAION 2020			3,000.00		Due to COVID, temporary account created to retain any prior year rollover funds to 2020 graduates
"TBD"	YEARBOOK 2020			3,500.00		Due to COVID, temporary account created to retain any prior year rollover funds to 2020 graduates
Total Program Expense		\$ 19,278.37	\$ 6,746.19	\$ 31,685.00	\$ 12,526.18	Formula cell (Don't change)
Balance Before Reserves		\$ 1,501.00	\$ 13,517.59	\$ 404.39		Formula cell (Don't change)
Reserves:						
40-30008-010-30001	RESERVE FUND	\$ 1,501.00	\$ -	\$ 404.39		
Total Reserves		\$ 1,501.00	\$ -	\$ 404.39		Formula cell (Don't change)
Total Expenses + Reserves		\$ 20,779.37	\$ 6,746.19	\$ 32,089.39		Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ -	\$ 13,517.59	\$ -		Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses						