



Faculty Student Association of DMC-Student Activity Fund
School of Health Professions (SOHP)
 FY 2022 = June 1, 2021 through May 31, 2022
FY 2022 CERTIFIED BUDGET


Account	Description	Prior FY 2021 @ 5/31/21 Actual	Submitted Budget FY 2022	Certified Budget FY 2022	Comments
Income					
40-49001-010-30001	ACTIVITIES FEES INCOME	\$ 18,685.45	\$ 17,813	\$ 18,685	Based on prior yr actual
40-40001-010-30001	ROLLOVER BALANCE	13,283.92	\$ 14,879	\$ 17,732	Actual FY2021 not spent as of 5/31/21
40-40002-010-30001	Y/BOOK CURRENT-ADVERT INCOME	-	-	-	
Total Income		\$ 31,969.37	\$ 32,693	\$ 36,418	Formula cell (Don't change)
Program Expenses <small>Revisions made are in red ink. Note: If a Club/Org does its own fundraising, Be sure to mark Column F comment= "Retains Any Prior Year Rollover".</small>					
40-70009-010-30001	ADMINISTRATION FEE	\$ 255.00	\$ 255	\$ 255	Formula cell (Don't change)
40-70280-010-30001	BROOKLYN FREE CLINIC	500.00	\$ -	\$ -	
40-70217-010-30001	CONFERENCE	-	\$ 600	\$ 600	
40-70234-010-30001	CONVOCATION	5,514.08	\$ 5,000	\$ 5,000	For May 2022 event
40-70230-010-30001	DIAGNOSTIC MEDICAL IMAGING	-	\$ -	\$ -	
40-70134-010-30001	MEDICAL INFORMATICS Assn	500.00	\$ -	\$ -	
40-70135-010-30001	MEETINGS	-	\$ 2,000	\$ 2,000	
40-70136-010-30001	MIDWIFERY Downstate Midwives Assn	-	\$ 1,445	\$ 1,445	
40-70240-010-30001	OCCUPATIONAL THERAPY (O.T.) Student Occupational Therapy Assn (SOTA)	841.00	\$ 2,200	\$ 2,200	Retains any prior year rollover (already included)
40-70233-010-30001	ORTHOPEDICS JOURNAL CLUB	140.00	\$ -	\$ -	MSC Orthopedics Club/Sports Medicine
40-70231-010-30001	PHYSICAL THERAPY CLUB (P.T.)	1,132.70	\$ 2,256	\$ 2,256	
40-70232-010-30001	PHYSICIAN ASSISTANT CLUB (P.A.)	267.97	\$ 2,200	\$ 2,200	
40-70173-010-30001	PROGRAMS AND PROJECTS	1,123.40	\$ 2,760	\$ 6,127	Net of all Revisions placed in this account Transfer to SCGB 70194-015 toward 2022 Spring Fling-Winter Ball Event
40-70097-010-30001	SPRING FLING/WINTER BALL	1,000.00	\$ 1,000	\$ 1,000	
40-70235-010-30001	WELCOME RECEPTION	-	\$ 2,500	\$ 2,500	
40-70227-010-30001	YEARBOOK CURRENT	2,962.87	\$ 7,000	\$ 7,000	2022 Yearbook
40-70387-010-30001	Coalition for Occupational Therapy Advocates for Diversity (COTAD) Chapter at SUNY Downstate		\$ 2,173	\$ 2,173	
40-70361-010-30001	NPASS National Perinatal Association Student Society		\$ 950	\$ 950	
Total Program Expense		\$ 14,237.02	\$ 32,339	\$ 35,706	Formula cell (Don't change)
Balance Before Reserves		\$ 17,732.35	\$ 354	\$ 712	Formula cell (Don't change)
Reserves:					
40-30008-010-30001	RESERVE FUND	\$ -	\$ 354	\$ 712	Minimum 5% prior yr actual expenses
Total Reserves		\$ -	\$ 354	\$ 712	Formula cell (Don't change)
Total Expenses + Reserves		\$ 14,237.02	\$ 32,693	\$ 36,418	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 17,732.35	\$ (0)	\$ 0	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					



Faculty Student Association of DOWNSTATE

July 20, 2021

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

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

SUBJECT: SOHP Council Budget Certification for FY 2022 (6/1/21 thru 5/31/22).

Attached is a copy of SOHP Council's certified budget for Student Activity fees (SAF) for the fiscal year 2022 that began June 1, 2021. The SOHP Council approved their submitted budget at their 5/12/21 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 5/31/2021 at **\$17,732**. This results in a revised grand total income to **\$36,418**.
- **Reserve Fund:** SOHP initially submitted a **\$353.63** Reserve Fund, which has been revised to the minimum required a **\$ 712**. (5% of prior year's actual expenses of **\$14,237.02**). SUNY Guidelines requires a 5% but no more than 100% of prior year's actual expenses.
- **Programs & Projects:** The net of the above adjustments of **\$6,127**. has been placed in this account.

Please be aware that:

- **Authorized Signatures:** 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 Staff Accountant
Danielle Diokno, VP
Ashley Layne, Secretary
Leah Tesfu, Treasurer
Philip Bones, Faculty Advisor
Jeffrey Putman, VP Student Affairs
Schuyler Hooke, Interim Director Student Life
Adam Burgman, Asst Director, Student Center
Allen Lewis, PhD, Dean, SOHP
Deanne Kennedy-Lorde, Interim Bursar (No SAF rate change; \$55/yr)



Date Completed:


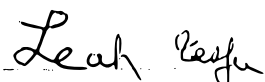

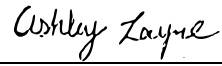
- Instructions:**
1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on [FSA website](#),
 2. Attach the detail SAF Budget Worksheet as approved by the student council,
 3. Attach the SIGNED meeting minutes showing the budget detail was approved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

NAME OF STUDENT ORGANIZATION: _____

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:)				
Vice President (if other Title,specify:)				
Secretary(if other Title,specify:)				
Treasurer (if other Title,specify:)				

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		Treas Print Name	Treasurer	
Signature	X		Signature	X	
VP Print Name	Vice President		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)

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

(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 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 _____

Date of Certification: _____