


Aug 10, 2024

TO: Matthews Zaharenios, 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 2025 (6/1/24 thru 5/31/25).

Attached is a copy of SOHP Council's certified budget for Student Activity fees (SAF) for the fiscal year 2025 that began June 1, 2024. The SOHP Council approved their submitted budget at their 5/3/24 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 5/31/2024 at **\$11,725.09**. This results in a revised grand total income to **\$28,644.52**
- **Reserve Fund:** SOHP initially did submitted a **\$ 1,000** amount for its Reserve Fund, which has been revised to the minimum required a **\$ 1,635.99** (10% of prior year's actual expenses of **\$ 16,359.89**). SUNY Guidelines requires a 5% but no more than 100% of prior year's actual expenses.
- **Programs & Projects:** The net of the above adjustment at **\$ 14,290.51** has been inserted to this account. **SoHP needs to improve planning and execute activities** in order to justify it's current annual SAF rate. **Currently its reserves are near 66% of its annual SAF income.**

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
Anna Todd, VP
Nour Elshabassy, Secretary
Andrew Liu, Treasurer
Philip Bones, Faculty Advisor
Jeffrey Putman, VP Student Affairs
Schuyler Hooke, Director, Student Life
Adam Burgman, Director, Student Center
Allen Lewis, PhD, Dean, SOHP
Deanne Kennedy-Lorde, Bursar (No SAF rate change; \$55/yr)

Faculty Student Association of DMC-Student Activity Fund	
School of Health Related Professions Student Council (SOHP)	
FY 2025 = June 1, 2024 through May 31, 2025	
CERTIFIED BUDGET	

Account	Description	Certified Budget 2023-2024	Actual Prior Year End @ 5/31/24	Submitted Budget 2024-2025	Certified Budget 2024-2025	Comments
Income						
40-49001-010-30001	ACTIVITIES FEES INCOME	\$ 16,610.79	\$ 16,919.43	\$ 17,971.52	\$ 16,919.43	<i>Based on Prior Year Actual</i>
40-40001-010-30001	ROLLOVER BALANCE	11,165.55	11,165.55	-	11,725.09	<i>Based on FY24 Not Spent as of 5/31/24</i>
Total Income		\$ 27,776.34	\$ 28,084.98	\$ 17,971.52	\$ 28,644.52	Formula cell (Don't change)
Program Expenses	<i>Note: If a Club/Org does its own fundraising, Be sure to mark Column G comment= "Retains Any Prior Year Rollover".</i>					
40-70009-010-30001	ADMINISTRATION FEE	\$ 283.00	\$ 283.00	\$ 290.00	\$ 290.00	Formula cell (Don't change)
40-70280-010-30001	BROOKLYN FREE CLINIC	500.00	500.00	500.00	\$ 500.00	<i>Transfer to 40-70280-012</i>
40-70387-010-30001	COALITION FOR OCCUPATIONAL THERAPY ADVOCATES FOR DIVERSITY (COTAD)	1,000.00	1,112.50	1,000.00	\$ 1,000.00	
40-70217-010-30001	CONFERENCE	500.00	1,250.00	500.00	\$ 500.00	
40-70234-010-30001	CONVOCATION	4,500.00	4,500.00	4,500.00	\$ 4,500.00	<i>For May 2025 Event</i>
40-70136-010-30001	MIDWIFERY	800.00	(36.63)	800.00	\$ 800.00	
40-70134-010-30001	STUDENT HEALTH INFORMATICS ASSOCIATION	800.00	-	800.00	\$ 800.00	
40-70135-010-30001	MEETINGS	2,000.00	1,556.60	2,000.00	\$ 2,000.00	
40-70402-010-30001	ORTHOPEDIC NEUROMUSCULAR JOURNAL CLUB	100.00	-	-	\$ -	
40-70231-010-30001	PHYSICAL THERAPY CLUB (P.T.)	1,200.00	893.67	1,200.00	\$ 1,200.00	
40-70232-010-30001	PHYSICIAN ASSISTANT CLUB (P.A.)	1,200.00	(532.65)	1,200.00	\$ 1,200.00	
40-70173-010-30001	PROGRAMS AND PROJECTS	10,597.44	3,430.80	981.52	\$ 14,290.51	<i>Net of All Revisions placed here</i>
40-70097-010-30001	SPRING FLING/WINTER BALL	500.00	500.00	500.00	\$ 500.00	<i>Transfer to SCGB 40-70194-015</i>
40-70240-010-30001	STUDENT OCCUPATIONAL THERAPY ASSN (SOTA)	1,200.00	900.30	1,200.00	\$ 1,200.00	
40-70235-010-30001	WELCOME RECEPTION	1,500.00	2,002.30	1,500.00	\$ 1,500.00	
Total Program Expense		\$ 26,680.44	\$ 16,359.89	\$ 16,971.52	\$ 30,280.51	Formula cell (Don't change)
Balance Before Reserves		\$ 1,095.90	\$ 11,725.09	\$ 1,000.00	\$ (1,635.99)	Formula cell (Don't change)
Reserves:						
40-30008-010-30001	RESERVE FUND	\$ 1,095.90	\$ -	\$ 1,000.00	\$ 1,635.99	<i>10% of Prior Year Expenses</i>
Total Reserves		\$ 1,095.90	\$ -	\$ 1,000.00	1,635.99	Formula cell (Don't change)
Total Expenses + Reserves		\$ 27,776.34	\$ 16,359.89	\$ 17,971.52	\$ 31,916.50	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ -	\$ 11,725.09	\$ -	\$ -	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses						

Date Completed:



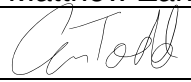
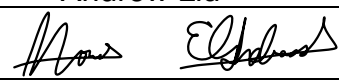
Instructions: 1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on [FSA website](#),
 2. Attach the detail SAF Budget Worksheet as approved by the student council,
 3. Attach the SIGNED meeting minutes showing the budget detail was approved 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, 20²⁴ thru May 31, 20²⁵

NAME OF STUDENT ORGANIZATION: School of Health Professions (SOHP) Student 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:)	Matthew Zaharenios	05/31/2025	v.zaharenios@downst	917-328-1849
Vice President (if other Title,specify:)	Anna Todd	05/31/2025	na.todd@downstate.e	302-220-1936
Secretary(if other Title,specify:)	Nour Elshabassy	05/31/2025	Elshabassy@downsta	929-484-5232
Treasurer (if other Title,specify:)	Andrew Liu	05/31/2025	drew.liu@downstate.e	718-715-5358

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	Matthew Zaharenios	Treas Print Name	Treasurer	Andrew Liu
Signature	X		Signature	X	
VP Print Name	Vice President	Anna Todd	Secy Print Name	Secretary	Nour Elshabassy

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's Constitution requires the SOHP President and Treasurer must sign all payment requests.

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

School of Health Professions (SOHP) Student 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  5/23/24
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:

- SoHP needs to improve planning and execute activities in order to justify it's current annual SAF rate. Currently its reserves are near 66% of its annual SAF income.

CERTIFIED BY


SIGNATURE

Date of Certification: 8/10/24