

Faculty Student Association of DMC-Student Activity Fund					
School of Public Health Student Council (SPH)					
FY 2019 = June 1, 2018 through May 31, 2019					
FY 2019 CERTIFIED BUDGET					
<i>red ink reflects revision made during certification</i>					
Account	Description	Current YTD as of 05/31/18	Submitted Budget 2019	Certified Budget 2018 - 2019	Comments
Income					
40-42092-013-30001	ACTIVITIES FEES INCOME	\$5,190.00	\$5,190	\$5,200	
40-40001-013-30001	ROLLOVER BALANCE	5,419.19	\$2,800	\$3,420	
40-70366-013	FUNDRAISER (Children of Promise)	-	\$0	\$87	\$90 donated, less PayPal fee, net \$86.82 (deposited after 6/1/18)
Total Income		\$10,609.19	\$7,990	\$8,707	Formula cell (Don't change)
Program Expenses					
	<i>in Acct Title alpha sequence</i>				
40-70009-013-30001	ADMINISTRATION FEE	\$ 54.00	\$55	\$55	Formula cell (Don't change)
40-70044-013-30001	CLUBS	140.00	\$300	\$300	
40-70055-013-30001	CONFERENCE SUPPORT	600.00	\$1,000	\$1,000	
40-70097-013-30001	EVENTS	1,239.99	\$5,235	\$5,235	
40-70135-013-30001	MEETINGS EXPENSES PRIOR YR		\$400	\$400	
40-70135-013-30001	MEETINGS EXPENSES	200.00	\$200	\$200	
40-70174-013-30001	PROGRAMS & PROJECTS	4,955.00	\$400	\$1,027	net remaining funds placed in this acct (being paid after 6/1/18)
40-70366-013	Fundraiser Children of Promise			\$90	
Total Program Expense		\$ 7,188.99	\$7,590	\$8,307	Formula cell (Don't change)
Balance Before Reserves		3,420.20	\$400	\$400	Formula cell (Don't change)
Reserves:					
40-30008-013-30001	RESERVE FUND	-	\$400	\$400	=6% of prior year actual spend of \$3,420
Total Reserves		\$ -	\$400	\$400	Formula cell (Don't change)
Total Expenses + Reserves		\$ 7,188.99	\$7,990	\$8,707	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 3,420.20	\$0	\$0	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					

See accompanying following pages:

1. Budget certification cover letter,
2. Budget Authorized Signatures and Agreement,
3. Meeting Minutes at which Council approved the submitted budget



Faculty Student Association of DOWNSTATE Medical Center

August 29, 2018

TO: Kirsten Weisbeck, President
School of Public Health Student Council (SPH)
Via eMail and posted on FSA website

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

SUBJECT: SPH Budget Certification for FY 2019 (6/1/18 thru 5/31/19).

Attached is a copy of SPH's certified budget for Student Activity fees (SAF) for the fiscal year 2019 that began June 1, 2018. The 2019 SPH 2019 Submitted Budget (see important note in **red ink** below) 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:

- **SAF Revenue:** The initial amount submitted is revised to prior year actual at **\$ 5,200**.
- **Rollover:** Initial amount submitted (**\$ 2,800**) is adjusted to year end 5/31/18 actual of **\$ 3,420**. The above revisions results in a grand total income at **\$ 8,707**.
- **Reserve Fund:** SPH submitted a reserve fund at \$ 400 which represents 6% of prior year's actual expenses and is within the SUNY Guidelines.
- **Children of Promise Fundraiser:** Added funds raised (\$ 86.82) as income and planned payment to be made after 6/1/18 AT \$90 (SPH absorbing~\$3. PayPal fee).
- **Programs & Projects:** The net of the above revisions results has been made in this account being adjusted to **\$ 1,027** in order to balance SPH's 2019 budget.

Please be aware that:

- SPH Treasurer Margo Swift notified FSA on 5/15/18 that the SPH Council had conducted an eMail vote on 5/14/18 to approve the submitted 2019 SPH budget, and would be ratified at the next Council meeting on 5/31 (ratifying the 2019 submitted budget and the eMail vote). **However, 5/31/18 SPH meeting minutes have not yet been submitted** ([SPH minutes link](#)). **SPH must submit minutes reflecting the approval of the 2019 Budget ASAP.**
- **Authorized Signators:** SPH's Constitution requires that the SPH Treasurer sign all payment forms.
- **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 \(link\)](#), and [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
Michelle Davis, VP
Lousette Saint Victor, Secretary
Margot Swift, Treasurer
not yet identified, Faculty Advisor
Peter Ljutic, Bursar (No SAF rate change; Rate is \$ 10/semester flat fee: Summer, Fall, Spring)

Judith LaRosa, Interim Dean
Jeffrey Putman, VP Student Affairs
Meg O'Sullivan, AVP Student Life
Amy Urquhart, Director, Student Center

Date Completed: 5/18/18

- 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 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, 20¹⁸ thru May 31, 20¹⁹NAME OF STUDENT ORGANIZATION: School of Public Health 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:)	Kirsten Weisbeck	5/31/2018	kirsten.weisbeck@downstate.edu	(585) 314-1547
Vice President (if other Title,specify:)	Michelle Davis	5/31/2018	michelle.davis@downstate.edu	
Secretary(if other Title,specify:)	Lousette Saint Victor	5/31/2018	lousette.saintvictor@downstate.edu	
Treasurer (if other Title,specify:)	Margot Swift	5/31/2018	margot.swift@downstate.edu	(262) 490-4519

AUTHORIZED SIGNATURE(S) FOR PAYMENT FORMS (check your council bylaws – some have specific authorized signator requirements):

Signature	X	Signature	X
Pres Print Name	President Kirsten Weisbeck	Treas Print Name	Treasurer Margot Swift
Signature	X	Signature	X
VP Print Name	Vice President Michelle Davis	Secy Print Name	Secretary Lousette Saint Victor

Check One: ☐ JOINT or ☒ SINGLE SIGNATURES ARE REQUIRED FOR DISBURSEMENTS.Other signature restrictions, if any (insert any special instructions such as club accounts which may have different authorized signature requirements)

Per SPH Constitution Section VI.B.4: All payments forms shall be signed by the Treasurer. However, in the absence or unavailability of the Treasurer, any other Council officer may sign a payment form but must provide a copy of the payment form they signed to the Treasurer within five days.

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

School of Public Health Student Council

(Insert Name of Student Organization)

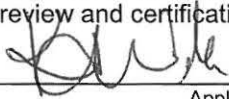
The Faculty Student Association (FSA) is allowed to receive, hold, and disburse monies as agent for recognized Student Activity Fee organizations on the SUNY Downstate Medical Center campus and is performing in accordance with the established "Policies and Procedures for Trust and Agency (T&A) Accounts" 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 recognizance, 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

5/18/18

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 FSA guidelines entitled "Policies and Procedures for Trust and Agency Accounts" and "SUNY Board of Trustee Guidelines on Student Activity Fees".

Certification Comments:

Revisions made during certification are detailed in 8/29/18 cover memo.

CERTIFIED BY



SIGNATURE

Date of Certification:

8/29/18

Daniel Minnock

From: Margot Swift
Sent: Tuesday, May 15, 2018 12:57 PM
To: Anthony Condoleo
Cc: Daniel Minnock
Subject: Fw: 2018-19 Budget Request Email Vote

Hi Anthony and Daniel,

Please find below the email vote from the SPH Student Council for our 2019 budget certification. As discussed previously, **we will officially ratify the motion at our next meeting on 5/31 and provide you with the meeting minutes shortly after that.** The Excel spreadsheet with our budget template is also attached to my original email. Please let me know if you need anything else from me at this time. Thanks!

Best,
Margot

Margot Swift
MPH Candidate
Health Policy & Management
SUNY Downstate School of Public Health

From: Michelle Davis
Sent: Monday, May 14, 2018 4:03 PM
To: Kirsten Weisbeck; Margot Swift; Lousette Saint Victor; Justin Tien; Samantha Lawrence; Natalie Charles; LeConte Dill
Subject: Re: 2018-19 Budget Request Email Vote

Third the motion. Good job Maggie :)

Michelle Davis
MPH Candidate, Epidemiology
SUNY Downstate School of Public Health

From: Kirsten Weisbeck
Sent: Monday, May 14, 2018 3:51:22 PM
To: Margot Swift; Michelle Davis; Lousette Saint Victor; Justin Tien; Samantha Lawrence; Natalie Charles; LeConte Dill
Subject: Re: 2018-19 Budget Request Email Vote

Looks good to me. Thanks for putting this together! I second the motion.

Get [Outlook for iOS](#)

From: Margot Swift
Sent: Monday, May 14, 2018 3:38:01 PM
To: Kirsten Weisbeck; Michelle Davis; Lousette Saint Victor; Justin Tien; Samantha Lawrence; Natalie Charles; LeConte

Dill

Subject: 2018-19 Budget Request Email Vote

Hi everyone,

I'd like to make a motion to approve the following for the 2018-19 SPH Student Council budget. Please see the attached document for a detailed spreadsheet with the following information.

- ACTIVITIES FEE income of \$5,190.00
- ROLLOVER BALANCE (from this year's budget) of \$2,800.00
- ADMINISTRATION FEE expense of \$55.00
- CLUBS account expenses of \$300.00
- CONFERENCE SUPPORT expenses of \$1,000.00
- EVENTS expenses of \$5,235.00
- MEETINGS EXPENSES expenses of \$200.00
- MEETINGS EXPENSES expenses to be paid after 5/31/2018 (for end-of-year strategic planning meeting) of \$400.00
- PROGRAMS & PROJECTS expenses of \$400.00
- RESERVE FUND of \$400.00

The budget may be adjusted by the FSA office during the certification process, but as of now it is balanced and the net income minus expenses and reserves is \$0.00.

Please reply all with your response to the above motion. Thank you!

Margot Swift
MPH Candidate
Health Policy & Management
SUNY Downstate School of Public Health

A handwritten signature in black ink, appearing to read 'Margot Swift', with a long horizontal line extending to the right.