

Faculty Student Association of DMC-Student Activity Fund					
School of Public Health Student Council (SPH)					
FY 2020 = June 1, 2019 through May 31, 2020					
CERTIFIED BUDGET					
Account	Description	Current YTD as of 5/31/19	Submitted Budget 2019-2020	Certified Budget 2019 - 2020	Comments
Income					
40-42092-013-30001	ACTIVITIES FEES INCOME	\$4,460.00	\$ 4,460.00	\$ 4,460.00	
40-40001-013-30001	ROLLOVER BALANCE	3,430.20	3,430.00	2,459.17	Actual FY19 funds not spent as of 5/31/19
40-21010-013-30001	FUNDRAISER (CHILDREN OF PROMISE)	87.00			
Total Income		\$7,890.20	\$ 7,890.00	\$ 6,919.17	Formula cell (Don't change)
Program Expenses					
40-70009-013-30001	ADMINISTRATION FEE	\$ 55.00	\$ 56.00	\$ 56.00	Formula cell (Don't change)
40-70044-013-30001	CLUBS	300.00	\$ 300.00	300.00	
40-70055-013-30001	CONFERENCE SUPPORT	1,000.00	\$ 1,000.00	1,000.00	
40-70097-013-30001	EVENTS	2,349.03	\$ 5,034.00	4,063.17	Net remaining funds placed in this acct
40-70135-013-30001	MEETINGS EXPENSES	600.00			
40-70174-013-30001	PROGRAMS & PROJECTS	1,037.00	\$ 1,000.00	1,000.00	
40-70366-013-30001	FUNDRAISER (CHILDREN OF PROMISE)	90.00			
Total Program Expense		\$ 5,431.03	\$ 7,390.00	\$ 6,419.17	Formula cell (Don't change)
Balance Before Reserves		2,459.17	500.00	500.00	Formula cell (Don't change)
Reserves:					
40-30008-013-30001	RESERVE FUND	-		500.00	
Total Reserves		\$ -		\$ 500.00	Formula cell (Don't change)
Total Expenses + Reserves		\$ 5,431.03		\$ 6,919.17	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 2,459.17		\$ -	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					



Faculty Student Association of DOWNSTATE Medical Center

July 25, 2019

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

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

Rich B

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

Attached is a copy of SPH's certified budget for Student Activity fees (SAF) for the fiscal year 2020 that began June 1, 2019. The SPH approved the submitted budget at their 5/15/19 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:** Revised to the actual 5/31/19 rollover of unused funds at **\$2,459.17**. The above revisions result in a revised grand total income at **\$6,919.17**.
- **Events:** The net of the above revisions results has been made in this account being adjusted to **\$4,063.17** in order to balance SPH's 2020 Budget.
- **Reserve Fund:** SPH submitted a reserve fund at \$500 which represents 10% of prior year's actual expenses and is within the SUNY Guidelines (min 5% but no more than 100% of prior year's actual expenses).

Please be aware that:

- **Authorized Signators:** SPH's Constitution Article VI.b.4 which states that "all payments forms shall be signed by the Treasurer. 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".
- 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.
- 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;

via eMail:

Emily Bakaj, VP
Alyson Clarke, Secretary
Syed Bukhari, Treasurer
Dr. Megan Hall, Faculty Advisor
Peter Ljusic, Bursar (No SAF rate change; Rate is \$10/semester flat fee: Summer, Fall, Spring)

Pascal Imperato, MD, Dean
Jeffrey Putman, VP Student Affairs
Meg O'Sullivan, AVP Student Life
Amy Urqhart, Director, Student Center

SAF BUDGET REQUEST & AGREEMENT FORM



Done 7/5/19 Page 1 of 2
Date Completed: 7/9/19

- 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 ²⁰

NAME OF STUDENT ORGANIZATION: SPH 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:)	Alyson Clarke	07/01/19 - 06/30/20	alyson.clarke@downstate.edu	305-766-4554
Vice President (if other Title,specify:)	Alexander Barna	07/01/19 - 06/30/20	alexander.barna@downstate.edu	412-445-4258
Secretary (if other Title,specify:)	Mamta Karani	7/1/19 - 6/30/20	Mamta.Karani@downstate.edu	551-221-6633
Treasurer (if other Title,specify:)	Estefania Gonzales	07/01/19 - 06/30/20	estefania.gonzales@downstate.edu	551-482-7866

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)

~~2 signatures from any executive board~~
SPH Constitution Article VI.b.4 requires all payment forms be signed by Treasurers
In absence or unavailability may sign a payment form but MUST provide copy of payment form they signed to Treasurers within 5 days.

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

SPH 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 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

07/09/19
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 7/25/19

CERTIFIED BY

Richard Bentley

SIGNATURE

Date of Certification:

7/26/19

SPH Student Council Minutes

May 15th, 2016

Email vote to approve the budget for the SPH Student Council 2019-2020.

The attached budget was proposed to SPH Student Council members via eMail sent May 15, 2019 at 3:49 pm.

The motion made was to approve the attached SPH 2019-2020 Budget.

The SPH Student Council's vote was via eMail with the vote tabulation.

Respectfully submitted by Alyson Clarke, SPH Student Council Secretary

A handwritten signature in black ink, consisting of a stylized first name and a last name, written in a cursive-like script.

Email Vote for Budget

81 v



Maya Lloyd

Yes

Wed 5/15/2019 4:40 PM



Xhenete Lekperic

Wed 5/15/2019 4:23 PM

👍 \$ | v

I vote yes.

...



Alyson Clarke

Yes -Alyson Alyson Clarke SUNY Downstate Medical Center School of Public Health Student Council Secretary University Council Social Media C...

Wed 5/15/2019 4:10 PM



Syed Bukhari

Yes

Today, 3:58 PM



Emily Bakaj

Wed 5/15/2019 3:52 PM

👍 \$ | v

yes

...



Rachel Radigan

Hello all, We need to have an email vote to approve the budget for the SPH Student Council 2019-2020. I have attached the proposed budget. ...

Wed 5/15/2019 3:49 PM



Syed Bukhari

Yes

Today, 3:58 PM



Emily Bakaj

Wed 5/15/2019 3:52 PM

👍 \$ | v

yes

...



Rachel Radigan

Wed 5/15/2019 3:49 PM

👍 \$ Reply all | v

To: 📧 Syed Bukhari; 📧 Alyson Clarke; 📧 Maya Lloyd; 📧 Emily Bakaj; 📧 Yamina Kezzadi; 📧 Uchechukwu Nwokoma; 📧 Pui-See Fok; 📧 Xhenete Lekperic; 📧 Megan Hall; 📧 Usha Govindarajulu

This message was sent with high importance.



sph20-budget-template...

16 KB

Download Save to OneDrive - Downstate Medical Center

Hello all,

We need to have an email vote to approve the budget for the SPH Student Council 2019-2020. I have attached the proposed budget.

Motion: To approve the attached SPH 2019-2020 Budget.

Please reply "Yes" or "No" to vote.

Best Regards,
Rachel Radigan

