

Faculty Student Association of DMC-Student Activity Fund

School of Public Health Student Council (SPH)

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

CERTIFIED REVISED BUDGET (as of 11/30/20)

Account	Description	Current YTD as of 5/31/20	Submitted Budget 2020-2021	Certified Budget 2020 - 2021	Comments
Income					
40-42092-013-30001	ACTIVITIES FEES INCOME	\$5,480.00	\$ -	\$0	Summer/Fall 2020 and Spring 2021 waived
40-40001-013-30001	ROLLOVER BALANCE	5,482.99	9,851.99	\$9,796	Actual FY20 funds not spent as of 5/31/20
40-21010-013-30001	FUNDRAISER (CHILDREN OF PROMISE)	-			
Total Income		\$10,962.99	\$ 9,851.99	\$9,796	Formula cell (Don't change)
Program Expenses					
40-70009-013-30001	ADMINISTRATION FEE	\$ 56.00	\$ 57.00	\$57	Formula cell (Don't change)
40-70044-013-30001	CLUBS	-	\$ 300.00	\$300	
40-70055-013-30001	CONFERENCE SUPPORT	-	\$ 500.00	\$500	
40-70097-013-30001	EVENTS	1,089.00	\$ 4,063.17	\$7,917	Net remaining funds placed in this acct
40-70135-013-30001	MEETINGS EXPENSES	22.00	\$ 22.00	\$22	
40-70174-013-30001	PROGRAMS & PROJECTS	-	\$ 500.00	\$500	
Total Program Expense		\$ 1,167.00	\$ 5,442.17	\$9,296	Formula cell (Don't change)
Balance Before Reserves		9,795.99	500.00	\$500	Formula cell (Don't change)
Reserves:					
40-30008-013-30001	RESERVE FUND	-		\$500	
Total Reserves		\$ -		\$500	Formula cell (Don't change)
Total Expenses + Reserves		\$ 1,167.00		\$9,796	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 9,795.99		(\$0)	Formula cell (Don't change)
<i>*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses</i>					



Faculty Student Association of
DOWNSTATE
Medical Center

November 30, 2020

TO: Alecia James, 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 **REVISED** Budget Certification for FY 2021 (6/1/20 thru 5/31/21).

Attached is a copy of SPH's certified REVISED budget for Student Activity fees (SAF) for the fiscal year 2021 that began June 1, 20120. The SPH approved the submitted budget at their 5/14/20 meeting, and revised at its 11/30/20 meeting, and has been certified on behalf of the Campus President in accordance with the SUNY Board of Trustees Guidelines with the following adjustments:

- **SAF Income:** The Council previously voted not charge any SPH Summer 2020 and Fall 2020 SAF (flat rate \$10). Since this had not been implemented in time for Bursar billing cycle, Bursar shall credit that amount to all Summer 2020 and Fall 2020 students who were billed. The SPH Council voted 11/30/20 to waive the Spring 2021 SAF brining the annual **SAF income = \$0**
- **Events Expense:** This has been reduced by the same amount; resulting in new total @ **\$7,917**.

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:

Samiha Hussain, VP
Kristelle Pierre, Secretary
Reekarl Pierre, Treasurer
Dr. Megan Hall, Faculty Advisor

Kitaw Demissie, MD, PhD, Dean
Jeffrey Putman, VP Student Affairs
Schuyler Hooke, Student Life
Adam Burgman,

DeAnne Kennedy-Lorde, Bursar: SPH Rate of \$10/semester flat fee is waived (\$0) for Summer 2020, Fall 2020 and Spring 2021 semesters; Will resume in Summer 2021.

Date Completed: **05/15/2020**





- 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: 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:)	Alecia James		alecia.james@downstate.edu	917-362-0447
Vice President (if other Title, specify:)	Samiha Hussain		samiha.hussain@downstate.edu	347-738-7199
Secretary (if other Title, specify:)	Kristelle Pierre		kristelle.pierre@downstate.edu	516-451-7551
Treasurer (if other Title, specify:)	Reekarl Pierre		reekarl.pierre@downstate.edu	516-451-9906

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 Alecia James	Treas Print Name	Treasurer Reekarl Pierre
Signature	X 	Signature	X 
VP Print Name	Vice President Samiha Hussain	Secy Print Name	Secretary Kristelle Pierre

 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

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  05/15/20
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 Richard Bentley Date of Certification: 9/22/20
SIGNATURE

SUNY Downstate Health Sciences University School of Public Health
Student Council Meeting Agenda
Friday, May 14th, 2020
1:30 PM--2:30 PM
Blackboard Collaborate

Members in Attendance:

Alecia James
Alexander Barna
Alyson Clarke
Mamta Karani

Non-voting Members in Attendance:

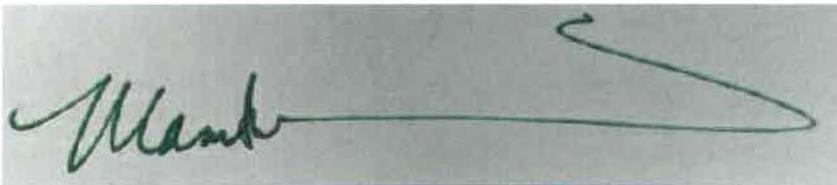
Christine Zogaib
Dr. Megan Hall
Kristelle Pierre
Reekarl Pierre
Samiha Hussain

Members not in Attendance:

Suwaskie Smith
Serekie Smith
Prachee Keni (*proxy: Mamta Karani*)

1. Call to Order
2. Old Business
 - a. Review of April Meeting Minutes
 - i. After a brief discussion, the following motion was made by A. Clarke and seconded by M. Karani.
 1. Motion: to approve minutes from last meeting. **Motion passes unanimously.**
 - b. Professional Development Events
 - i. DOHMH Information session
 1. 1 held. Recording shared. Later session to be scheduled.
 - ii. Doctorate panel
 1. To be shared in a document/recorded
 - c. Teacher Award
 - i. Email for nominations sent out. A. Clarke to send out reminder.
3. New Business

- a. Student Activity Fee
 - i. Discussed options suggested by FSA offices regarding student activity fee.
 - ii. After a brief discussion, the following motion was made by A. Clarke and seconded by A. Barna.
 - 1. Motion: To drop the SAF for SPH Students to \$0 for the Summer and Fall Semesters. **Motion passes unanimously.**
- b. Budget
 - i. After a brief discussion, the following motion was made by A. Clarke and seconded by A. James.
 - 1. Motion: To approve and submit budget of \$5,942.17 for the 2020-2021 academic year. **Motion passes unanimously.**
- c. Interim Officer
 - i. Due to the delay of general elections until the Fall Semester, and because six out of seven current council members will no longer be able to serve, new students have been chosen to help run the council until election season.
 - 1. President:A. James
 - 2. Vice President: S. Hussain
 - 3. Secretary:R. Pierre
 - 4. Treasurer:K. Pierre
 - 5. After a brief discussion, the following motion was made by A. Clarke and seconded by A. Barna.
 - a. Motion: To accept the interim council. **Motion passes unanimously.**
- d. Meeting adjournment
 - i. Motion made to adjourn meeting by A. Clarke and seconded by A. James
 - 1. Meeting adjourned at 2:30 PM

A handwritten signature in green ink, appearing to read "Mamta", followed by a long horizontal flourish that ends in a loop.

**Official meeting minutes respectfully submitted by
Mamta Karani, SPH Student Council Secretary (2019-2020)**

**Faculty Student Association of DMC-Student Activity Fund
School of Public Health Student Council (SPH)
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. Insert Council's Proposed FYE 2021 Budget in Column F.
Add/insert rows for any needed New Accounts (insert title, leave account # "TBD")

Account	Description	Certified Budget 2019 - 2020	Current YTD as of 03/31/20	Difference (Funds Avail)	Proposed Budget 2020 - 2021	Comments
Income						
40-42092-013-30001	ACTIVITIES FEES INCOME	\$ 4,460.00	\$5,480.00	\$1,020.00		
40-40001-013-30001	ROLLOVER BALANCE	5,482.99	5,482.99	-	9,851.99	
40-21010-013-30001	FUNDRAISER (CHILDREN OF PROMISE)	-				
Total Income		\$ 9,942.99	\$10,962.99	\$1,020.00	\$ 9,851.99	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>						
40-70009-013-30001	ADMINISTRATION FEE	\$ 56.00	\$ -	\$ 56.00	\$ 57.00	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	500.00	
40-70097-013-30001	EVENTS	7,086.99	1,089.00	\$ 5,997.99	4,063.17	
40-70135-013-30001	MEETINGS EXPENSES	-	22.00	\$ (22.00)	22.00	
40-70174-013-30001	PROGRAMS & PROJECTS	1,000.00	-	\$ 1,000.00	500.00	
Total Program Expense		\$ 9,442.99	\$ 1,111.00	\$ 8,331.99	\$ 5,442.17	Formula cell (Don't change)
Balance Before Reserves		500.00	9,851.99		4,409.82	Formula cell (Don't change)
Reserves:						
40-30008-013-30001	RESERVE FUND	500.00	-	500.00	500.00	
Total Reserves		\$ 500.00	\$ -	\$ 500.00	\$ 500.00	Formula cell (Don't change)
Total Expenses + Reserves		\$ 9,942.99	\$ 1,111.00	\$ 8,831.99	\$ 5,942.17	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ -	\$ 9,851.99		\$ 3,909.82	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses						