

**Faculty Student Association of DMC-Student Activity Fund**

**School of Public Health Student Council (SPH)**


**FY 2023 = June 1, 2022 through May 31, 2023**

**CERTIFIED BUDGET**

Account	Description	Certified Budget 2021 - 2022	Current YTD as of 05/31/22	Submitted Budget 2022- 2023	Certified Budget 2022 - 2023	Comments
<b>Income</b>						
40-42092-013-30001	ACTIVITIES FEES INCOME	\$ 2,190.00	\$ 8,830.00	\$6,640.00	\$ 6,640.00	
40-40001-013-30001	ROLLOVER BALANCE	3,601.37	3,601.37	-	11,239.87	
<b>Total Income</b>		<b>\$ 5,791.37</b>	<b>\$12,431.37</b>	<b>\$6,640.00</b>	<b>\$ 17,879.87</b>	Formula cell (Don't change)
<b>Program Expenses</b>						
<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	\$ 58.00	\$ 58.00	\$ 59.00	\$ 62.93	Formula cell (Don't change)
40-70044-013-30001	CLUBS	300.00	-	\$ 300.00	300.00	
40-70055-013-30001	CONFERENCE SUPPORT	500.00	-	\$ 500.00	500.00	
40-70097-013-30001	EVENTS	3,911.37	1,053.50	\$ 4,759.00	15,303.44	
40-70135-013-30001	MEETINGS EXPENSES	22.00	-	\$ 22.00	22.00	
40-70174-013-30001	PROGRAMS & PROJECTS	500.00	80.00	\$ 500.00	500.00	
<b>Total Program Expense</b>		<b>\$ 5,291.37</b>	<b>\$ 1,191.50</b>	<b>\$ 6,140.00</b>	<b>\$ 16,688.37</b>	Formula cell (Don't change)
<b>Balance Before Reserves</b>		<b>500.00</b>	\$11,239.87	\$500.00	<b>1,191.50</b>	Formula cell (Don't change)
<b>Reserves:</b>						
40-30008-013-30001	RESERVE FUND	500.00	-	500.00	1,191.50	
<b>Total Reserves</b>		<b>\$ 500.00</b>	<b>\$ -</b>	<b>\$ 500.00</b>	<b>\$ 1,191.50</b>	Formula cell (Don't change)
<b>Total Expenses + Reserves</b>		<b>\$ 5,791.37</b>	<b>\$ 1,191.50</b>	<b>\$ 6,640.00</b>	<b>\$ 17,879.87</b>	Formula cell (Don't change)
<b>Total Net Income less Expenses + Reserves</b>		<b>\$ -</b>	<b>\$ 11,239.87</b>	<b>\$ 11,239.87</b>	<b>\$ -</b>	Formula cell (Don't change)
<i>*SUNY Reserve Guidelines &gt;5% and &lt;100% of prior year actual expenses</i>						

Aug 16, 2022

TO: Janille Williams, 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 2022 (6/1/22 thru 5/31/23).

Attached is a copy of SPH's certified budget for Student Activity fees (SAF) for the fiscal year 2023 that began June 1, 2022. The SPH approved the submitted budget at their 5/27/22 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 5/31/20 rollover of unused funds at **\$11,239.87**. The above revisions result in a revised grand total income of **\$17,879.87**
- **Events:** The net of the above revisions results has been made in this account being adjusted to **\$15,303.44** in order to balance SPH's 2023 Budget.
- **Reserve Fund:** SPH Reserve Fund represents 100% of prior year expenses, which meets SUNY Guidelines (requires minimum of 5% but no more than 100% of prior year's actual expenses).

Please be aware that:

- **Authorized Signatures:** SPH has chosen to increase signature requirements to TWO (Joint) signatures on Payments Forms submitted. Be aware that SPH's Constitution Article VI.b.4 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:

Asad Mannan, VP  
Brianna Caldwell-Williams, Secretary  
Hector Gonzalez, Treasurer  
Dr. Megan Hall, Faculty Advisor  
Deanne Kennedy-Lorde, Bursar: SPH Rate is \$10/semester flat fee in Summer, Fall and Spring.

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

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 <i>Janilla Williams</i>	Signature	X <i>Hector Gonzalez</i>
Pres Print Name	President	Treas Print Name	Treasurer
Signature	X <i>asad</i>	Signature	X <i>Brianne Williams</i>
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)

SPH Student Council has elected to increase Payment Form signature requirements to TWO signature (joint) . Be aware that SPH Student Council constitution requires only ONE signature : 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**

(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 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 Janille Williams 5/31/2022  
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:

See budget certification comments detailed in cover letter dated 8/16/22

CERTIFIED BY  Date of Certification: 8/16/22  
SIGNATURE