

Faculty Student Association of DMC-Student Activity Fund

School of Public Health Student Council (SPH)


FY 2024 = June 1, 2023 through May 31, 2024

INTERIM CERTIFIED BUDGET expires 10/13/23; Council must submit revised budget on or before 10/13/23

Account	Description	Certified Budget 2022 - 2023	Current YTD as of 05/31/23	Submitted Budget 2023- 2024	Certified Budget 2023 - 2024	Comments
Income						
40-42092-013-30001	ACTIVITIES FEES INCOME	\$ 6,640.00	\$ 5,730.00	\$ 6,640.00	\$ 5,730.00	
40-40001-013-30001	ROLLOVER BALANCE	11,239.87	11,239.87	14,414.94	14,414.94	<i>Actual FY23 Funds not spent as of 5/31/23</i>
Total Income		\$ 17,879.87	\$16,969.87	\$ 21,054.94	\$ 20,144.94	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	\$ 62.93	\$ 62.93	\$ 64.00	\$ 64.00	Formula cell (Don't change)
40-70044-013-30001	CLUBS	300.00	-	300.00	300.00	
40-70055-013-30001	CONFERENCE SUPPORT	500.00	-	3,000.00	3,000.00	
40-70097-013-30001	EVENTS	15,303.44	2,492.00	15,099.44	12,826.01	<i>Net Remaining Funds placed in this account</i>
40-70135-013-30001	MEETINGS EXPENSES	22.00	-	400.00	400.00	
40-70174-013-30001	PROGRAMS & PROJECTS	500.00	-	1,000.00	1,000.00	
Total Program Expense		\$ 16,688.37	\$ 2,554.93	\$ 19,863.44	\$ 17,590.01	Formula cell (Don't change)
Balance Before Reserves		1,191.50	\$14,414.94	\$1,191.50	2,554.93	Formula cell (Don't change)
Reserves:						
40-30008-013-30001	RESERVE FUND	1,191.50	-	1,191.50	2,554.93	<i>100% Prior Year Actual Expenses (Within Guidelines)</i>
Total Reserves		\$ 1,191.50	\$ -	\$ 1,191.50	\$ 2,554.93	Formula cell (Don't change)
Total Expenses + Reserves		\$ 17,879.87	\$ 2,554.93	\$ 21,054.94	\$ 20,144.94	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ -	\$ 14,414.94		\$ -	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses						

July 13, 2023

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 Interim Budget Certification for FY 2024 (6/1/23 thru 5/31/24) – **Expires 10/13/23**

Attached is a copy of SPH's certified budget for Student Activity fees (SAF) for the fiscal year (FY) 2024 that began on June 1, 2023. The SPH approved the submitted budget at their 5/19/23 meeting, which has been modified as needed and has been certified on an interim basis expiring 10/13/23 on behalf of the Campus President in accordance with the SUNY Board of Trustees Guidelines. This provides additional time after **the start of the Fall 2023 semester for SPH Council to take actions to either increase its programs and activities to spend its annual SAF income by May 31st or consider reducing its Spring 2024 SAF fee rate. The council must submit a revised FY2024 Budget to FSA for certification prior to 10/13/23.** Revisions include:

- **Rollover Balance:** The SPH's actual year end unused funds at 5/31/23 was \$ **14,414.94** which represents **251%** of its annual SAF income, and **564%** of its prior year expenses and by SUNY Board of Trustees guidelines **is excessive**.
- **SAF Income:** SPH initially budgeted \$ 6,640 but prior year actual as of 5/31/23 was \$5,730. FY2024 estimated SAF revenue has been adjusted to a more conservative estimate at \$5,730.
- **Reserve Fund:** SPH initially submitted a **\$1,191.50** Reserve Fund, which has been revised to the maximum Reserve Fund of **\$2,554.93**. (100% of prior year's actual expenses) due to its excessive rollover. SUNY Guidelines requires a 5% but no more than 100% of prior year's actual expenses.
- **Events:** The net of the above revisions results has been made in this account being adjusted to **\$12,826.01** in order to balance SPH's 2024 Budget.

Please be aware that:

- **The Council MUST submit a revised budget for additional certification on or before 10/13/23.**
- **Authorized Signatures:** SPH has chosen to increase signature requirements to TWO (Joint) signatures on Payments Forms submitted (above the SPH Constitution requirements in Article VI.B.d).
- 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.
- **Events, Program & Projects and Reserve Fund** use requires SPH Council meeting minutes approving specific use since at the time of certification, these are unspecified.
- [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 Academic & Student Affairs
Schuyler Hooke, Director, Student Life
Adam Burgman, Director, Student Center

Date Completed:

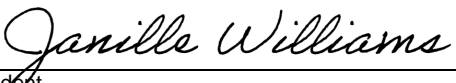


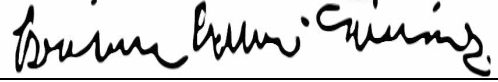
- Instructions:**
1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on [FSA website](#),
 2. Attach the detail SAF Budget Worksheet as approved by the student council,
 3. Attach the SIGNED meeting minutes showing the budget detail was approved 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		Signature	
Pres Print Name	President		Treas Print Name	
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)

The SoHP Student Council requires payment forms be jointly signed by any two (2) officers

**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 _____
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:

Interim Certification Expires 10/13/23: SPH Council must take actions to either increase its programs and activities to spend its annual SAF income by May 31st or consider reducing its Spring 2024 SAF fee rate. The council must submit a revised FY2024 Budget to FSA for certification prior to 10/13/23.

CERTIFIED BY Richard Bentley _____ Date of Certification: 9/8/23
SIGNATURE