


Faculty Student Association of DMC-Student Activity Fund								
School of Public Health Student Council (SPH)								
FY 2025 = June 1, 2024 through May 31, 2025								
CERTIFIED BUDGET								
Account	Description	Certified Budget 2023 - 2024	Current YTD as of 05/31/24	Proposed Budget 2024 - 2025	Interim Certified Budget 2024 - 2025	Nov 2024 Proposed Budget 2024 - 2025	Certified Revised Budget 2024 - 2025	Comments
<b>Income</b>								
40-42092-013-30001	ACTIVITIES FEES INCOME	\$ 5,730.00	\$ 9,620.05	\$ 5,730.00	\$ 5,730.00	\$ 5,730.00	\$ 5,730.00	
40-40001-013-30001	ROLLOVER BALANCE	14,414.94	14,414.94	17,511.83	17,353.92	17,354.00	17,353.92	
Total Income		\$ 20,144.94	\$24,034.99	\$ 23,241.83	\$ 23,083.92	\$ 23,084.00	\$ 23,083.92	Formula cell (Don't change)
<b>Program Expenses</b>								
Note: If a Club/Org does its own fundraising, Be sure to mark Column G comment= "Retains Any Prior Year Rollover".								
40-70009-013-30001	ADMINISTRATION FEE	\$ 64.00	\$ 64.00	\$ 66.00	\$ 66.00	\$ 66.00	\$ 66.00	Formula cell (Don't change)
40-70044-013-30001	CLUBS	300.00	-	500.00	500.00	500.00	500.00	
40-70055-013-30001	CONFERENCE SUPPORT	3,000.00	-	5,000.00	5,000.00	3,000.00	3,000.00	
40-70426-013-30001	FALL SPECIAL EVENT					2,500.00	2,500.00	
40-70427-013-30001	SPRING SPECIAL EVENT					2,500.00	2,500.00	
40-70428-013-30001	END OF YEAR CELEBRATION					2,500.00	2,500.00	
40-70429-013-30001	CAREER WEEK					2,500.00	2,500.00	
40-70097-013-30001	EVENTS	12,826.01	6,314.16	13,720.90	15,783.87	4,818.00	4,817.92	Net Remaining Funds Placed in this Account
40-70135-013-30001	MEETINGS EXPENSES	400.00	-	400.00	400.00	1,200.00	1,200.00	
40-70174-013-30001	PROGRAMS & PROJECTS	1,000.00	302.91	1,000.00	1,000.00	3,000.00	3,000.00	
Total Program Expense		\$ 17,590.01	\$ 6,681.07	\$ 20,686.90	\$ 22,749.87	\$ 22,584.00	\$ 22,583.92	Formula cell (Don't change)
Balance Before Reserves		2,554.93	\$17,353.92	\$2,554.93	334.05	\$500.00	\$500.00	Formula cell (Don't change)
<b>Reserves:</b>								
40-30008-013-30001	RESERVE FUND	2,554.93	-	2,554.93	334.05	500.00	500.00	Represents 7.48% of Prior Year Expenses
Total Reserves		\$ 2,554.93	\$ -	\$ 2,554.93	\$ 334.05	\$ 500.00	\$ 500.00	Formula cell (Don't change)
Total Expenses + Reserves		\$ 20,144.94	\$ 6,681.07	\$ 23,241.83	\$ 23,083.92	\$ 23,084.00	\$ 23,083.92	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ -	\$ 17,353.92	\$ -	\$ -	\$ -	\$ -	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses								

January 31, 2025  
Retroactive to November 1, 2024

TO: Breanna Watson, 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 Council Revised Budget Certification for FY 2025 (6/1/24 thru 5/31/25)

Attached is a copy of SPH's revised certified budget for Student Activity fees (SAF) for the fiscal year (FY) 2025 that began on June 1, 2024. At its November 1, 2024 meeting The SPH Council approved additional planned event plans the submitted revised budget at their 5/24/24 meeting, which has been modified and re-certified retroactively to 11/1/24 on behalf of the Campus President in accordance with the SUNY Board of Trustees Guidelines. The SPH has agreed to ensure increased event planning and expenditures by May 31, 2025.

- **Events:** SPH Council plans additional specific special events for Fall, Spring and End of Year and other events in order to reduce its prior excessive 5/31/2024 rollover balance by 5/31/2025.

Please be aware that:

- **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:

Laurie Williams, VP  
Zakiya Scott, Secretary  
Chizoba Ndulue, 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: **5/10/2024**





- 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<sup>24</sup> thru May 31, 20<sup>25</sup>**

NAME OF STUDENT ORGANIZATION: **SPH 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:)	Breanna Watson	5/1/2025	Breanna.Watson@downstate.edu	+1 (917) 288-0622
Vice President (if other Title,specify:)	Laurie Williams	5/1/2025	Laurie.Williams@downstate.edu	+1 (347) 623-7695
Secretary(if other Title,specify:)	Zakiya Scott	5/1/2025	Zakiya.Scott@downstate.edu	+1 (718) 669-9515
Treasurer (if other Title,specify:)	Chizoba Ndulue	5/1/2025	chizoba.ndulue@downstate.edu	+1 (646) 363-5866

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 Breanna Watson	Treas Print Name	Treasurer Chizoba Ndulue
Signature	X 	Signature	X 
VP Print Name	Vice President Laurie Williams	Secy Print Name	Secretary Zakiya Scott

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 has chosen to increase signature requirements to TWO (Joint) signatures on Payments Forms submitted which is above the SPH Constitution requirements in Article VI.B.d.**

**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 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 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 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:

The SPH's actual year end unused funds at 5/31/23 (its Rollover Balance) was \$ 13,703.92 which represents 239% of its annual SAF income, and 205% of its prior year expenses and by SUNY Board of Trustees guidelines is excessive. SPH Council has subsequently planned and revised its annual budget to reduce this excessive prior year rollover by 5/31/2025. This revised budget has been certified retroactively to 11/1/2024 .

CERTIFIED BY

  
SIGNATURE

Date of Certification: 11/1/24