

## Faculty Student Association of DMC-Student Activity Fund University Council (UC) FY 2022 = June 1, 2021 through May 31, 2022 CERTIFIED BUDGET

Account	Description	Prior FY 2020 5/31/21 Actual	Submitted Budget FY 2022	Revised Budget 2021 - 2022	Comments
40-49001-016	ACTIVITIES FEES INCOME	\$ 34,030.00	34,030	34,030	
40-49001-016	80% REFUND OF FALL 2020 UC FEE	\$ (15,058.00	· ·	0 1,000	Net FY2021 SAF Income= \$ 18,972
40-40001-016	ROLLOVER BALANCE	23,862.78	<u> </u>	26,289	Actual Prior Year funds not spent as of 5/31/21
Total Income	•	\$42,834.78	34,030		Formula cell (Don't change)
Program Expenses					
40-70009-016	ADMINISTRATION FEE	\$ 1,651.00	1,651	1,691	Formula cell (Don't change)
40-70244-016	AMERICAN MEDICAL WOMEN'S ASSOCIATION (AMWA)	-	150	150	
40-70261-016 40-70280-016	ASIAN PACIFIC AMERICAN MEDICAL STUDENT ASSOCIATION (APAMSA) BROOKLYN FREE CLINIC	150.00 750.00		300 750	Transfer funds to 40-70280-012
40-70393-016	BUILDING THE NEXT GENERATION OF ACADEMIC PHYSICIANS	-	450	450	
40-70281-016	CHINESE AMERICAN MEDICAL SOCIETY (CAMS)	(175.46	<u> </u>	450	
40-70387-016 40-70249-016	COALITION OF OCCUPATIONAL THERAPY ADVOCATES FOR DIVERSITY (COTAD)  DANIEL HALE WILLIAMS SOCIETY	-	250 700	250 700	
40-70367-016	DIALYSIS SIDEKICKS	-	100	100	
40-70252-016	DOWNSTATE ETHICS SOCIETY	-	150	150	
40-70378-016	DOWNSTATE CHESS CLUB  DOWNSTATE CHRISTIAN FELLOWSHIP	-	75 750	75 750	
40-70248-016 40-70295-016	DOWNSTATE CHRISTIAN FELLOWSHIP  DOWNSTATE DEVELOPMENTAL DISABILITIES (DDD)	-	25	25	
40-70075-016	DOWNSTATE WHITE COATS FOR BLACK LIVES	150.00		450	
40-70374-016	DOWNSTATE INITIATIVE FOR NUTRITIONAL EMPOWERMENT	-	100	100	
40-70333-016 40-70350-016	DOWNSTATE ORG OF SO. ASIAN STUDENTS (DOSAS)  DOWNSTATE MEDICAL ENTREPRENEURSHIP CLUB (DMEC)	-	150 200	150 200	
40-70350-016	DOWNSTATE MEDICAL ENTREPRENEURSHIP CLUB (DMEC)  DOWNSTATE MUSIC CLUB	-	- 200	200	
40-70258-016	DOWNSTATE OB-GYN SOCIETY	-	150	150	
40-70240-016	DOWNSTATE OCCUPATIONAL THERAPY	-		-	
40-70260-016 40-70254-016	DOWNSTATE ORTHOPEDICS CLUB/SPORTS MEDICINE  DOWNSTATE PRIDE CLUB	200.00	75 300	75 300	
40-70234-010	DOWNSTATE FRIDE GEOD  DOWNSTATE STREET MEDICINE OUTREACH ASSOCIATION	-	100	100	
40-70268-016	DOWNSTATE STUDENTS FOR CHOICE	200.00		200	
40-70382-016	EVIDENCE BASED MEDICINE	005.00	50	50	
40-70284-016 40-70338-016	GLOBAL HEALTH CLUB INTEGRATIVE MEDICINE CLUB	225.00 (100.00		300 50	
40-70266-016	LATINO MEDICAL STUDENT ASSOCIATION (LMSA)	- (10010)	350	350	
40-70390-016	LIFESTYLE MEDICINE INTEREST GROUP	-	100	100	
40-70255-016	MAIMONIDES SOCIETY  MEDICAL ARTISTS' GUILD/ BROOKLYN STORIES	-	750 750	750 750	
40-70256-016 40-70356-016	MULTICULTURAL FAIR	3,000.00		2,500	
40-70257-016	MUSLIM STUDENTS ASSOCIATION (MSA)	-	850	850	
40-70361-016	NATIONAL PERINATAL ASSOCIATION STUDENT SOCIETY (NPASS)	-	150	150	
40-70272-016 40-70394-016	ONCOLOGY CLUB PLANETARY HEALTH CLUB	-	100	100	
40-70262-016	PEDS'R'US	-	150	150	
40-70379-016	PHOTOGRAPHY CLUB	-	50	50	
40-70384-016	DOWNSTATE PLASTIC & RECONSTRUCTIVE SURGERY INTEREST GROUP	-	100	100	
40-70395-016 40-70173-016	PRIMARY CARE SPORTS MEDICINE PROGRAMS & PROJECTS	6,078.69	2,950	50 15,000	Net of all other revisions placed here
40-70294-016	PROJECT TEACH	66.45	· ·	100	rect of all other revisions placed here
40-70263-016	PSYCHIATRY STUDENT INTEREST GROUP (PHYCHSIG)	-	100	100	
40-70282-016	RADIOLOGY INTEREST GROUP	-	200	200	
40-70357-016 40-70381-016	SERVICE LEARNING POSTER COMPETITION SOCCER CLUB	-	700 50	700 50	
40-70362-016	STUDENTS PARTNERING AND REACHING KIDS (SPARK)	-	25	25	
40-70270-016	STUDENT INTEREST GROUP IN NEUROLOGY (SIGN)	0.00		50	
40-70264-016	STUDENTS FOR A NATIONAL HEALTHCARE PROGRAM STUDENTS FOR SOCIAL RESPONSIBILITY	200.00		-	
40-70269-016 40-70369-016	SUNY DOWNSTATE CHAPTER OF PHYSICIANS FOR HUMAN RIGHTS	-	650 450	650 450	
40-70358-016	SUNY STUDENT ASSEMBLY		1,200	1,200	
40-70349-016	THANKSGIVING DINNER	2,000.00			Transfer funds to SCGB Account: 40-41006-015
40-70135-016 40-70389-016	UC MEETING DINNERS UROLOGY INTEREST GROUP	166.00	2,500	2,500	
40-70286-016	WILDERNESS MEDICINE	-	75	75	
40-70348-016	WINTER/SPRING EVENTS	1,500.00	6,000	6,000	Transfer funds to SCGB Account: 40-41006-015
40-70227-016	YEARBOOK ADVERTISEMENTS	-	500	500	
40-70388-016 Total Program Exp	STUDENT ORGANIZATION LEADERSHIP TRAINING ense	\$ 16,545.96	1,500 32,876	1,500 <b>44,966</b>	Formula cell (Don't change)
Balance Before Re		26,288.82	·	·	Formula cell (Don't change)
Reserves:					
40-30008-016	RESERVE FUND	-	1,154		93% prior yr actual expense of \$16,545.96
Total Reserves		\$ -	1,154	15,353	Formula cell (Don't change)
Total Expenses + Reserves		\$ 16,545.96	34,030	60,319	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 26,288.82	-	(0)	Formula cell (Don't change)
*SUNY Reserve Gu	idelines >5% and <100% of prior year actual expenses				



August 14, 2021

TO: Robert Beale, President

University Council (UC)

via eMail and posted on FSA website

FROM: Richard J. Bentley, President,

Faculty Student Association (FSA)

SUBJECT: UC Budget Certification for FY 2022 (6/1/21 thru 5/31/22).

Attached is a copy of UC's certified budget for Student Activity fees (SAF) for the fiscal year 2022 that began June 1, 2021. The UC approved the submitted budget at their May 6<sup>th</sup>, 2021 meeting which has been modified as needed and certified on behalf of the campus President in accordance with the SUNY Board of Trustees Guidelines with the following adjustment:

- Rollover: The UC's actual year end unused funds at 5/31/21 was \$ 26,289. UC must make efforts to increase its programs and activities to spend their SAF income by 5/31/22 or consider reducing its future fee rate.
- Reserve Fund: The UC submitted a \$ 1,154 Reserve Fund, which has been revised to the Reserve Fund of \$ 15,353 (93% of prior year's actual expenses). The large prior year rollover causes excessive remaining funds that have been split between the Programs and Projects account and the Reserve Fund. SUNY Guidelines requires a minimum of 5% but no more than 100% of prior year's actual expenses
- <u>Programs & Projects</u>: The net of the above revision results is adjusted to \$ 15,000 to balance UC's budget (bottom line net to zero).

## Please be aware that:

- Authorized Signatures: the UC Constitution requires joint signatures on payment requests co-signed by the Treasurer and one other UC officer. Club funds require UC Treasurer plus one other club officer's signature.
- **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.
- **Programs & Projects and Reserve Fund** accounts requires UC meeting minutes approving each use, since purpose is undesignated at this time of certification.
- The Council may submit a revised budget for additional certification at any time during the year.
- <u>FSA Payment Form (link)</u>, <u>SAF Meeting Minutes Guidelines (link)</u>, and <u>other SAF documents (link)</u> 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, Bookkeeper

Isaac Vingan, VP Jeffrey Putman, VP Student Affairs

Justin Ingram, Secretary Schuyler Hooke, Interim Director, Student Life Fredrick Birnbaum, Treasurer Adam Burgman, Asst Director, Student Center

DeAnne Kennedy-Lorde, Interim Bursar (No SAF rate change; F/T Rate = \$20/yr,)



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:\_\_ University Student Council (UC)

Officer	Print Name	Term of Office until (end date)	eMail (best way to reach you)	Phone # (best way to reach you)
President (if other			robert.beale@	
Title,specify:)			downstate.edu	
Vice President (if other			isaac.vingan@	
Title,specify:)			downstate.edu	
Secretary(if other			justin.ingram@	
Title,specify:			downstate.edu	
Treasurer (if other			fredrick.birnbaum@	
Title,specify:)			downstate.edu	1644-291-07R5

AUTHORIZED SIGNATURE(S) FOR PAYMENT FORMS (check your Council Constitution -Bylaws; Most have specific authorized signator requirements):

Signature	χ	Signature	X
	Robert Beals		The allings
Pres Print Name	President R J G T + G A R	Treas Print Name	Treasurer
Signature	× Kleve June	Signature	Xall
VP Print Name	Vice President Isaac Vingan	Secy Print Name	Secretary Justin Ingram
Check One: JOIN	T or SINGLE SIGNATURES ARE REQUIRED FOR DIS	BURSEMENTS//	

Other signature restrictions, if any (Often specified in Council's Constitution-Bylaws. insert any additional special instructions or signature requirements that are applicable)

The UC Constitution requires joint signatures on payment requests co-signed by the Treasurer and one other UC officer. Club funds require UC Treasurer plus one other club officer's signature.

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

University Student Council (UC)

## (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 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

V.4/23/2020

	ce (DMC Mail Stop 1219); A copy will be returned after certification.			
DO NOT WRITE BELOW THIS LINE (FSA USE ONLY)				
Approved in accordance with the above linked documents FSA Po	CERTIFICATION Dicies and Procedures and SUNY Board of Trustee Guidelines. Certification Comments:			
Amounts updated to 5/31/21 actual values with corresponding ac	djustments noted on budget certification cover letter and posted certified budget.			
DP A				
CERTIFIED BY_ KICK CONTROL _	Date of Certification:			