

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

**University Council (UC)**


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

**CERTIFIED BUDGET**

Account	Description	Certified Budget 2022 - 2023	Current YTD as of 05/31/23	Proposed Budget 2023 - 2024	Certified Budget 2023 - 2024	Comments
40-49001-016-30001	ACTIVITIES FEES INCOME	\$ 34,030.00	\$36,630.46	\$34,030.00	\$ 36,630.46	Based on Prior Year Actual
40-40001-016-30001	ROLLOVER BALANCE	30,667.21	38,167.21		37,041.53	Actual FY23 Funds Not Spent as of 5/31/23
<b>Total Income</b>		<b>\$64,697.21</b>	<b>\$74,797.67</b>	<b>\$34,030.00</b>	<b>\$ 73,671.99</b>	Formula cell (Don't change)
<b>Program Expenses</b>						
40-70009-016-30001	ADMINISTRATION FEE	\$ 1,843.74	1,843.74	1,845.00	\$ 1,888.00	Formula cell (Don't change)
40-70244-016-30001	AMERICAN MEDICAL WOMEN'S ASSOCIATION (AMWA)	150.00	-	-	-	
40-70277-016-30001	ANESTHESIA SOCIETY AT DOWNSTATE	-	-	100.00	100.00	
40-70261-016-30001	ASIAN PACIFIC AMERICAN MEDICAL STUDENT ASSN (APAMSA)	450.00	275.00	750.00	750.00	
40-70291-016-30001	ASSOCIATION OF WOMEN SURGEONS	150.00	-	-	-	
40-70022-016-30001	BADMINTON	100.00	100.00	150.00	150.00	
40-70391-016-30001	BLACK STUDENTS OF EXCELLENCE	200.00	-	200.00	200.00	
40-70409-016-30001	BLOCK PARTY	-	-	1,000.00	1,000.00	
40-70280-016-30001	BROOKLYN FREE CLINIC (BFC)	2,000.00	2,000.00	2,000.00	2,000.00	Transfer to MSC BFC (40-70280-012)
40-70307-016-30001	SERVICE IMPROVEMENTS	-	7,500.00	-	-	
40-70393-016-30001	BUILDING THE NEXT GENERATION OF ACADEMIC PHYSICIANS	150.00	6.00	300.00	300.00	
40-70281-016-30001	CHINESE AMERICAN MEDICAL SOCIETY (CAMS)	900.00	771.45	1,000.00	1,000.00	
40-70387-016-30001	COALITION OF OCCUPATIONAL THERAPY ADVOCATES FOR DIVERSITY (COTAD)	-	(160.00)	-	-	
40-70249-016-30001	DANIEL HALE WILLIAMS SOCIETY	-	-	500.00	500.00	
40-70367-016-30001	DIALYSIS SIDEKICKS	150.00	-	100.00	100.00	
40-70392-016-30001	DOWNSTATE ART INSTALLATION SOCIETY (DAIS)	400.00	-	400.00	400.00	
40-70383-016-30001	DOWNSTATE BOOK CLUB	50.00	-	75.00	75.00	
40-70378-016-30001	DOWNSTATE CHESS CLUB	-	-	75.00	75.00	
40-70248-016-30001	DOWNSTATE CHRISTIAN FELLOWSHIP (DCF)	600.00	438.75	1,000.00	1,000.00	
40-70295-016-30001	DOWNSTATE DEVELOPMENTAL DISABILITIES	100.00	-	-	-	
40-70252-016-30001	DOWNSTATE ETHICS SOCIETY	-	-	75.00	75.00	
40-70374-016-30001	DOWNSTATE INITIATIVE FOR NUTRITIONAL EMPOWERMENT	-	-	100.00	100.00	
40-70350-016-30001	DOWNSTATE MEDICAL ENTREPRENEURSHIP CLUB (DMEC)	50.00	-	-	-	Delete
40-70080-016-30001	DOWNSTATE MUSIC CLUB	100.00	(125.00)	125.00	125.00	
40-70258-016-30001	DOWNSTATE OB-GYN SOCIETY	100.00	-	-	-	
40-70240-016-30001	DOWNSTATE OCCUPATIONAL THERAPY	-	-	-	-	Delete
40-70333-016-30001	DOWNSTATE ORG OF SO. ASIAN STUDENTS (DOSAS)	200.00	189.86	200.00	200.00	
40-70260-016-30001	DOWNSTATE ORTHOPEDICS CLUB/SPORTS MEDICINE	200.00	-	100.00	100.00	
40-70384-016-30001	DOWNSTATE PLASTIC & RECONSTRUCTIVE SURGERY INTEREST GROUP	-	-	100.00	100.00	
40-70254-016-30001	DOWNSTATE PRIDE CLUB	400.00	-	800.00	800.00	
40-70370-016-30001	DOWNSTATE STREET MEDICINE OUTREACH ASSOCIATION	150.00	-	100.00	100.00	
40-70268-016-30001	DOWNSTATE STUDENTS FOR CHOICE	-	-	100.00	100.00	
40-70405-016-30001	DOWNSTATE SURGICAL SOCIETY	200.00	-	300.00	300.00	
40-70365-016-30001	DOWNSTATE WELLNESS GROUP	-	-	100.00	100.00	
40-70075-016-30001	DOWNSTATE WHITE COATS 4 BLACK LIVES	300.00	100.00	400.00	400.00	
40-70382-016-30001	EVIDENCE BASED MEDICINE	-	-	-	-	Delete
40-70347-016-30001	FAMILY MEDICINE INTEREST GROUP	-	-	75.00	75.00	
40-70408-016-30001	GASTROINTESTINAL INTEREST GROUP	100.00	-	-	-	
40-70284-016-30001	GLOBAL HEALTH CLUB	450.00	-	500.00	500.00	
40-70400-016-30001	GLOBAL SURGERY STUDENT ALLIANCE	100.00	100.00	150.00	150.00	
40-70363-016-30001	HAITIAN CREOLE CLUB	-	(64.56)	125.00	125.00	
40-70406-016-30001	HEALTH POLICY STUDENT INTEREST GROUP	450.00	-	-	-	
40-70338-016-30001	INTEGRATIVE MEDICINE CLUB	-	-	-	-	Delete
40-70266-016-30001	LATINO MEDICAL STUDENT ASSOCIATION	350.00	250.00	500.00	500.00	
40-70390-015-30001	LIFESTYLE MEDICINE INTEREST GROUP	-	-	-	-	Delete
40-70255-016-30001	MAIMONIDES SOCIETY	750.00	750.00	1,000.00	1,000.00	
40-70256-016-30001	MEDICAL ARTIST'S GUILD/BROOKLYN STORIES	1,250.00	731.20	1,250.00	1,250.00	
40-70414-016-30001	MEDICAL HISTORY CLUB	-	(85.00)	-	-	
40-70356-016-30001	MULTICULTURAL FAIR	3,000.00	2,427.52	3,000.00	3,000.00	
40-70257-016-30001	MUSLIM STUDENTS ASSOCIATION (MSA)	750.00	(250.00)	1,000.00	1,000.00	
40-70361-016-30001	NATIONAL PERINATAL ASSOCIATION STUDENT SOCIETY (NPASS)	-	(75.00)	-	-	
40-70272-016-30001	ONCOLOGY CLUB	200.00	-	100.00	100.00	
40-70262-016-30001	PEDS'R'US	200.00	-	75.00	75.00	
40-70379-016-30001	PHOTOGRAPHY CLUB	50.00	-	-	-	
40-70166-016-30001	PHYSICAL MEDICINE AND REHABILITATION	150.00	-	100.00	100.00	
40-70394-016-30001	PLANETARY HEALTH CLUB	-	-	-	-	
40-70395-016-30001	PRIMARY CARE SPORTS MEDICINE	100.00	-	75.00	75.00	
40-70173-016-30001	PROGRAMS AND PROJECTS	31,005.03	10,632.69	310.00	39,020.99	
40-70294-016-30001	PROJECT TEACH	100.00	-	100.00	100.00	
40-70263-016-30001	PSYCHIATRY STUDENT INTEREST GROUP	100.00	-	-	-	
40-70282-016-30001	RADIOLOGY INTEREST GROUP	-	-	-	-	Delete
40-70357-016-30001	SERVICE LEARNING POSTER COMPETITION	700.00	-	-	-	Delete
40-70404-016-30001	SEXUAL HEALTH EDUCATION AND ADVOCACY GROUP	200.00	-	100.00	100.00	
40-70381-016-30001	SOCCER CLUB	50.00	-	-	-	
40-70264-016-30001	STUDENTS FOR A NATIONAL HEALTH PROGRAM	100.00	-	200.00	200.00	
40-70270-016-30001	STUDENTS INTEREST GROUP IN NEUROLOGY (SIGN)	100.00	-	100.00	100.00	
40-70388-016-30001	STUDENT ORGANIZATION LEADERSHIP TRAINING	2,000.00	985.00	2,000.00	2,000.00	
40-70269-016-30001	STUDENTS FOR SOCIAL RESPONSIBILITY	-	-	-	-	Delete
40-70362-016-30001	STUDENTS PARTNERING & REACHING KIDS' (SPARK)	50.00	-	-	-	
40-70369-016-30001	SUNY DOWNSTATE CHAPTER OF PHYSICIANS FOR HUMAN RIGHTS	650.00	84.92	-	-	
40-70358-016-30001	SUNY STUDENT ASSEMBLY	1,200.00	1,011.72	1,200.00	1,200.00	
40-70349-016-30001	THANKSGIVING DINNER	2,000.00	2,000.00	2,000.00	2,000.00	Transfer to SCGB (40-41006-015)
40-70135-016-30001	UC MEETING DINNERS	3,000.00	2,317.85	3,000.00	3,000.00	
40-70389-016-30001	UROLOGY INTEREST GROUP	-	-	-	-	Delete
40-70286-016-30001	WILDERNESS MEDICINE	-	-	75.00	75.00	
40-70348-016-30001	WINTER/SPRING EVENTS	4,000.00	4,000.00	4,000.00	4,000.00	Transfer to SCGB (40-41006-015)
<b>Total Program Expense</b>		<b>\$ 62,098.77</b>	<b>\$ 37,756.14</b>	<b>\$ 33,030.00</b>	<b>\$ 71,783.99</b>	Formula cell (Don't change)
<b>Balance Before Reserves</b>		2,598.44	37,041.53	1,000.00	1,888.00	Formula cell (Don't change)
<b>Reserves:</b>						
40-30008-016-30001	RESERVE FUND	2,598.44	-	1,000.00	1,888.00	5% of prior year actual expenses
<b>Total Reserves</b>		<b>\$ 2,598.44</b>	<b>\$ -</b>	<b>\$ 1,000.00</b>	<b>\$ 1,888.00</b>	Formula cell (Don't change)
<b>Total Expenses + Reserves</b>		<b>\$ 64,697.21</b>	<b>\$ 37,756.14</b>	<b>\$ 34,030.00</b>	<b>\$ 73,671.99</b>	Formula cell (Don't change)
<b>Total Net Income less Expenses + Reserves</b>		<b>\$ -</b>	<b>\$ 37,041.53</b>	<b>\$ -</b>	<b>\$ -</b>	Formula cell (Don't change)
<i>*SUNY Reserve Guidelines &gt;5% and &lt;100% of prior year actual expenses</i>						

July 27, 2023

TO: Isaac Vingan, 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 2024 (6/1/23 thru 5/31/24).

Attached is a copy of UC's certified budget for Student Activity fees (SAF) for the fiscal year 2024 that began June 1, 2023. The UC approved the submitted budget at their May 18th, 2023 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 5/31/23 was **\$ 37,041.53**. UC must make efforts to increase its programs and activities to spend their SAF income by 5/31/24 or consider reducing its future fee rate.
- **Reserve Fund:** The UC submitted a \$ **1,000** Reserve Fund, which has been revised to the Reserve Fund of **\$ 1,888** (5% of prior year's actual expenses). SUNY Guidelines requires a minimum of 5% but no more than 100% of prior year's actual expenses
- **Programs & Projects:** The net of the above revision results is adjusted to **\$ 39,020.99** 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.
- [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, Bookkeeper  
Tobi Somorin, VP  
Kelsha Sanchez, Secretary  
Shivasuryan Vummidi, Treasurer  
DeAnne Kennedy-Lorde, Director Bursar (No SAF rate change; F/T Rate = \$20/yr.)

Jeffrey Putman, VP Academic & Student Affairs  
Schuyler Hooke, Director, Student Life  
Adam Burgman, Director, Student Center

Date Completed:


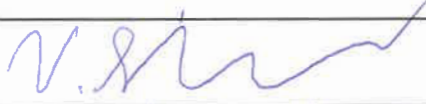


- Instructions:**
1. Complete this form All Signatures on this form must be ORIGINAL signatures (pages 1 & 2). blank form avail on *FSA website*,
  2. Attach the detail SAF Budget Worksheet as approved by the student council,
  3. Attach the SIGNED meeting minutes showing the budget detail was approved 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, 2023 thru May 31, 2024

NAME OF STUDENT ORGANIZATION: University 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:)	Isaac Kingan	May 31, 2024	isaac.kingan@downstate.edu	631-332-1843
Vice President (if other Title,specify:)	Tobi Somorin	May 31, 2024	tobi.somorin@downstate.edu	845-741-8531
Secretary (if other Title,specify:)	Kelsha Sanchez	May 31, 2024	kelsha.sanchez@downstate.edu	347-388-1119
Treasurer (if other Title,specify:)	Shivasuryan Vummidi	May 31, 2024	shivasuryan.vummidi@downstate.edu	917-399-1717

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 Isaac Kingan	Treas Print Name	Treasurer Shivasuryan Vummidi
Signature	X 	Signature	X 
VP Print Name	Vice President Tobi Somorin	Secy Print Name	Secretary Kelsha Sanchez

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 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 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

*[Signature]*

Applicant's Main Representative Signature

5/18/23

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:

Revisions made during certification are highlighted in the accompanying cover letter dated 7/27/23.

CERTIFIED BY

*[Signature]*  
SIGNATURE

Date of Certification: 7/27/23