


Faculty Student Association of DMC-Student Activity Fund					
University Council (UC)					
FY 2025 = June 1, 2024 through May 31, 2025					
CERTIFIED BUDGET (amounts highlighted in yellow show revision made by FSA)					
Account	Description	Current YTD as of 05/31/24	Proposed Budget 2024 - 2025	Certified Budget 2024 - 2025	Comments
40-49001-016-30001	ACTIVITIES FEES INCOME	\$ 36,250.50	\$37,750.14	36,250.50	Based on Prior Year Actual
40-40001-016-30001	ROLLOVER BALANCE	37,041.53	-	19,760.14	Actual FY24 Funds Not Spent as of 5/31/24
Total Income		\$ 73,292.03	\$37,750.14	56,010.64	Formula cell (Don't change)
Program Expenses	Note: If a Club/Org does its own fundraising, Be sure to mark Column F comment= "Retains Any Prior Year Rollover".				
40-70009-016-30001	ADMINISTRATION FEE	\$ 1,888.00	\$ 1,933.00	1,933.00	Formula cell (Don't change)
40-70244-016-30001	AMERICAN MEDICAL WOMEN'S ASSOCIATION (AMWA)	(125.00)	-	-	
40-70277-016-30001	ANESTHESIA SOCIETY AT DOWNSTATE	-	-	-	
40-70261-016-30001	ASIAN PACIFIC AMERICAN MEDICAL STUDENT ASSN (APAMSA)	-	-	-	
40-70291-016-30001	ASSOCIATION OF WOMEN SURGEONS	(125.00)	-	-	
40-70022-016-30001	BADMINTON	21.50	-	-	
40-70391-016-30001	BLACK STUDENTS OF EXCELLENCE	-	-	-	
40-70391-016-30001	BLOCK PARTY	-	1,000.00	1,000.00	
40-70280-016-30001	BROOKLYN FREE CINIC (BFC)	2,000.00	2,000.00	2,000.00	Transfer Funds to 40-70280-012
40-70393-016-30001	BUILDING THE NEXT GENERATION OF ACADEMIC PHYSICIANS	-	-	-	
40-70281-016-30001	CHINESE AMERICAN MEDICAL SOCIETY (CAMS)	885.84	1,000.00	1,000.00	
40-70249-016-30001	DANIEL HALE WILLIAMS SOCIETY (DHWS)	413.21	750.00	750.00	
40-70367-016-30001	DIALYSIS SIDEKICKS	-	-	-	
40-70392-016-30001	ART INSTALLATION SOCIETY (DAIS) AT DOWNSTATE	408.00	400.00	400.00	
40-70383-016-30001	BOOK CLUB AT DOWNSTATE	-	-	-	
40-70378-016-30001	CHESS CLUB AT DOWNSTATE	-	-	-	
40-70248-016-30001	CHRISTIAN FELLOWSHIP AT DOWNSTATE	557.06	1,000.00	1,000.00	
40-70252-016-30001	ETHICS SOCIETY AT DOWNSTATE	-	-	-	
40-70377-016-30001	IMMIGRANT HEALTH INITIATIVE AT DOWNSTATE	-	-	-	
40-70080-016-30001	MUSIC CLUB AT DOWNSTATE	-	-	-	
40-70333-016-30001	ORG OF SO. ASIAN STUDENTS AT DOWNSTATE	200.00	300.00	300.00	
40-70260-016-30001	ORTHOPEDICS CLUB/SPORTS MEDICINE AT DOWNSTATE	144.50	-	-	
40-70384-016-30001	PLASTIC & RECONSTRUCTIVE SURGERY INTEREST GROUP AT DOWNSTATE	-	-	-	
40-70254-016-30001	PRIDE CLUB AT DOWNSTATE	-	-	-	
40-70370-016-30001	STREET MEDICINE OUTREACH ASSOCIATION AT DOWNSTATE	-	-	-	
40-70268-016-30001	STUDENTS FOR CHOICE AT DOWNSTATE	-	-	-	
40-70405-016-30001	SURGICAL SOCIETY AT DOWNSTATE	-	-	-	
40-70365-016-30001	WELLNESS CLUB AT DOWNSTATE	-	-	-	
40-70075-016-30001	WHITE COATS FOR BLACK LIVES AT DOWNSTATE	-	-	-	
40-70408-016-30001	GASTROINTESTINAL INTEREST GROUP	-	-	-	
40-70284-016-30001	GLOBAL HEALTH CLUB	-	-	-	
40-70400-016-30001	GLOBAL SURGERY STUDENT ALLIANCE	56.75	150.00	150.00	
40-70406-016-30001	HEALTH POLICY STUDENT INTEREST GROUP	-	-	-	
40-70266-016-30001	LATINO MEDICAL STUDENT ASSOCIATION	287.75	-	-	
40-70255-016-30001	MAIMONIDES SOCIETY	532.54	1,000.00	1,000.00	
40-70420-016-30001	MAKER CLUB	106.86	-	-	
40-70256-016-30001	MEDICAL ARTIST'S GUILD/BROOKLYN STORIES	650.00	1,000.00	1,000.00	
40-70356-016-30001	MULTICULTURAL FAIR	2,555.20	3,000.00	3,000.00	
40-70418-016-30001	MULTICULTURAL/DIVERSITY PROGRAMMING	(3,463.53)	2,500.00	2,500.00	
40-70257-016-30001	MUSLIM STUDENTS ASSOCIATION (MSA)	1,000.00	1,000.00	1,000.00	
40-70272-016-30001	ONCOLOGY CLUB	-	-	-	
40-70262-016-30001	PEDS'R'US	-	-	-	
40-70166-016-30001	PHYSICAL MEDICINE AND REHABILITATION	-	-	-	
40-70394-016-30001	PLANETARY HEALTH CLUB	(250.00)	-	-	
40-70395-016-30001	PRIMARY CARE SPORTS MEDICINE	-	-	-	
40-70173-016-30001	PROGRAMS AND PROJECTS	34,225.87	7,217.14	24,301.05	Net of All Other Revisions Placed Here
40-70174-016-30001	PROGRAM PROJECTS	500.00	-	-	Delete Account
40-70294-016-30001	PROJECT TEACH	(66.45)	-	-	
40-70404-016-30001	SEXUAL HEALTH EDUCATION AND ADVOCACY GROUP	-	-	-	
40-70270-016-30001	STUDENTS INTEREST GROUP IN NEUROLOGY (SIGN)	-	-	-	
40-70388-016-30001	STUDENT ORGANIZATION LEADERSHIP TRAINING	2,890.32	2,000.00	2,000.00	
40-70264-016-30001	STUDENTS FOR A NATIONAL HEALTH PROGRAM	-	-	-	
40-70358-016-30001	SUNY STUDENT ASSEMBLY	709.47	1,500.00	1,500.00	
40-70349-016-30001	THANKSGIVING DINNER	2,000.00	2,000.00	2,000.00	Transfer Funds to SCGB 40-41006-015
40-70135-016-30001	UC MEETING DINNERS	1,529.00	\$ 2,500.00	2,500.00	
40-70286-016-30001	WILDERNESS MEDICINE	-	\$ -	-	
40-70348-016-30001	WINTER/SPRING EVENTS	4,000.00	4,000.00	4,000.00	Transfer Funds to SCGB 40-41006-015
Total Program Expense		\$ 53,531.89	\$ 36,250.14	53,334.05	Formula cell (Don't change)
Balance Before Reserves		19,760.14	1,500.00	2,676.59	Formula cell (Don't change)
Reserves:					
40-30008-016-30001	RESERVE FUND *	-	1,500.00	2,676.59	minimum 5% of prior yr actual expense
Total Reserves		\$ -	\$ 1,500.00	2,676.59	Formula cell (Don't change)
Total Expenses + Reserves		\$ 53,531.89	\$ 37,750.14	56,010.64	Formula cell (Don't change)
Total Net Income less Expenses + Reserves		\$ 19,760.14	\$ -	-	Formula cell (Don't change)
*SUNY Reserve Guidelines >5% and <100% of prior year actual expenses					

Aug 12, 2024

TO: Joya Ahmad, 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 2025 (6/1/24 thru 5/31/25).

Attached is a copy of UC's certified budget for Student Activity fees (SAF) for the fiscal year 2025 that began June 1, 2024. The UC approved the submitted budget at their May 9th, 2024 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 5/31/24 was **\$19,760**. UC must make efforts to increase its programs and activities to spend their SAF income by 5/31/25 or consider reducing its future fee rate.
- **Reserve Fund:** The UC submitted a **\$1,500** Reserve Fund, which has been revised to the Reserve Fund of **\$2,677** (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 **\$24,301**. 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
Isaac Vingan, VP
Kelsha Sanchez, Secretary
Shivasuryan Vummi, Treasurer
DeAnne Kennedy-Lorde, Bursar (No SAF rate change; F/T Rate = \$20/yr.)

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

Date Completed: **4/18/24**

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.




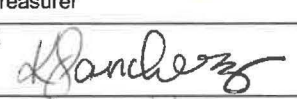
Submit all 3 documents together to FSA Business Office (Mail Stop 1219) by SAF Budget deadline (see annual cover letter for May date).

SAF BUDGET REQUEST AND AGREEMENT FOR FISCAL YEAR: June 1, 20²⁴ thru May 31, 20²⁵

NAME OF STUDENT ORGANIZATION: University Council **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 Title,specify:)	Joya Ahmad	5/31/2025	joya.ahmad@downstate.edu	646 269 2388
Vice President (if other Title,specify:)	Isaac Vingan	5/31/25	Isaac.Vingan@downstate.edu	631-332-1845
Secretary(if other Title,specify:)	Kelsha Sanchez	05/31/2025	kelsha.sanchez@downstate.edu	347 388 1119
Treasurer (if other Title,specify:)	Shivasuryan Vammidi	5/31/2025	shivasuryan.vammidi@downstate.edu	917 399 1717

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

Signature Joya Ahmad	X		Signature Shivasuryan Vammidi	X	
Pres Print Name	President		Treas Print Name	Treasurer	
Signature Isaac Vingan	X		Signature	X	
VP Print Name	Vice President		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 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)

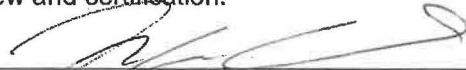
The Faculty Student Association (FSA) is allowed to receive, hold, and disburse monies as agent for recognized Student Activity Fee organizations on the SUNY Downstate Medical Center campus and is performing in accordance with the established "Policies and Procedures for SAF and Trust and Agency (T&A) 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



Applicant's Main Representative Signature

4/13/24

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 accompanying cover letter

CERTIFIED BY



SIGNATURE

Date of Certification: 8/14/24