## FY 2021 CERTIFIED BUDGET

### Account Description | Prior FY 2020 @ 6/30/20 Actual | Submitted $ Budget FY 2021 | Certified Budget FY 2021 | Comments
---|---|---|---|---
**Income**
40-49001-010-30001: ACTIVITIES FEES INCOME | $17,813.21 | $18,328.60 | $18,713.21 | Based on prior yr actual
40-40001-010-30001: ROLLER Balance | 2,450.57 | 13,760.59 | 13,283.92 | Actual FY20 not spent as of 5/31/20
40-40002-010-30001: BOOK CURRENT-ADVERT INCOME | - | - | - | -
**Total Income** | **$20,263.78** | **$32,089.39** | **$31,997.13** | Formula cell (Don't change)

### Program Expenses

**Note:** If a Club/Org does its own fundraising, be sure to mark Column G comments “Retains Any Prior Year Rollover”

| Account Description | Prior FY 2020 @ 6/30/20 Actual | Submitted $ Budget FY 2021 | Certified Budget FY 2021 | Comments |
---|---|---|---|---
40-70200-010-30001: ADMINISTRATION FEE | $249.00 | $255.00 | $255.00 | Formula cell (Don't change)
40-70205-010-30001: BROOKLYN FREE CLINIC | 500.00 | 500.00 | 500.00 | Transfer to 40-70280-012
40-70217-010-30001: CONFERENCE | 300.00 | 600.00 | 600.00 | -
40-70234-010-30001: CONVOCATION | - | 5,000.00 | 8,000.00 | For May 2021 event
40-70235-010-30001: DIAGNOSTIC MEDICAL IMAGING | 216.50 | 400.00 | 400.00 | -
40-70134-010-30001: MEDICAL INFORMATICS | 132.50 | 1,100.00 | 1,100.00 | -
40-70135-010-30001: MEETINGS | 1,349.69 | 2,000.00 | 2,000.00 | -
40-70136-010-30001: MIDWIFERY | 180.00 | 220.00 | 220.00 | -
40-70240-010-30001: OCCUPATIONAL THERAPY (O.T.) | (372.33) | 2,000.00 | 2,000.00 | Retains any prior year rollover (already included)
40-70233-010-30001: ORTHOPEDICS JOURNAL CLUB | 140.00 | 140.00 | 140.00 | Transfer to 40-70280-012
40-70231-010-30001: PHYSICAL THERAPY CLUB (P.T.) | 1,000.00 | 1,200.00 | 1,200.00 | -
40-70232-010-30001: PHYSICIAN ASSISTANT CLUB (P.A.) | - | 2,200.00 | 2,200.00 | -
40-70173-010-30001: PROGRAMS AND PROJECTS | 1,084.50 | 2,570.00 | 1,577.74 | Net of all Revisions placed in this account
40-70097-010-30001: SPRING FLING/WINTER BALL | 1,000.00 | 1,000.00 | 1,000.00 | Transfer to SCGB 70194-015 toward 2021 Spring Fling-Winter Ball Event
40-70225-010-30001: WELCOME RECEPTION | 1,200.00 | 2,500.00 | 2,500.00 | -
40-70227-010-30001: YEARBOOK CURRENT | - | 3,500.00 | 7,000.00 | 2021 Yearbook
**Total Program Expenses** | **$6,978.86** | **$25,185.00** | **$30,692.74** | Formula cell (Don't change)

### Balance Before Reserves

| Account Description | Prior FY 2020 @ 6/30/20 Actual | Submitted $ Budget FY 2021 | Certified Budget FY 2021 | Comments |
---|---|---|---|---
40-30009-010-30001: RESERVE FUND | - | $404.39 | $404.39 | Minimum 5% prior yr actual expenses
**Total Reserves** | **-** | **$404.39** | **$404.39** | Formula cell (Don't change)

### Total Expenses + Reserves

| Account Description | Prior FY 2020 @ 6/30/20 Actual | Submitted $ Budget FY 2021 | Certified Budget FY 2021 | Comments |
---|---|---|---|---
40-30009-010-30001: RESERVE FUND | - | $404.39 | $404.39 | Formula cell (Don't change)
**Total Expenses + Reserves** | **$6,978.86** | **$26,589.39** | **$31,097.13** | Formula cell (Don't change)

**Total Net Income less Expenses + Reserves** | **$13,283.92** | **$6,500.00** | **0.00** | Formula cell (Don't change)

*Note: SUNY Reserve Guidelines >5% and <100% of prior year actual expenses*
TO: Augustine Gnalian, President (via eMail and posted on FSA website)  
School of Health Professions Student Council (SOHP)

FROM: Richard J. Bentley, President,  
Faculty Student Association (FSA)


Oct 1, 2020

Attached is a copy of SOHP Council’s certified budget for Student Activity fees (SAF) for the fiscal year 2021 that began June 1, 2020. The SOHP Council approved their submitted budget at their 5/14/20 meeting, which has been modified as needed and has been certified on behalf of the Campus President in accordance with the SUNY Board of Trustees Guidelines with the following adjustments:

- **Rollover**: has been revised to the actual rollover at 5/31/2020 at **$13,283.92**. This results in a revised grand total income to **$31,097.13**
- **Reserve Fund**: SOHP submitted a **$ 404.39** Reserve Fund, representing 6% of prior year’s actual expenses of **$6,979.86** which is within SUNY Guidelines (minimum 5% but no more than 100% of prior year actual expenses).
- **Programs & Projects**: The net of the above adjustment at **$1,577.74** has been inserted to this account.

Please be aware that:

- **Authorized Signators**: SOHP’s Constitution requires the SOHP President and Treasurer must sign all payment requests.
- 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** require meeting minutes approving 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)**, & **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  
Ericka Boucard, VP  
Soraya Deshomer, Secretary  
Joanne St. Robert, Treasurer  
Philip Bones, Faculty Advisor  
Jeffrey Putman, VP Student Affairs  
Meg O’Sullivan, AVP Student Life  
Amy Urquhart, Director, Student Center  
Allen Lewis, PhD, Dean, SOHP  
Peter Ljutic, Bursar (No SAF rate change; $55/yr)
**Faculty Student Association of DOWNSTATE**

**SAF BUDGET REQUEST & AGREEMENT FORM**

**Name of Student Organization:** School of Health Professions

<table>
<thead>
<tr>
<th>Officer</th>
<th>Print Name</th>
<th>Term of Office until (end date)</th>
<th>eMail (best way to reach you)</th>
<th>Phone # (best way to reach you)</th>
</tr>
</thead>
<tbody>
<tr>
<td>President (Title specify)</td>
<td>Augustine Galian</td>
<td>2019-2020</td>
<td>stinegalian@gmail</td>
<td>3473550245</td>
</tr>
<tr>
<td>Vice President (Title specify)</td>
<td>Erika Boucard</td>
<td>2019-2020</td>
<td>Ericka.boucard.edu</td>
<td>3474433741</td>
</tr>
<tr>
<td>Secretary (Title specify)</td>
<td>Soraya Deshommess</td>
<td>2019-2020</td>
<td>deshommess@dowsta</td>
<td>7185067322</td>
</tr>
<tr>
<td>Treasurer (Title specify)</td>
<td>Joanne St.Robert</td>
<td>2019-2020</td>
<td>strobert@dowsta</td>
<td>9174056601</td>
</tr>
</tbody>
</table>

**Authorized Signature(s) for Payment Forms:**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Pres Print Name</th>
<th>Signature</th>
<th>Treas Print Name</th>
<th>Signature</th>
<th>Secy Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Augustine Galian</td>
<td>X</td>
<td>Treasurer, Joanne St. Robert</td>
<td>X</td>
<td>Secretary, Soraya Deshommess</td>
</tr>
</tbody>
</table>

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)

**Date Completed:** 5/15/2020

**SAF BUDGET REQUEST AND AGREEMENT FOR FISCAL YEAR:** June 1, 2020 thru May 31, 2021
SAF BUDGET REQUEST & AGREEMENT FORM

AGREEMENT Between
THE FACULTY STUDENT ASSOCIATION OF DOWNSTATE MEDICAL CENTER, INC.
And
School of Health Professions

(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 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]

[Name]

Applicant’s Main Representative Signature

5/15/20

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 (DMC 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:

CERTIFIED BY

[Signature]

Date of Certification: 9/22/20

V.4/23/2020
SOHP Student Council Meeting #9
Date: May 14th, 2020
Attendance- 81 participants
Meeting time- 2:00pm-3:00pm
Location: Zoom Meeting

1. Meeting called to order-2:00pm-Motion to open by Augustine Gnalian.
2. Appreciation and thanks to everyone in attendance.
3. Virtual commencement for the graduates of 2020 will be pre-recorded and broadcast on May 20th, 2020 at 3pm on several platforms, most likely YouTube. More information on the viewing platforms will be available soon.
4. Make sure to check Adam’s emails regarding activities, virtual tours, trivia, games, puzzles, and tournaments –most of these activities involve cash prizes.
5. The next incoming students will start their summer semester virtually at the end of May 2020.
6. Proposed budget was discussed for the year 2020-2021.
7. Motion to vote on approving the revised budget for the 2020-2021 academic year made by Joanne St. Robert and seconded by Soraya Deshommes.
   Vote: 60 YES/ 0 NO/ 21 Abstain
   **Motion passed to approve 2020-2021 budget.**
8. Elections for SOHP newest council officers- Candidates were required to provide a short introduction of themselves; detailing their interests in running for such position. Election was conducted via zoom as participants raised their hands and voted for their candidate of choice meanwhile SOHP Secretary Soraya Deshommes tallied the votes.
   - Candidate for SOHP Secretary: Paige Skinner, PA-S
     Vote: 61 YES/ 3 NO/ 17 Abstain
     **Paige Skinner is voted in to be SOHP Student Council Secretary for ‘20-‘21 year.**
   - Candidate for SOHP Treasurer: Norhan Eldib, PA-S
     Vote: 68 YES/ 2 NO/ 11 Abstain
     **Norhan Eldib is voted in to be SOHP Student Council Treasurer for ‘20-‘21 year.**
   - Candidate for SOHP Vice-President: Ryan Doherty, OT-S
     Vote: 69 YES/ 9 NO/ 3 Abstain
     **Ryan Doherty is voted in to be SOHP Student Council Vice President for ‘20-‘21 year.**
   - Candidate for SOHP President: Benjamin Boublti, PA-S
     Vote: 20 YES/ 50 NO/ 11 Abstain
   - Candidate for SOHP President: Clarisse Quirit, OT-S
     Vote: 56 YES/ 20 NO/ 5 Abstain
     **Clarisse Quirit is voted in to be SOHP Student Council President for ‘20-‘21 year.**
9. SOHP Council Officers- effective in the fall 2020-2021
   - President: Clarisse Quirit, OT-S
   - Vice- President: Ryan Doherty, OT-S
   - Treasurer: Norhan Eldib, PA-S
   - Secretary: Paige Skinner, PA-S
Current SOHP Student Council will become Interim positions and provide training and help transition the roles to the newly elected Student Council before Fall 2020.

10. Questions- None

On behalf of the entire SOHP council officers, we would like to thank everyone for attending the monthly meetings and supporting us throughout the entire academic year. It was a pleasure serving you and SUNY Downstate.

Meeting Adjourned: 3:00pm

Submitted and signed by

Soraya Deshommes -05/14/2020
Physician Assistant Class of 2020
SOHP Council Secretary Class of 2020
SUNY Downstate Health Sciences University
Faculty Student Association of DMC-Student Activity Fund  
School of Health Related Professions Student Council (SOHP)  
FY 2021 = June 1, 2020 through May 31, 2021  
BUDGET TEMPLATE

For each Council account, Column C = the Council's current Yr Certified Budget, Column D= Actual 10 months Year to Date amounts. Insert Council's Proposed FYE 2021 Budget in Column E.

Add/Insert rows for any needed New Accounts (insert title, leave account # "TBD")

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget 2019-2020</th>
<th>Current YTD as of 03/31/2021</th>
<th>Budget 2020-2021</th>
<th>Difference (Funds Avail)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>40-49001-010-30001 ACTIVITIES FEES INCOME</td>
<td>$ 18,328.80</td>
<td>$ 17,813.21</td>
<td>$ 18,328.80</td>
<td>$ 515.59</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>40-49001-010-30001 ROLLOVER BALANCE</td>
<td>2,450.57</td>
<td>2,450.57</td>
<td>13,760.59</td>
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<td>-</td>
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<tr>
<td></td>
<td>40-49002-010-30001 YBOOK CURRENT-ADVERT INCOME</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>Total Income</strong></td>
<td><strong>$ 20,779.37</strong></td>
<td><strong>$ 20,263.78</strong></td>
<td><strong>$ 32,089.39</strong></td>
<td><strong>-</strong></td>
<td><strong>Formula cell (Don't change)</strong></td>
</tr>
</tbody>
</table>

Program Expenses  Note: If a Club/Crg does its own fundraising, Be sure to mark Column G comments "Retains Any Prior Year Rollover"

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget 2019-2020</th>
<th>Current YTD as of 03/31/2021</th>
<th>Budget 2020-2021</th>
<th>Difference (Funds Avail)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-70009-010-30001 ADMINISTRATION FEE</td>
<td>$ 249.00</td>
<td>$ 243.00</td>
<td>$ 255.00</td>
<td>$ -</td>
<td>-</td>
<td>Formula cell (Don't change)</td>
</tr>
<tr>
<td>40-70260-010-30001 BROOKLYN FREE CLINIC</td>
<td>500.00</td>
<td>500.00</td>
<td>500.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>40-70217-010-30001 CONFERENCE</td>
<td>500.00</td>
<td>300.00</td>
<td>600.00</td>
<td>$ 200.00</td>
<td>-</td>
<td>-</td>
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<tr>
<td>40-70234-010-30001 CONVOCAITION</td>
<td>3,000.00</td>
<td>-</td>
<td>5,000.00</td>
<td>$ 3,000.00</td>
<td>-</td>
<td>-</td>
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<tr>
<td>40-70226-010-30001 DIAGNOSTIC MEDICAL IMAGING</td>
<td>500.00</td>
<td>216.50</td>
<td>400.00</td>
<td>$ 283.50</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>40-70134-010-30001 MEDICAL INFORMATICS</td>
<td>1,000.00</td>
<td>132.50</td>
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<td>$ 887.50</td>
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<td>-</td>
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<tr>
<td>40-70133-010-30001 MEETINGS</td>
<td>1,300.00</td>
<td>1,348.19</td>
<td>2,000.00</td>
<td>$ 450.31</td>
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<td>-</td>
</tr>
<tr>
<td>40-70136-010-30001 MIDWIFERY</td>
<td>180.00</td>
<td>180.00</td>
<td>220.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>40-70240-010-30001 OCCUPATIONAL THERAPY (O.T.)</td>
<td>400.00</td>
<td>(600.00)</td>
<td>2,000.00</td>
<td>$ 1,000.00</td>
<td>-</td>
<td>Retains any prior year rollover (already included)</td>
</tr>
<tr>
<td>40-70233-010-30001 ORTHOPEDICS JOURNAL CLUB</td>
<td>140.00</td>
<td>140.00</td>
<td>140.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>40-70231-010-30001 PHYSICAL THERAPY CLUB (P.T.)</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>1,200.00</td>
<td>$ 200.00</td>
<td>-</td>
<td>Retains any prior year rollover (already included)</td>
</tr>
<tr>
<td>40-70232-010-30001 PHYSICIAN ASSISTANT CLUB (P.A.)</td>
<td>1,000.00</td>
<td>-</td>
<td>2,200.00</td>
<td>$ 1,000.00</td>
<td>-</td>
<td>Retains any prior year rollover (already included)</td>
</tr>
<tr>
<td>40-70173-010-30001 PROGRAMS AND PROJECTS</td>
<td>3,509.37</td>
<td>1,084.50</td>
<td>2,570.00</td>
<td>$ 2,424.87</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>40-70097-010-30001 SPRING FLING/WINTER BALL</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>40-70235-010-30001 WELCOME RECEPTION</td>
<td>1,200.00</td>
<td>1,200.00</td>
<td>2,500.00</td>
<td>$ -</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>40-70227-010-30001 YEARBOOK CURRENT</td>
<td>3,300.00</td>
<td>-</td>
<td>3,500.00</td>
<td>$ 3,300.00</td>
<td>-</td>
<td>Doubled the funds for future Fall &amp; Spring receptions</td>
</tr>
</tbody>
</table>

"TBD"  CONVOCAITION 2020  
"TBD"  YEARBOOK 2020

Due to COVID, temporary account created to retain any prior year rollover funds to 2020 graduates

Total Program Expense | $ 19,276.37 | $ 6,746.19 | $ 31,638.00 | $ 12,626.18 | - | Formula cell (Don't change) |

Balance Before Reserves | $ 1,501.00 | $ 13,517.59 | $ 404.39 | - | - | Formula cell (Don't change) |

Reserves:  
40-39008-010-30001 RESERVE FUND | $ 1,501.00 | - | $ 404.39 | - | - | Formula cell (Don't change) |

Total Reserves | $ 1,501.00 | - | $ 404.39 | - | - | Formula cell (Don't change) |

Total Expenses + Reserves | $ 20,779.37 | $ 6,746.19 | $ 32,089.39 | - | - | Formula cell (Don't change) |

Total Net Income less Expenses + Reserves | $ - | $ 13,517.59 | $ - | - | - | Formula cell (Don't change) |

* SUNY Reserve Guidelines >5% and <100% of prior year actual expenses