

EQUAL 2024-2025 Proposed Spending Plan

**Summary Budget**

This form must be used by applicants to provide a detailed budget justification. For each line item provide a full description of the item, justification of the need for the item as it relates to the resident priorities identified and explanation of how costs were determined. *Additional pages may be added but must all conform to this format and include the Resident Council Representative Approval or Resident Petition in Support.*

Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Resident's currently have functional and safe furniture (bed, chair, night stand, dresser, lamp and armoire) which was purchased back in 2013; while this furniture does meet regulatory requirements it is old and has periodically required repair to maintain good condition. These upgrades to the resident's room will improve the overall physical environment of the facility and allow us to upgrade the quality of life of our residents and their living spaces; with a better aesthetics to the room with more modern and updated furniture. As a facility our available capital expenses for the year does not support a full upgrade to all resident rooms to the quality and standard that the residents have become accustom to. The equal capital expenses would allow the facility to upgrade all resident rooms with the same or higher quality furniture that was initially purchased at startup.	\$35,634.50	
Instructor-led Yoga Classes, providing engagement and training to promote & support healthy independent living.		\$9,000
Horticulture Therapy classes and supplies (dirt, plants, gardening tools) engaging residents with the benefit of gardening activities indoors and outdoors.		\$7000
Resident transportation to access local community for socialization, access to services, and other cultural/educational/leisure events. The funds will be used provide for resident's individual and group trips.		\$17,500
Specialty resident meals and catering. Funds will be used for catered meals for residents, improving quality in food.		\$2134.50
<b>Total Requested Per Funding Source</b>	\$35,634.50	\$35,634.50
<b>Total Funding Requested</b>	<b>\$71,269.00</b>	

**APPROVED  
2024-2025  
EQUAL**

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APPROVED 2024-2025  
EQUAL  
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**Attachment 1**

**EQUAL 2024-2025 Proposed Spending Plan**

*This form must be submitted to [ltresidentialsupport.equal@health.ny.gov](mailto:ltresidentialsupport.equal@health.ny.gov) no later than thirty (30) calendar days from the date of a New York State Department of Health Award Letter. Submission does not mean approval. All submissions will be reviewed by the Department.*

*Should your proposed plan include disallowable expenses or otherwise required revisions, you will be afforded a **one-time** revision allowance. You will have fifteen (15) days from the date of notice by the Department to respond. Failure to submit an approvable plan within the deadline may result in a reduction to, or rescinding of, your award. All submissions must include the Resident Council Representative Approval or Resident Petition in Support.*

*The Department reserves the right to remove any disallowable expenses and reduce or rescind awards accordingly.*

<b>Capital Improvement Projects</b>	<b>Amount Awarded:</b>
<i>These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.</i>	\$35,634.50
<b>Local Assistance Projects</b>	<b>Amount Awarded:</b>
<i>These funds are used to support improvements to the quality of life for adult care facility residents by funding projects including clothing allowances, resident training to support independent living skills, improvements in food quality, outdoor leisure projects, and cultural, recreational, and other leisure events.</i>	\$35,634.50

**Total Amount of Funding: \$71,269.00**

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- **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Bonnie Hooker (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for RiverSpring Assisted Living (name of facility), 020-E-136 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.
- **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at \_\_\_\_\_ (name of facility), \_\_\_\_\_ (operating certificate #). We have reviewed the Proposed EQUAL 2024-2025 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: Bonnie Hooker

Resident Signature: 

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**

