

EQUAL 2024-2025 Proposed Spending Plan

This form must be submitted to 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.

Capital Improvement Projects	Amount Awarded:
<i>These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.</i>	\$46,694.00
Local Assistance Projects	Amount Awarded:
<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>	\$46,694..00

Total Amount of Funding: \$93,388.00

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
<p>Remodification of bathroom/shower rooms,curtains for the rooms,furniture for activity room,mattresses,dressers/lamps.</p> <p>1.The residents have expressed a desire to update the day room and activities room with new tables, chairs, and additional seating options. Currently, the space has 2 large tables, but we are seeking five smaller, more flexible tables to allow for easier rearrangement based on activity needs,some of the existing chairs lack armrests, making them difficult for some residents to use safely. We propose replacing them with chairs that have arms for improved accessibility. Additionally, residents have requested comfortable armchairs and couches to create a more inviting space for socializing and relaxation.</p> <p>2.While we provide clean and functional shower curtains, residents have requested an upgrade to enhance privacy, durability, and accessibility.</p> <p>3.Facility meets regulatory requirements, but the proposed upgrades would enhance resident comfort.</p>	<p>\$46,694.00</p>	
<p>Recreational/leisure supplies(stationaries,board games,ehanacement of activity room(furniture,computers,ipads,printers)outdoor leisure activities(trips to sporting events,movies,restaurants,transportation cost)JCPenny gift cards for clothing,upgraded beddings sets.</p> <p>Facility already encourages and arranges community participation per HCBS regulations, residents have requested additional activities that require extra funding.</p>		<p>\$46,694.00</p>

APPROVED

2024-2025 EQUAL

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.14 11:40:54
 -05'00'

