

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
Upgrade area of facility to a café for residents to socialize with their peers; upgrade to include painting of the walls, tables, chairs, coffee bar, accessories for the coffee bar as well as other refreshments	\$10,000	
Upgrade the current couches and love seat in the social center so residents are able to easily utilize the furniture during activities	\$2,000	
Lobby upgrades to include highback chairs, 2 bookshelves and endtables	\$1,500	
Aesthetic upgrade to flooring in the social center	\$1,880	
Food items and entertainment for special dining events such as birthday parties, summer picnics, holiday events and other leisure events occurring throughout the year		\$10,000
Plants, soil and tools for resident gardens/ cushions for patio furniture in the Gazebo so residents are able to comfortably sit in the outdoor furniture		\$2,000
Craft supplies for scrapbooking, art supplies for painting, drawing, pottery, scrapbooking, coloring, and other miscellaneous supplies for leisure activities for our residents throughout the year		\$3,380
Total Requested Per Funding Source	15,380	\$15,380
Total Funding Requested	\$30,760	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Dorothy L. Stetson (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Saint Louise Manor (name of facility), 030-E052 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

o **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: DOROTHY L. STETSON
 Resident Name: ROB SEIBER
 Resident Name: _____

Resident Signature: [Signature]
 Resident Signature: [Signature]
 Resident Signature: _____

APPROVED

2024-2025 EQUAL

Digitally signed by APPROVED
2024-2025 EQUAL

Date: 2025.02.10 14:59:52
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Attachment 1

EQUAL 2024-2025 Proposed Spending Plan

This form must be submitted to ltcresidentialsupport.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>	\$15,380.00
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>	\$15,380.00

Total Amount of Funding: \$30,760.00