

Attachment 1

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>	\$9,830.00


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>	\$9,830.00

Total Amount of Funding: \$19,660.00

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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
1.  Heart Metal Platform Beds Twin Size 8 @ \$289 each This bed provides the residents with a comfortable place to rest.	2,312.00	
2. Hybrid Twin Mattress 10 inches 8 @ \$199 each. A new mattress can help the residents get better sleep, feel better and reduce aches and pain. Encase Twin Mattress Protector 11 @ \$39 each. This protector will act as a barrier to protect the mattress from spills, stain, moisture and general wear and tear. This mattress is superior to what the facility has because it combines the pressure-releasing comfort of foam with added support and bounce of coil, resulting in a more balanced sleep experience making it suitable for a wider range of sleeping positions and body types.	1,592.00	
3. Louis Phillipe White Chest of Drawers 8 @ \$279 each. For storage to accommodate smaller items like socks and undergarments. The Louis Phillip Dresser brings casual elegance into the residents bedrooms offering a more sophisticated look with a solid and stylish wood finish.	2,232.00	
4. 2 Door Wardrobe with shelves/hanging rods 7 @ \$359 each. This will improve organization to help keep the residents' clothes neat and easily accessible.	2,513.00	
5. Louis Phillipe Night Stands 8 @ \$139 each. This will help organize the residents personal items	1,112.00	
6. Anisa Open Back Upholstered Dining room Chairs (set of 2)- \$299 x 11. These chairs will provide comfort and support for the residents back while enhancing the look of the dining space.	2,739.00	
7. Monthly Karaoke music by entertainers x 9 months @ 225 per session for entertainment, relaxation and socialization.		2,025.00
8. Airlock Luxury Feather Down Comforter x 18 @ \$82.99 each This comforter will keep the residents warm.		1,493.82
9. Dreo Standing Fan For Bedroom 9 @ \$89.99 each. Fans provide cost-effective efficient alternatives to investing in air conditioners.		809.00
10. SAMSUNG 32 INCH M7 (M700) series 4 K UHD Smart Monitor with streaming TV speakers x 9 @ \$329 each. TV in the residents rooms will provide entertainment and learning opportunities, and help the residents feel more connected and involved		2,961.00

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2024-2025 EQUAL

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Total Requested Per Funding Source	\$9,830.00	9,830.00
Total Funding Requested	\$22,086.82	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for _____ (name of facility), _____ (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 Garden House (name of facility), D30-E-064 (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: Stanley Dyer
 Resident Name: Don Heath
 Resident Name: Solmyr Jensen

Resident Signature: Margaret Marsh
 Resident Signature: [Signature]
 Resident Signature: [Signature]

Theresa Lombardi [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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