

EQUAL 2024-2025 Proposed Spending Plan

— PAGE 1 OF 3 —

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>	7,405.00
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>	7,405.00

Total Amount of Funding: \$14,810.00

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.*

<p align="center">— PAGE 2 OF 3 —</p> <p align="center">Budget Line Items</p>	<p align="center">Capital Improvement Project Funds Requested</p>	<p align="center">Local Assistance Project Funds Requested</p>
<p>ENHANCEMENTS TO OUTDOOR COURTYARD:</p>		
<p>OUR RESIDENTS ENJOY SOCIALIZING ON THE PATIO THAT SURROUNDS THE COURTYARD. WE HAVE STARTED A PROJECT CALLED "FRESH AIR" THAT WILL ENHANCE THAT ENVIRONMENT, ONE ISSUE IS THAT THE PATIO</p>	<p align="center">7,405⁰⁰</p>	
<p>BECOMES A WIND TUNNEL WHEN WEATHER ISN'T PERFECT, WIND, RAIN, LEAVES BLOW THROUGH &</p>		
<p>KEEP RESIDENTS FROM SITTING OUTSIDE, WE WOULD LIKE TO RECTIFY THIS BY BUILDING REMOVABLE</p>		
<p>PLEXIGLASS PANELS BETWEEN ONE SECTION OF THE STONE PILLARS SURROUNDING THE COURTYARD.</p>		
<p>THIS WILL ACT AS A WIND BREAK & ALSO ALLOW RESIDENTS OUT EARLIER IN THE SPRING, AS THEY</p>		
<p>WISH TO START A SEEDLING PLANTING ACTIVITY AS PART OF OUR FRESH AIR PROGRAM.</p>		
<p align="center">Total Requested Per Funding Source</p>	<p align="center">7,405⁰⁰</p>	
<p align="center">Total Funding Requested</p>		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** Lorraine Masciadrelli (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for ST. COLUMBANS ON THE LAKE (name of facility), 060-E-008 (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: _____
 Resident Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

APPROVED
2024-2025
EQUAL

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)
 Digitally signed
 by APPROVED
 2024-2025 EQUAL
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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.*

- PAGE 3 OF 3 - Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
IN-HOUSE ENTERTAINMENT, SPECIAL EVENTS, OUTINGS		2,400 ⁰⁰
MOVIE NIGHTS: MOVIE RENTALS, POPCORN, SNACKS, BEVERAGES		1,200 ⁰⁰
LOCAL FRESH FRUITS AND VEGETABLES		3,805 ⁰⁰
Total Requested Per Funding Source		7,405 ⁰⁰
Total Funding Requested	\$ 14,810.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** Lorraine Malciadelli (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for ST. COLUMBANS ON THE LAKE (name of facility), 060-E-008 (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: _____
 Resident Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

**APPROVED
 2024-2025
 EQUAL**

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