

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
Washer/Dryers 3houses	3600	
Glider Swings 3houses	2550	
Countour outside Benches	6600	
Outdoor Lounge Seating set	3000	
Satelite Dish Heater Remove	520⁰⁰	0
Enhance Garden Space- 3houses	12,000	Amend- 10,443
Coaming Systems-	4907	
Total Requested Per Funding Source	31,100.00	0.00
Total Funding Requested	33,177	31,100.00

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Richard Harper (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Adelphi (name of facility), 060-E 040 (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 Adelphi (name of facility), 060-E 040 (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: Richard Harper
 Resident Name: David Papitto
 Resident Name: Robert L Smith

Resident Signature: Charles Krueger
 Resident Signature: Helen A. Hill
 Resident Signature: Dorothy Whipple

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Air Fryers	Moved TO Capital ←	1350
Plate Warmers	Moved TO Capital ←	200
Holiday Placemats		800
Table cloths		1000
Dinner Sets < Bowls, Plates, Cups >	Moved TO Capital ←	527
Transportation weekly Groceries		7800
Transportation monthly outing		5400
Total Requested Per Funding Source	2,077.00	15,000.00
Total Funding Requested		17,077

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Richard Harper (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Orchard Grove (name of facility), 060-E-040 (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 Orchard Grove (name of facility), 060-E-040 (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: Richard Harper Resident Signature: Richard Harper
 Resident Name: Helen A. Hill Resident Signature: Helen A. Hill
 Resident Name: David Pacitti Resident Signature: David Pacitti
 Resident Name: Robert L. Smith Resident Signature: Robert L. Smith

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
TV Subscriptions		500
Christmas Gifts		3600
Holiday Decor		21000
Specialty foods Take out / Dine in		10,000
Holiday Food / mothers Day EASTER. Supplies Fathers Day, Thanksgiving		2077
Total Requested Per Funding Source	0.00	18,1770.00
Total Funding Requested	18,177.00	18,177.00

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Richard Harper (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Richard Ave (name of facility), 0605-040 (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 Richard Ave (name of facility), 0605-040 (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: Richard Harper
 Resident Name: Helen Hill
 Resident Name: David Partridge
 Resident Name: Robert Smith

Resident Signature: Charles Kinley
 Resident Signature: Dorothy Whipple
 Resident Signature: Helen Hill

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

This form must be submitted to ltresidentialsupport.equal@health.ny.gov no later than 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>	33,177.00
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>	33,177.00

Total Amount of Funding: 66,354