

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>	\$23,677.00

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>	\$23,677.00

Total Amount of Funding: \$47,354.00

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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
Beam Pro Mobile 4000 for Residents to enjoy games, entertainment, sensory; Mobile to move from one area to the next for Resident movies		\$10,109.40
Holiday gifts/celebrations (i.e. Mother's Day, Father's Day, Veteran's Day, Easter, Christmas).		\$3,000.00
Angel fund to assist Residents with needed items they may not be able to normally afford.		\$1,000.00
Resident Outings - to baseball games, museums, out to special lunches/dinners, bowling, boating events, etc.		\$4783.80
In-house Activities/Entertainment, more activities + entertainment for the performers they love who come to the community.		\$3,283.80
Games/Activity Supplies to purchase more games and supplies for more person-centered activities.		\$1500.00
Total Requested Per Funding Source		\$23,677.00
Total Funding Requested		\$23,677.00

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, M. S. (Miguel Laureano) (name of representative), President of Resident Council, have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Absolute Care of Orchard Brook (name of facility), 240-F-878 (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 Absolute Care of Orchard Brook (name of facility), 240-F-878 (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: Ed Pincenki
 Resident Name: Andy Augustino
 Resident Name: John Page

Resident Signature: Catherine A. Sowinski
 Resident Signature: Lori Chover
 Resident Signature: John Page

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025
 EQUAL

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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
Resident Activity Room Remodel to include, but not limited to cabinets, countertops, sink, stove, new paint, more storage, blinds, backsplash	\$15,957.00	
Resident Laundry Room upgrades to include, but not limited to new washing machines(2) + dryers(2), countertops, cabinets, backsplash, sink	\$5,020.00	
2nd Floor laminate flooring to replace carpet in one section of Resident hallways and wall art	\$2,700.00	
Total Requested Per Funding Source	\$23,677.00	
Total Funding Requested	\$23,677.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Miguel Laureano (name of representative), President of Resident Council, have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Absolute Care of Orchard Brook (name of facility), 240-F-878 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

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Resident Name: Ed Pienicki
 Resident Name: Joseph Augustinaf
 Resident Name: John Jean Dodge

Resident Signature: Catherine A. Sowinski
 Resident Signature: Larry Charles
 Resident Signature: John Dodge

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
2024-2025 EQUAL

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