

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
wireless pendants Call system	34,406.00	
Resident Summer Gathering		\$2,000.00
Resident individual spending \$600 each		\$18,000
Bands and entertainment		\$5,000
Arts + Craft Supplies		\$2,453
Activity Supplies		\$2,453
Individual Crafts and holiday gifts (150.00 each).		\$4,500
<b>Total Requested Per Funding Source</b>	<b>34406.00</b>	<b>34406.00</b>
<b>Total Funding Requested</b>	<b>\$68,812.00</b>	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Shorri Sabiew (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for AHMC ALP (name of facility), 270-E-007 (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 AHMC ALP (name of facility), 270-E-007 (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: Mary Boyer  
 Resident Name: Mary Jane Mills  
 Resident Name: Elayne Goyette

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

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**

APPROVED  
 2024-2025 EQUAL  
 Digitally signed by APPROVED  
 2024-2025 EQUAL  
 Date: 2025.02.12 11:10:42  
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## EQUAL 2024-2025 Proposed Spending Plan

This form must be submitted to [lrcresidentialsupport.equal@health.ny.gov](mailto:lrcresidentialsupport.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:
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.	34,406.00
Local Assistance Projects	Amount Awarded:
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.	34,406.00

Total Amount of Funding: 68,812



# Department of Health

KATHY HOCHUL  
Governor

JAMES V. McDONALD, MD, MPH  
Commissioner

JOHANNE E. MORNE, MS  
Executive Deputy Commissioner

December 3, 2024

**Sent via email/Certified Mail:**

Alice Hyde Assisted Living Program  
45 Sixth Street  
Malone, New York 12953  
sdabiew@alicehyde.com

Re: 2024-25 EQUAL Intent to Award

Dear Administrator/Operator:

The New York State Department of Health ("Department") is pleased to notify you of the intent to award Alice Hyde Assisted Living Program in response to your 2024-25 EQUAL Program application. Please note, this is not confirmation of an award; to receive your funding, you must complete and submit a proposed Spending Plan by **January 10, 2025**. Upon receipt, your proposed Spending Plan will be reviewed and upon approval, a formal funding notice will be issued.

Please review with your eligible residents the anticipated award outlined below to identify how to utilize the full award value. Upon completion, please submit Attachment 1: EQUAL 2024-25 Proposed Spending Plan with either Resident Council Representative Approval or, in the event your facility does not have a formalized Resident Council, Resident Petition in Support (enclosed for ease of reference).

The anticipated award will be funded as follows:

Capital Improvement Projects: \$34,406.00

*These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.*

Local Assistance Projects: \$34,406.00

*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.*

Failure to submit your complete, proposed Spending Plan by the designated deadline will result in forfeiture of your award. Your proposed Spending Plan must be received by **January 10, 2025**, via email to [lrcresidentialsupport.equal@health.ny.gov](mailto:lrcresidentialsupport.equal@health.ny.gov). Please note, no alternative method of submission is accepted. Due to its time sensitivity, the Department will confirm receipt of the proposal within 24 hours of receipt; if you do not receive a confirmation of receipt, please resubmit. The Department is unable to issue due date reminders to facilities.

If you have any questions, please send an email to [lrcresidentialsupport.equal@health.ny.gov](mailto:lrcresidentialsupport.equal@health.ny.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Kristen M. Pergolino". The signature is fluid and cursive, with the first name "Kristen" and last name "Pergolino" clearly legible.

Kristen M. Pergolino, Director  
Division of Residential Support

cc: K. Anderson  
K. Walker  
Joseph Santiago  
EQUAL File