

**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
Improvement in Food transportation and qualities.		5,686. <sup>65</sup>
Tv's in resident's rooms for leisure		1,800. <sup>00</sup>
Entertainment for residents		1,166. <sup>35</sup>
Resident's rooms flooring and window treatments	8,653. <sup>00</sup>	
<b>Total Requested Per Funding Source</b>	8,653. <sup>00</sup>	8,453. <sup>00</sup>
<b>Total Funding Requested</b>	17,306. <sup>00</sup>	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Helene Sandrowitz (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for The Watford on the Bay (name of facility), 331-F-272 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities. X Helene Sandrowitz
- 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 Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

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

**APPROVED**  
**2024-2025 EQUAL**  
 Digitally signed by APPROVED  
 2024-2025 EQUAL  
 Date: 2025.02.19 11:00:46 -05'00'

*This form must be submitted to [lrcresidentialsupport.equal@health.ny.gov](mailto:lrcresidentialsupport.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.*

<b>Capital Improvement Projects</b>	<b>Amount Awarded:</b>
<i>These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.</i>	8,653. <sup>00</sup>

<b>Local Assistance Projects</b>	<b>Amount Awarded:</b>
<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>	8,653. <sup>00</sup>

**Total Amount of Funding:** 17,306.<sup>00</sup>

1) We will be elevating our room service module as we look to enhance the current tray delivery system. We will purchase new upscale, fully insulated under pellets and dome lids to add an elegant touch to all trays as we keep the food properly covered and maintain all food temperatures. Matching insulated coffee cups and various sized bowls for soup and desserts will be purchased as well as we strive to ensure any residents who choose to dine in their rooms receive the ultimate dining experience.

2) We will be enhancing the Resident rooms and living areas by providing a higher quality floor to enhance the appearance of the areas. The proposed flooring will require little to no maintenance as well as create a more luxurious environment for the Residents. The current floor is not in poor condition.

We also plan to add window treatments to the Resident rooms to enhance their experience at The Waterford. They will receive a modernized valance to improve the appearance of their room to create a more luxurious environment.

