

Amber Court of Brooklyn

331-F-284

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
<i>Install a Nurse Call Intercom System With call station recording response times</i>	<i>\$ 20943.50</i>	
<i>Food events in the facility featuring different diversified cuisines catered by various vendors</i>		<i>\$ 10,000</i>
<i>Trips to Restaurants and special events</i>		<i>10,943.50</i>
Total Requested Per Funding Source	<i>\$ 20943.50</i>	<i>20,943.50</i>
Total Funding Requested	<i>\$ 41887</i>	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, *Patricia Carr* (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for *Amber Court of Brooklyn* (name of facility), *331-F-284* (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

Patricia Carr

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

Digitally signed by
 APPROVED 2024-2025 EQUAL
 Date: 2025.02.10 10:21:00
 -05'00'

EQUAL 2024-2025 Proposed Spending Plan

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>	20943.50

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>	20943.50

Total Amount of Funding: \$ 41887.



VOICE & DATA INC.
 324 Grand Avenue * Brooklyn, NY 11238
 718-230-9292 voice * 718-230-9200 fax

www.compu-phone.net

QUOTE	
Quote number:	0000102062
Date:	12/10/2024
Salesperson:	Abe

BILL TO:

Amber Court Of Brooklyn
 650 East 104th Street
 Brooklyn NY 11236

SHIP TO:

Amber Court Of Brooklyn
 650 East 104th Street
 Brooklyn NY 11236

Main # 718-649-0700
 Fax 718-649-4441

Sol Bauer

QUAN	DESCRIPTION	PRICE EACH	AMOUNT
	Quote to install nurse call intercom system		
112.00	Nurse Call Wall Mount intercom station with two (2) call button outputs	95.00	10,640.00
224.00	Push Button Cord Cable 6P4C Nurse Call Cord with Clip for patient bed	22.50	5,040.00
60.00	Nurse Call Wall Mount intercom station with pull string support for bathroom	95.00	5,700.00
	Our goal is to reuse existing pull string call buttons		
1.00	CompuVoip 100 port expansion card(s)	225.00	225.00
8.00	24 port Power Over Ethernet (POE) Switch	350.00	2,800.00
172.00	Installation and setup of above hardware	155.00	26,660.00
	Price includes one year on-site warranty parts and labor.		
	***** OPTIONS *****		
	Bathroom Pull call button \$52.00 each if needed		
	Station Call recording \$450.00		
	SUBTOTAL		\$51,065.00
	TAX		\$4,532.02
	TOTAL		\$55,597.02

Price is valid for 30 days.
 Payment Terms: 50% deposit, balance upon completion.
 All equipment belong to Compu-Phone until paid in full.

Print Name _____
 Signature _____
 Date _____