

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:
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.	17659 ⁰⁰ / _{xx}
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.	17659.00 ⁰⁰ / _{xx}

Total Amount of Funding: 35318 ⁰⁰/_{xx}

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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
Residents' recreational trip		9000
Residents' Karaoke Machine		200
Winter clothing allowance (28 x 200) x resident		5600
Holiday Parties		2859
Total Requested Per Funding Source		17659.-
Total Funding Requested		35318.-

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, EULENE KERR (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for BROOKDALE ALP (name of facility), 331-S-001 (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 _____ (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: EULENE KERR
 Resident Name: CORLETO WILLIAMS
 Resident Name: _____

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

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED

2024-2025 EQUAL

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 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
Security cameras in hallway in residents living floors, basement and dining room area. (7 cameras)	5250	
Residents' wheelchair/standing scale	2000	
Resident recreational fish tank maintenance	2500	
Ice machine maintenance & service	1980	
Upgrade residents' refrigerators (2)	1500	
Total Requested Per Funding Source	17659.	
Total Funding Requested	35,318 ⁰⁰ xx	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, EULENE KERR (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Brookdale ALP (name of facility), 331-5-001 (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 _____ (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: EULENE KERR
 Resident Name: CARLTON WILLIAMS
 Resident Name: _____

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

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025
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