

Attachment 1

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>	\$23,925





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>	\$23,925

Total Amount of Funding: \$47,850

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
Air Conditioners: 4 A/C x \$700/ea, & removal/install \$70/ea. Based on past need/spending trends. For individual EHP apts when old A/C stops working.	\$3,080	
Carpet Washing: as needed, \$115 per resident apartment. Based on past need/spending trends. Done per resident request when there is excessive staining, a spill, etc... that cannot be addressed by regular EHP housekeeping. This is not a Service included in regular building maintenance.	\$1,610	
Window Cleaning: \$13 per window, 128 windows in EHP apartments. Inside and outside of windows as EHP housekeeping does not address outside the windows and this is not a service included in regular building maintenance.	\$1,664	
Cleaning & Painting apt. vents: 20 apts \$40/ea. Clean, scrape, and paint. Based on past need/spending trends. Outside of regular EHP housekeeping and service not included in regular building maintenance.	\$200	
Apartment furniture above and beyond regulatory requirements: beds, tables, chairs, dressers, sofas, etc... Based on past need/spending trends.	\$16,371	 \$16,371
Entertainment devices for community room: Projector, screen, DVD player, speakers, play systems, etc...	\$1000	
Total Requested Per Funding Source	PAGE 1 of 3	
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for _____ (name of facility), _____ (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 Cumberland Gardens NY Foundation EHP #6 (331-S-003). 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

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 2024-2025 EQUAL
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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
Household Items and supplies: resident request above and beyond regulatory requirements, such as: bed bug covers, surge protectors, toilet brushes, shower curtains, small appliances, nightlights, etc...		\$1,000
Replacement laundry cards: for resident use in on-site laundry room. \$10/card. Replacement rate base on past need.		\$50
Recreational activities on & off site: includes transportation, supplies, admission, decorations, etc...Based on past need/spending trends.		\$7,000
Target or Stop & Shop gift cards: \$60 per resident x 45, resident request for clothing/household items purchase		\$2,700 
Resident transportation: Car service, MTA, Access-A-Ride for medical appts when services are no show/very late, or for last minute appts. Transportation to benefit related appts, such as SSA, HRA. Based on past need/spending trends.		\$750
Specialty food items and equipment for congregate & in-home consumption, including food & supplies for emergencies/natural disasters: beyond regulatory obligations. Provides for morning coffee/tea, upgraded lunch items as requested (e.g. ribs, shrimp, fresh fruits, pizza, etc...), juice, Lactaid, party foods, meals on trips, activity snacks, containers, etc... and additional shelf-stable canned/boxed items to provide each resident with their own supplemental bag of goods, and for hot food items to searve for lunch in emergency/urgent situations where the program cannot use the stove.		\$ 11,925
Total Requested Per Funding Source	PAGE 2 of 3	
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for _____ (name of facility), _____ (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 Cumberland Gardens NY Foundation EHP #6 (331-S-003). 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)

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2024-2025 EQUAL

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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
Prescription and medical supplies: items/costs/co-pays residents need that are not covered by their insurance. Paid directly to provider as needed. Based on past need/spending trends		\$500
Total Requested Per Funding Source	\$23,925	\$23,925
Total Funding Requested	\$47,850	

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o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Cumberland Gardens NY Foundation EHP #6 (331-S-003). 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: _____

Signatures Attached

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

**APPROVED
2024-2025 EQUAL**

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2024-2025 EQUAL
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RESIDENT PETITION IN SUPPORT:

We, the undersigned, are SSI/SSP/SN recipients residing at Cumberland Gardens NY Foundation EHP #6, operating certificate #331-5-003. 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:
Theodore Fleming	Theodore Fleming
Florence M	Florence AMCKIE NUT SSI/SSP
Martha Bruno	Martha Bruno
	Margaret Carson NUT SSI/SSP
Elsie Griffith	Elsie Griffith
Tinade Johnson	Tina Johnson
Fraulein Cobham	Fraulein Cobham
George Bork	George Bork sr -
Kit Tsang	Kit Tsang
Gui Huo Chin	gui huo chin
Shuet Ying Lau	Shuet Ying Lau 2J
Bao Xia Yu	Bao Xia Yu 2S
Hulda Rivera	Hulda Rivera 4J
Fu Mei Qiu	Fu Mei Qiu 7S
Arthur Barr	ARTHUR BARR 3-5
Su Tao Zeng	SU TAO ZENG 4G
Zhi Ren Deng	ZHIRENDENG 4S
He Xian Chen	HE XIAN CHEN 4L
Tatyana Vladimirova	Tatyana Vladimirova 2G