

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>	\$24,494.50
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>	\$24,494.50

Total Amount of Funding: \$48,989

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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
Recreational Activities on & off site (Admissions, Food, decorations & Prizes)		\$9,637
Specialty food items and equipment for congregate & in-home consumption, including food & supplies for emergencies/natural disasters: beyond regulatory obligations. Provides for Breakfast, upgraded lunch items as requested (e.g. ribs, shrimp, salmon fresh fruits, etc...), juice, 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 serve for lunch in emergency/urgent situations where the program cannot use the stove.		\$12,697
Household Items (Small Appliances, paper towel AC covers, bedbugs covers)		\$600.50
Residential Transportation (Last min appointment, No Show or late access a ride)		\$1,560
Total Requested Per Funding Source		\$24,494.50
Total Funding Requested		

- **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.

- **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at **Brown Gardnes** (name of facility), **420-S-272** (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: Barbara Philip
 Resident Name: ok Sun Kim
 Resident Name: Wei fen Zhou

Resident Signature: [Signature]
 Resident Signature: Ana Nasario
 Resident Signature: Iris Salgado

APPROVED
2024-2025
EQUAL

Digitally signed by APPROVED
2024-2025 EQUAL
Date: 2025.02.14 12:01:19 -05'00'

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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
Apartment Furniture The facility intends to use the funds to purchase furniture beyond the regulatory required minimum household furniture. Funds would be used for "upgraded" and higher quality furniture such as: double and queen sized beds, additional dressers/bureaus, additional tables and floor lamps, sofas, love seats, larger tables and additional chairs. These items are superior to and in addition to the regulatory requires furnishings.	\$15,514.50	
Carpet Cleaning The regulated housekeeping of the facility provides for regular vacuuming in resident apartments. Carpet washing is to address carpets staining beyond normal use, often from the high prevalence of resident use of wheelchairs/walkers/canes), and to reduce allergens. This is deep cleaning, beyond the capabilities of program staff, and must be outsourced and paid for. It is superior too and not supplanting regulated housekeeping. (6 Onebedroom * \$150=900 2 Studios *125= 250)	\$1,150	
Air Conditioners \$750*10= \$7500 Air Conditioners installation & Removal = \$330	\$7830	
Total Requested Per Funding Source	\$ 24,494.50	
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 Brown Gardens EHP #2 (name of facility), 420-S-272 (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: Barbara Philip
 Resident Name: ok Sun Ki
 Resident Name: Wei Fen Zhou

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

APPROVED Digitally signed by
2024-2025 APPROVED
EQUAL 2024-2025 EQUAL
 Date: 2025.02.14
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