
New York Foundation for Senior Citizens, Inc.

Enriched Housing Program #3

1850 Second Avenue 3rd Floor

New York, New York 10128

TEL: 212-831-2990 FAX: 914-881-9613

February 11, 2025

Clarifications for 2024-2025 EQUAL Spending Plan

To Whom It May Concern:

Please find the information requested regarding clarifications to the submitted 2024-2025 EQUAL spending plan.

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.

Breakfast and Specialty food items for congregate & in-home consumption, including food & supplies for emergencies/natural disasters: Provides for morning coffee/tea, upgraded lunch items as requested (e.g. ribs, shrimp, fresh fruits, pizza, salmon, 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 serve for lunch in emergency/urgent situations where the program cannot use the stove.

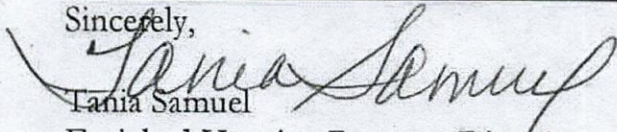
Cabinet Replacement: No money will be allocated to this item. The funds of \$15,000.00 have been reallocated to Apartment Furniture.

Apartment Appliances: No money will be allocated to this item. The funds of \$5,592.50 have been reallocated to Air Conditioners.

I have also included the resident signature page in affirmation of resident review and agreement to the change in spending mentioned above.

1850 Second Avenue is an equal opportunity housing provider and does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Auxiliary aides are available to persons with disabilities upon request.

Sincerely,

A handwritten signature in cursive script that reads "Tania Samuel". The signature is written in dark ink and is positioned above the printed name.

Tania Samuel

Enriched Housing Program Director

New York Foundation for Senior Citizens, EHP#3

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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>	\$38,092.50

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>	\$38,092.50

Total Amount of Funding: \$76,185.00

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
AC Removal/Installation (based on previous spending) - \$35x48- Replacing old AC for new if it breaks down. Removing/replacing AC cover during summer/winter months	\$2,500.00	
Air Conditioners (based on previous spending) – one bedroom \$640.00, Studio \$675.00	\$10,592.50	
Apartment Furniture (based on previous spending) – beds, sofas, dining sets, chairs/recliners, dressers, lamps	\$25,000.00	
Total Requested Per Funding Source	\$38,092.50	
Total Funding Requested	\$76,185.00	

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 NYFSC EHP #3 (name of facility), 420-S-370 (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: BENNY LEUNG
 Resident Name: ALICE LEUNG
 Resident Name: Hyun Jim Oh

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

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
2024-2025 EQUAL

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EQUAL 2024-2025 Proposed Spending Plan

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Breakfast and Specialty Food Items (based on previous spending)		\$25,000.00
Prescriptions and Medical Supplies (based on previous spending)		\$1,500.00
Recreational Activities (based on previous spending) – Bingo prizes, tickets for Broadway shows, Movies, Museum trips, Restaurant trips, Birthday Parties, Holiday Events, etc		\$8,500.00
Resident Transportation (based on previous spending)		\$1,546.25
Household Items and supplies (based on previous spending) – hand soap, bath soap, toilet paper, paper towel, bath mats, shower curtains, cleaning supplies, surge protectors. etc		\$1,546.25
Total Requested Per Funding Source		\$38,092.50
Total Funding Requested	\$76,185.00	

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Resident Name: BENNY LEUNG
 Resident Name: ALICE LEUNG
 Resident Name: HYUN JIN OH

Resident Signature: Benny Leung
 Resident Signature: Alice Leung
 Resident Signature: Hyun Jin Oh

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025
 EQUAL

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