

EQUAL 2024-2025 Proposed Spending Plan

This form must be submitted to ltcreidentialsupport.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>	\$21,646.50

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>	\$21,646.50

Total Amount of Funding: \$43,293.00

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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
Air Conditioners (wall units in individual resident apts as needed for newly designated EHP apt, replacement of broken units, etc.): \$650/ea x 8	\$5,200	
A/C units install & removal- \$35 per install or removal x 8	\$560	
Apt window cleaning (The program provides housekeeping services that include cleaning of the inside of apartment windows, but we are unable to access the outside of the apartment windows of the 10 story building – that service must be outsourced to be provided, and is an enhancement above and beyond regulatory required program services.): \$75/3 windows x 34 apts	\$2,550	
Apt carpet washing (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 to and not supplanting regulated housekeeping.): \$175 x 34 apts	\$5,950	
Apt upgrades: alternative flooring: installation: \$875/apt x 1 apt	\$875	
Apt 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.)	\$6,511.50	
Total Requested Per Funding Source		
Total Funding Requested		

Page 1 of 2

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Leola Hill (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for NY Foundation Clinton Gardens EHP #5 (name of facility), 420-S-376 (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: _____
 Resident Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

**APPROVED
 2024-2025
 EQUAL**

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Summary Budget

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Recreational Activities on-site & off-site (transportation, food, admission, decorations) based on past spending		\$2,000
Resident Transportation (medical appts, benefit entitlement appts, when insurance covered transportation and/or Access-A-Ride is unable): Approx \$400/mo		\$4,700
Breakfast and speciality food items, and related supplies, for congregate and in-home consumption...based on past spending		\$5,808.50
Food and supplies for emergencies/natural disasters (additional food items above and beyond the regulatory requirement)		\$200
Household items/supplies: Hand soap, toilet paper, paper towels, dish soap, laundry detergent, tissues, mops, brooms and dustpans, vacuums, etc...based on past spending		\$4,700
Holiday Gift Cards (Residents have been counseled that these gift cards cannot be used for items such as tobacco, alcohol, firearms. The operator will have the residents sign an agreement that they will not use these cards for alcohol, tobacco, or firearms upon receipt of their card.): \$100 + \$5.95 activation fee= \$105.95 x 40 residents		\$4,238
Total Requested Per Funding Source	\$21,646.50	\$21,646.50
Total Funding Requested	\$43,293.00	

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Resident Name: _____
 Resident Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
2024-2025 EQUAL

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