

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 |
|---|---|--|
| 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. | \$11,706.00                                 |  |
| Air Cooling Units for apartments; 5 @ \$750.00 each<br>Cleaning of Carpeted Flooring , Replacement of Carpeted Flooring as needed, W/Hardwood look tile/linoleum. Purchases are above and beyond normal maintenance of flooring offered by Enriched Housing Program.  | \$8,500.00                                  |  |
| 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 7 story building. That service must be outsourced to be provided and is an enhancement above and beyond regulatory required program services.                          | \$2,010.00                                  |  |
|   |   |  |
|   |   |  |
|   |   |  |
| <b>Total Requested Per Funding Source</b>   | <b>\$22,216.00</b>                          |  |
| <b>Total Funding Requested</b>  | <b>\$44,432.00</b>                          |  |

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 \_\_\_\_\_ (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: Cecargina Kelly  
 Resident Name: Tera Grayson  
 Resident Name: Teresa Castro

Resident Signature: Cecargina Kelly  
 Resident Signature: Tera Grayson  
 Resident Signature: Teresa Castro

APPROVED  
 2024-2025 EQUAL

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**EQUAL 2024-2025 Proposed Spending Plan**

*This form must be submitted to [ltresidentialsupport.equal@health.ny.gov](mailto: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.*

| <b>Capital Improvement Projects</b>   | <b>Amount Awarded:</b> |
|---|------------------------|
| <i>These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.</i> |                        |

| <b>Local Assistance Projects</b>  | <b>Amount Awarded:</b> |
|---|------------------------|
| <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> |                        |

**Total Amount of Funding:** \_\_\_\_\_

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| Two (2) scheduled off site recreational activities includes; admission and transportation. Onsite activities, celebratory, holiday events, speciality decorations.  |   | \$14, 216.00                             |
| 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 Milk, party foods, meals on trips, activity snacks, containers,etc...and additional shelf-stable canned/boxeditems 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 utilize the stove. |   | \$6,000.00                               |
| Household items which includes but not limited to mattress/boxspring covers, flashlights, batteries, surge protectors, non-slip bath mats, shower curtains, air freshners/plug-ins.   |   | \$2,000.00                               |
|   |   |  |
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**RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at \_\_\_\_\_ (name of facility), #205-381 (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: Virginia Kelly Resident Signature: Virginia Kelly  
 Resident Name: Rosa Gonzalez Resident Signature: Rosa Gonzalez  
 Resident Name: Theresa Castillo Resident Signature: Theresa Castillo

**APPROVED**  
**2024-2025 EQUAL**  
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