

EQUAL 2024-2025 Proposed Spending Plan

This form must be submitted to ltcrenentialsupport.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>	

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>	

Total Amount of Funding: _____

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
1st Floor hall - 8" Wall protection + Corner guards	10,500	
PAINT where wall protection doesn't cover	3,000	
New handrails (replacing wood) on 1st Floor	13,273	
PACMAN ARCADE		465.00
Projector w/ motorized screen / cabling + security camera AND sound system for Movie Theater		8,500
10 Movie/Gaming chairs and 1 MASSAGE CHAIR		4,200
Commercial High capacity Dual Coffee Maker (stainless steel)		2800
Pop A shot electronic B Ball machine		450.00
Portable Pool Table		579.00
Green House Kit w/ Garden Supplies		700.00
Playstation 5 w/ controllers and game card		1100.00
Antimicrobial love seat + sofa		5,200
(2) Outdoor metal Benches + Cigarette Receptacle		1423
Laptop, chargers, security subscriptions and lock		1356.00
Total Requested Per Funding Source	26,773	26,773
Total Funding Requested	53,546.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, MARK HARRIS (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for CROSSROADS ACF (name of facility), 520-E-088 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities. 7-25

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: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025 EQUAL

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.10 11:30:22
 -05'00'