

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
Electrician work - electrician install of outlet install to accommodate surround sound music in dining room for resident enjoyment, approximate price based on verbal quote, community to pay average cost if applicable	\$2,500.00	
Display Case/Cabinet - for activities room to showcase resident artwork and hold supplies, price based on equivalent items online	\$600.00	
Cabinet for activities room - to store resident games and supplies for resident enjoyment	\$400.00	
P-Tach units or parts (packaged terminal air conditioner) for resident apartments to maintain resident environment - cost determined by most purchase; additional cost to be covered by community if applicable	\$7,410.00	
Porch cushions - to utilize on resident used porch for comfort and resident ease, price based on estimate online, community to cover average cost if applicable		\$650.00
Diehard Serving dishes - dishes to be used at special events or standard service for resident enjoyment to display food and drinks		\$1,000.00
Recreational/Culinary Events - food improvement for special culinary events, featured menu items, resident request and resident enjoyment		\$4,660.50
Total Requested Per Funding Source (Carried over to page 2)	\$10,910.50	\$10,910.50
Total Funding Requested (Carried over to page 2)	\$21,821.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Genevieve McCluskey (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Braemar Living at Walkkill (name of facility), 540-F-036 (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 _____ (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 Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025 EQUAL
 Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.12 11:44:09
 -05'00'

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>	\$ 10,910.50
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>	\$ 10,910.50

Total Amount of Funding: \$ 21,821.00

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Recreation / Activities program - for speakers, entertainment, musical programs, presenters, for resident engagement and enjoyment		\$ 4,600.00
Total Requested Per Funding Source (carried over from page 1)	\$ 10,910.50	\$ 10,910.50
Total Funding Requested (carried over from page 1)	\$ 21,821.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Genevieve McCluskey (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Brammer Living at Walkhill (name of facility), 540-F-036 (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 _____ (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 Signature: _____
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INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
2024-2025 EQUAL
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 Date: 2025.02.12 11:44:47
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Total Amount of Funding: \$ 21,821.00