



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

December 3, 2024

Sent via email/Certified Mail:

Seaview Manor, LLC
210 Beach 47th Street
Far Rockaway, New York 11691
latishah@essentialseniorcare.com

Re: 2024-25 EQUAL Intent to Award

Dear Administrator/Operator:

The New York State Department of Health ("Department") is pleased to notify you of the intent to award Seaview Manor, LLC in response to your 2024-25 EQUAL Program application. Please note, this is not confirmation of an award; to receive your funding, you must complete and submit a proposed Spending Plan by **January 10, 2025**. Upon receipt, your proposed Spending Plan will be reviewed and upon approval, a formal funding notice will be issued.

Please review with your eligible residents the anticipated award outlined below to identify how to utilize the full award value. Upon completion, please submit Attachment 1: EQUAL 2024-25 Proposed Spending Plan with either Resident Council Representative Approval or, in the event your facility does not have a formalized Resident Council, Resident Petition in Support (enclosed for ease of reference).

The anticipated award will be funded as follows:

Capital Improvement Projects: \$13,293.50
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.

Local Assistance Projects: \$13,293.50
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.

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:
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.	\$ 13,293 ⁵⁰

Local Assistance Projects	Amount Awarded:
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.	\$ 13,293 ⁵⁰

Total Amount of Funding: \$ 26,587⁰⁰

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
Install new fencing on the side of the building.	7,800 ⁰⁰	
Purchase and install new landscaping in the front of the building (bushes, trees).	5,493 ⁵⁰	
Total Requested Per Funding Source	13,293 ⁵⁰	
Total Funding Requested	26,587 ⁰⁰	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Euclides Candelario (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Seaview Manor LLC (name of facility), 590-F-313 (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 Seaview Manor LLC (name of facility), 590-F-313 (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

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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
Arrange for several catered parties for residents during holiday times.		10.793 ⁵⁰
This is an approved item by residents (cost determined by local vendors)		
Arrange for recreational and cultural trips for residents (shows, movies, sport events)		2.500 ⁰⁰
Total Requested Per Funding Source		13.293 ⁵⁰
Total Funding Requested		26.587 ⁰⁰

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Euclides Candelario (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Seaview Manor LLC (name of facility), 590-F-313 (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: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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