

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 |
|---|---|--|
| HOLIDAY & SPECIAL INTERNATIONAL FOODS | | |
| SMART TV & BRACKETS | | \$22,072.50 |
| | | |
| | | |
| LOBBY FURNITURE | | |
| DINING ROOM TABLETOP | 22,072.50 | |
| | | |
| | | |
| Total Requested Per Funding Source | | |
| Total Funding Requested | | |

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Steven Lee (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for SURFSIDE MANOR (name of facility), 590-F-314 (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 SURFSIDE (name of facility), 590-F-314 (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: Steven Lee
 Resident Name: Joseph Cruz
 Resident Name: Bonnie Godner

Resident Signature: Steven Lee
 Resident Signature: Joseph Cruz
 Resident Signature: Bonnie Godner

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED

2024-2025 EQUAL

Digitally signed by
 APPROVED 2024-2025 EQUAL
 Date: 2025.02.10 15:09:32
 -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> | \$ 22,072.50 |
| 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> | \$ 22,072.50 |

Total Amount of Funding: 44,145

RESIDENT NAME (PRINT)

SIGNATURE

I Morgan

I Morgan

Kathleen Lindner

Kathleen Lindner

INDA Turner

Inda Turner

Scott Krut

Scott Krut

Sheila Orlovski

Sheila Orlovski

JOSEPH CRUIZ

Joseph Cruz

RICHARD BROTHERS

Richard Brothers

EMIA SERAFINSKI

Emia Serafinski

JOSEPH SMITH

Joseph Smith

John Whitfield

John Whitfield

Antoinette M. Wosten

Antoinette M. Wosten

RESIDENT NAME (PRINT)

SIGNATURE

Stam Stanim

Stam Stanim

Steven Lee

Steven Lee

Mariani Prieto

Mariani Prieto

Carl Rosbrook

Carl Rosbrook

Fabricea Ambrose

Fabricea Ambrose

SUZANNE KEARNS

Suzanne Kearns

Felicia Parthey

Felicia Parthey

Rhonda Healey

Rhonda Healey

JONATHAN ALEXANDER

Jonathan Alexander

MICHAEL THORNTON

Michael Thornton

Wanda Owens

Wanda Owens