

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 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
Resident Room Renovation <i>Lighting, rugs, RA, Floors, painting</i>	\$23,452.00	
Sport games - activities <i>Pool table, board games, party supplies for residents</i>		\$4,000
Resident room tv/cable upgrading with wiring from antenna to a streaming system <i>Entertainment center, educational technology development</i>		\$6,000
Clothes shopping, Bedding updates, Shoes for all preferences <i>matresses</i>		\$5,300
Gardening Supplies, Flowers, plants, Recreational Suppl. Arts and crafts, Holiday suppl/costumes		\$3,500
Culinary events, Lunching from outside, Small appliances for cooking classes for residents		\$4,652
Improve the air conditioning system in each resident room to enhance quality of room		\$3,000
Total Requested Per Funding Source	23,452.00	23,452.00
Total Funding Requested	\$ 46,904	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, JAMES HALLEY James Halley (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for ELM YORK ASSISTED LIVING (name of facility), 590-F-319 (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: JAMES HALLEY Resident Signature: James Halley
 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: 2025.02.13 09:44:49
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Attachment 1

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.	\$23,452.00

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.	\$23,452.00

Total Amount of Funding: \$46,904.00