

New York Foundations for Senior Citizens

Enriched Housing Program #8
River View Gardens
4-12 49th Avenue
Long Island City, NY 11101

Tel: 718-361-8442
Fax: 718-361-8534

February 10, 2025

Clarification for 2024-2025 EQUAL Spending Plan

To Whom IT May Concern:

Please find the following clarification for submitted 2024-2025 EQUAL spending plan.

Carpet Washing

The regulated housekeeping of the facility provides for regular vacuuming in resident apartments. Carpet washing is to address carpets staining beyond normal use, often from the high prevalence of resident use of wheelchairs/walkers/canes), and to reduce allergens. This is deep cleaning, beyond the capabilities of program staff, and must be outsourced and paid for. It is superior too and not supplanting regulated housekeeping.

Window Cleaning

The program provides housekeeping services that include cleaning of the inside of apartment windows, but we are unable to access the outside of the apartment windows of the 8 story building – that service must be outsourced to be provided, and is an enhancement above and beyond regulatory required program services.

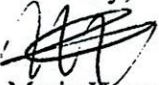
Apartment Furniture

The facility intends to use the funds to purchase furniture beyond the regulatory required minimum household furniture. Funds would be used for “upgraded” and higher quality furniture such as: double and queen sized beds, additional dressers/bureaus, additional tables and floor lamps, sofas, love seats, larger tables and additional chairs.

These items are superior to and in addition to the regulatory requires furnishings.

I am also sending a resident council representative signature page in affirmation of resident council review and agreement to the change in spending (\$340 vent cleaning eliminated and \$340 added to Household supplies/items expense).

Sincerely,



Marie Huang
Enriched Housing Program Director
River View Gardens
New York Foundation for Senior Citizens

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
Individual Art. Furnitures and Household supplies and upgrade: Furnitures: Beds, chairs, tables, lamps, dressers Liners, Bed bug covers, sofa, TV stand, shoe storage units.	\$ 4757.-	
Household Supplies / Items: Hand soaps, paper towels, toilet paper, toilet cleaners, Shower curtains, Shower heads, Floor Mats, Bath Mats, Bleach, Pipen cleaners, Clorox wipes, Gloves, face masks, Suger Protector, Bleach lights, Lysol Sprays, Vacuum-Cleaners, light bulbs.	\$ 13,069.50	
Total Requested Per Funding Source	\$ 24,494.50	
Total Funding Requested		

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Jan J Bony (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for River View Gardens (name of facility), 590-S-303 (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 Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025 EQUAL

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 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
Recreation Activities on site + off site (Food, transportation, Admission, Decoration)		\$10121.-
Gift Cards : \$50 x 46 = \$2300.-		\$2300.-
Breakfast + Special Food Items for Congregate care and inhouse consumption		\$8709.50
Resident Transportation		\$1626.-
px / Medical Equipment + Supplies		\$1738.-
Total Requested Per Funding Source	\$24,494.50	\$24,494.50
Total Funding Requested	\$48,989.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Jean J Barf (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for River View Gardens (name of facility), SP0-S-303 (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**

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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.	\$ 24,494.50

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.	\$ 24,494.50

Total Amount of Funding: \$ 48,989.00

EQUAL MODIFICATION REQUEST FORM

For each requested modification below, include a justification as to why the residents and facility have decided not to/ cannot expend the EQUAL funding as requested and how the proposed modification will enhance the quality of life and/or life experience of the eligible residents (add additional pages if needed).

Facility: EHP #8 - River View Gardens
 Operating Certificate # 590-S-303
 Facility Contact Name & Number: Marie Huron 718.361.8442 LAL Program Year: 2023-2024

Budget Line Item*	EQUAL Approved	Change	Revised EQUAL	Narrative Justification Provide as much detailed information as possible.
	Expenditures	+/-	Expenditures	
Capital Improvement Projects				
AC Unit	\$3,750.00	\$80.00	\$3,670.00	Based on resident's need
Carpet Cleaning	\$3,050.00	-\$170.00	\$2,880.00	Based on resident's need
Window Cleaning	\$1,350.00	\$85.00	\$1,265.00	Based on resident's need
Cleaning/Painting vents	\$500.00	\$460.01	\$39.99	Decrease in need
Resident furniture	\$4,757.00	\$3,102.04	\$1,654.96	Based on resident's need
Flooring	\$900.00	-\$900.00	\$0.00	changes of floor were not necessary
Household supplies	\$4,758.50	-\$4,434.75	\$9,193.27	Increase in need
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
Subtotal:	\$19,085.50	\$2.30	\$19,083.22	
Local Assistance Projects				
Recreational Activities on site and off site, food, transportation, admission, decorations	\$4,895.50	-\$807.49	\$5,502.99	Increase in need
Holiday Gifts	\$1,950.00	\$1,537.00	\$143.00	Based on resident's need
Breakfast & special food items for congregate care and home consumption	\$8,000.00	\$141.82	\$7,858.18	Based on resident's need
Good and supplies for emergency	\$400.00	\$400.00	\$0.00	new purchase were not necessary
Resident Transportation	\$840.00	-\$788.38	\$1,628.38	Increase in need
Rx/Medical equipment	\$500.00	-\$1,238.00	\$1,738.00	Increase in need
Holiday cards	\$2,700.00	\$400.00	\$2,200.00	Based on resident's need
			\$0.00	
			\$0.00	Attach additional sheets as necessary
Subtotal:	\$19,085.50	-\$353.03	\$19,068.53	
GRAND TOTAL	\$38,171.00	-\$350.73	\$38,151.75	

* Include all approved EQUAL Expenditures, even if you are not requesting a change to that budget item

Authorized Facility Signature: [Signature] Date: 2/10/25

Resident Council Representative: I have reviewed the proposed budget modification above and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN and/or Medicaid (ALP) residents' priorities.

Resident Council Representative Signature: [Signature] Date: 2/10/25

Resident Petition in Support: We the undersigned have reviewed the proposed budget modification above and agree that the proposed use of these funds is consistent with the priorities of the SSI/SSP/SN and Medicaid (ALP) residents' priorities.

Resident Signatures: _____ Date: _____

_____ Date: _____

_____ Date: _____

Authorized NYS DOH Signature: _____ Date: _____