



EQUAL 2024-2025 Proposed Spending Plan

This form must be submitted to [ltresidentialsupport.equal@health.ny.gov](mailto: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.

<b>Capital Improvement Projects</b>	<b>Amount Awarded:</b>
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.	\$ 24,856.00
<b>Local Assistance Projects</b>	<b>Amount Awarded:</b>
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.	\$ 24,856.00

Total Amount of Funding: \$ 49,712