



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:

The Springs at Fountainview
2000 Fountainview Drive
Monsey, New York 10952
rklein@fountainview.org

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 The Springs at Fountainview 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: **\$11,962.50**
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.

Local Assistance Projects: **\$11,962.50**
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.

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.	11,962.50

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.	11,962.50

Total Amount of Funding: 23,925.00

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
REDO FLOORING 3RD FLOOR (CREATE A NICER ENVIRONMENT FOR RESIDENTS)	11,962.50	
TRIPS, RECREATION, OUTINGS, SUPPLIES, ENTERTAINERS		11,962.50
Total Requested Per Funding Source		
Total Funding Requested	23,925.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for _____ (name of facility), _____ (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 SPRINGS (name of facility), 620-E-021 (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. THE

Resident Name: Debra Weinstein
 Resident Name: Merian Schramm
 Resident Name: Rachel Sadek

Resident Signature: [Signature]
 Resident Signature: [Signature]
 Resident Signature: [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED

2024-2025 EQUAL

Digitally signed by
 APPROVED 2024-2025 EQUAL
 Date: 2025.02.10 15:28:44
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