

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
See attach		
proposal		
<b>Total Requested Per Funding Source</b>	17,203. <sup>00</sup>	17,203. <sup>00</sup>
<b>Total Funding Requested</b>	34,406	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** \* Ullmann Powell (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Armenia House (name of facility), 640-E-034 (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 Armenia House (name of facility), 640-E-034 (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: Karen K. [Signature]  
 Resident Name: James [Signature]  
 Resident Name: Bill [Signature]

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

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**

APPROVED

2024-2025 EQUAL

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**Attachments for EQUAL 20234-2025 Proposal Spending Plan**

**February 13, 2025**

**Local Assistance Projects:**

Representing resident council :Ollie Pounds *Ollie Pounds*

Tamara Cosme Administrator *T Cosme*

1. Keurig duo essentials hot and cold and iced single serve coffee maker plus coffee pot, with pods and coffee and decaf. \$(241.00.) part of activities sharing the news and socializing with each other. It will be available in the kitchenette and staff can assist if needed.
2. Ninja slushy maker (ice cream social) \$579.00 – this item will be in the kitchenette for the residents and staff can assist if needed,
3. 4,055.32- holiday parties and activities spring/ summer/fall outdoor outings including Lake George events.
4. 6,400.00 clothing allowance 16 residents 400 each resident 
- 5.. 2 smart TV 65in for 900.00 with 2 tv mounts for the 2 new TVs living room and meditation room due to wear and tear. They will enjoy better viewing when watching movies on Saturday night activities.
6. AVON butcher meats \$4000- Cultural cooking on Wednesday.
7. Drinking cups with lid \$239.84
8. wall clock for each bedroom \$287.84
9. kitchen Aid- \$500.00- (cooking on Wednesdays) baking, making ice cream, pizza dough. It will be used as a cooking/baking day, residents will have access to it with the assistance of staff if needed.

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**Attachments for EQUAL 20234-2025 Proposal Spending Plan**

**February 13, 2025**

**Capital improvements Projects:**

Representing resident council: Ollie Pounds *Ollie Pounds*

Tamara Cosme Administrator *T. Cosme*

1. Power wash the facility \$600.00
2. Commercial freezer plus warranty \$2,164.81- for better quality and preservation of food items.
3. Commercial Oven plus warranty \$ 6,157.25- for better quality of cooking and baking, for the residents.
4. Commercial 2 door reach refrigerator stainless steel \$3,000- keep produce and dairy items fresh.
5. Blackstone grill combo with accessories \$1,308.00- cookouts in the summer and party events (activities).
6. 6 Commercial toilets with (accessories for installation. \$ 1,362.00.
7. 16 Curtains and 16 curtain rods need upgrade due to wear and tear, 15 residents' bedrooms, 1 Living room, 1 dining room, meditation room \$2000.00
8. Commercial microwave kitchenette \$610.94

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Attachment 1

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.

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.	17,203.00
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.	17,203.00

Total Amount of Funding: 34,406.00