

**Attachment 1**

**EQUAL 2024-2025 Proposed Spending Plan**

*This form must be submitted to [ltcrenentialsupport.equal@health.ny.gov](mailto:ltcrenentialsupport.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>
<i>These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.</i>	\$24,575.50

<b>Local Assistance Projects</b>	<b>Amount Awarded:</b>
<i>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.</i>	\$24,575.50

**Total Amount of Funding: \$49,151.00**

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**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
Install central air conditioning in the lower level of the adult home. This will help with air quality and the temperture consistency within the main living area, some bedrooms and kitchen.	\$24,575.50	
Clothing allowance- Bring the residents to the store to purchase new clothing and accessories		\$6,500.00
Bowling Outing- residents to enjoy a bowling outing at a local bowling alley.		\$863.50
L.I. Ducks Game- enjoy a local baseball game including food and soft drinks		\$1,560.00
Holiday meals at home to celebrate. (New Years, Valentines Day, St Patricks Day, Spring, Memorial Day, Summer BBQ, Halloween, Thanksgiving, December Holidays)		\$5,980.00
NY Islander game at the USB Arena including food and soft drinks.		\$2,340.00
Local Play at the CM Performing Arts Theatre - Grease		\$1,092.00
<b>Total Requested Per Funding Source</b>	\$24,575.00	\$24,575.00
<b>Total Funding Requested</b>	\$49,151.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Michelle Blackwood (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Pleasant Gardens Adult Home (name of facility), 700 E 282 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

*Michelle Blackwood* 1325

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Pleasant Gardens Adult Home (name of facility), 700 E 282 (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: Rhonda Sincoff  
 Resident Name: Sonia Rivas  
 Resident Name: Peter D'Elia

Resident Signature: Rhonda Sincoff  
 Resident Signature: Sonia Rivas  
 Resident Signature: Peter D'Elia

APPROVED

2024-2025 EQUAL

Digitally signed by APPROVED  
 2024-2025 EQUAL  
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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Movie tickets for the residents to see a newly released movie at a local movie theater		\$780.00
Holiday light show at the Girl Scouts of Suffolk County		\$390.00
Outdoor games- Provide funding to purchase outdoor games that will be included on the recreational calendar and provide an opportunity for outdoor entertainment		\$520.00
Hibachi at Home- Onsite set up of a Hibachi Dinner. Provides a meal and entertainment for the residents.		\$1430.00
Hair/ Nails- Licensed Beauticians to come to the adult home to provide hair and nail treatments for the residents		\$3120.00

**APPROVE** Digitally signed  
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 2024-2025  
**2024-2025** EQUAL  
 Date: 2025.02.10  
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**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**