

Maple Rest EQUAL 2024-2025 Spending Plan Signature

From: health.sm.ltcresidentialsupport.equal (ltcresidentialsupport.equal@health.ny.gov)

To: mapleresthome@verizon.net

Date: Thursday, January 16, 2025 at 04:48 PM EST

Good Afternoon,

The proposed spending plan submitted did not include Residential Counsel Representative signature or a completed Resident Petition in Support. This was a requirement prior to submission. Please ensure proper sign-off and submission within three (3) calendar days. Failure to do so will deem your proposed spending plan as not properly submitted by the deadline and, therefore, ineligible for funding.

Sincerely,

EQUAL Program

Bureau of Administrative Services
Division of Residential Support
Center for Residential Surveillance
Office of Aging & Long-Term Care

New York State Department of Health

875 Central Avenue
Albany, NY 12206
(518) 408-1133
equal@health.ny.gov
www.health.ny.gov



Maple Rest EQUAL 2024-2025 Spending Plan.pdf
1.4MB



**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:

Maple Rest
61 Rollstone Avenue
West Sayville, New York 11796
mapleresthome@verizon.net

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 Maple Rest 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: \$30,719.50
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.

Local Assistance Projects: \$30,719.50
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.

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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
CLOTHING FOR RESIDENTS		6000
COMFORTERS & BEDDING		3500
TV FOR RESIDENTS ROOMS		3000-
WATER COOLER		2500-
UPGRADING MEALS		3500
HOLIDAY BBQ & PARTIES		4800-
SNACKS & REFRESHMENT		7920-
Total Requested Per Funding Source		30719 ⁵⁰
Total Funding Requested		30719 ⁵⁰

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, WILLIAM TUCKER (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for MAPLE RES HOME (name of facility), 700-F-146 (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 _____ (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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 EQUAL
 Date: 2025.02.19 12:19:13
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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
UPGRADE FIRE SAFETY SYSTEM	18200	
NEW A/C	2500	
NEW MATTRESS	5200-	
PAINTING RESIDENTS ROOM	4820-	
Total Requested Per Funding Source	30719 ⁵⁰	
Total Funding Requested	30719 ⁵⁰	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, WILLIAM TOOKER (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for MAPLE RESIDENCE (name of facility), 700-F-146 (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 _____ (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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