



**Department  
of Health**

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

EQUAL SUPPORT LINE:  
1-866-503-3332

December 3, 2024

**Sent via email/Certified Mail:**

Dawn Hill Adult Home  
65 Lisa Drive  
North Port, New York 11768  
ccnfriia@gmail.com

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 Dawn Hill Adult Home 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: \$6,143.50  
*These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.*

Local Assistance Projects: \$6,143.50  
*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.*

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
\$50 Gift Cards for each Resident		1500.00
"Take Out" Dinner (Monthly)		3600.00
Curtains for the "Smokers" Gazebo	400.00	400.00
3 <sup>RD</sup> Fl. Carpeting	1500.00	
Dual Coffee Maker for Resident "Coffee Club"		650.00
Commercial Picnic Tables for Patio	425.00	
Bathroom Rug Sets & Shower Mats (x6)	400.00	400.00
<b>Total Requested Per Funding Source</b>		
<b>Total Funding Requested</b>		<b>\$12,300.00</b>

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, BARBARA LONG (SEC) (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for DAON HILL ADULT HOME (name of facility), 700-F-877 (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 DAON HILL ADULT HOME (name of facility), 700-F-877 (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: Barbara Long  
 Resident Name: Frank A. [Signature]  
 Resident Name: William D. [Signature]

Resident Signature: David Merritt  
 Resident Signature: Michelle [Signature]  
 Resident Signature: \_\_\_\_\_

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

APPROVED  
 2024-2025 EQUAL  
 Digitally signed by APPROVED  
 2024-2025 EQUAL  
 Date: 2025.02.10 11:34:30 -05'00'

Resident's Council Meeting Minutes

Date: 1-1-25 Time: 10AM Location: DINING Rm.  
Chairperson: CAROL FRIDA/Hulm Thayer (RES) #85  
Attendance Sheet Attached. BARBARA WONG-SEC.

Reading of the Minutes from previous Council meeting

Comments: Minutes of the last meeting were read.

Check Resident Suggestion Box

- New Issues: EQUAL EXPENDITURES
1. All expenditures submitted to the EQUAL Program were approved by the Residents & submitted by the Administrator to BHT for review.
  2. House Rules must be adhered to, to avoid chaos & disruption.
  3. Sleeping on the Couch is prohibited. If you are tired, you must go to bed.

Resident's Council Meeting

Attendance Sheet

Date: 1-1-25

BARBARA WONG  
FRANK FERINA  
DONALD JOHNSON  
THOMAS MILDEN  
KENNETH SEIGER  
FRED BAUSSMAN  
EUGENE EWART  
ADRIAN GONZALEZ  
HARLAN THESE  
MARIO LINIARSKI  
W. KEATING  
ED DOWNING  
RUSSELL JORAN  
DAVID MERRITT  
MARTIN DIAZ  
BRYAN MALICO

Barbara Wong  
Frank A Fer  
Donald Johnson  
Thomas Mildon  
Ken Seiger  
Fred Baum  
Adrian Gonzalez II  
Harlan Theese  
Mario LiniarSKI  
William Keating  
Marcelo T. Diaz Jr.  
Ed Downy, Jr.  
Thurmond  
David Merritt  
Bryan James Malico

DIPSY DELGADO  
CAROL FRICA

Dipsy Delgado  
C.F.R.

## EQUAL 2024-2025 Proposed Spending Plan

This form must be submitted to [ltcresidentialsupport.equal@health.ny.gov](mailto:ltcresidentialsupport.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.	\$6,143.50
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.	\$6,143.50

Total Amount of Funding:

\$12,287.00