

EQUAL 2024-2025 Proposed Spending Plan

This form must be submitted to 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: |
|---|------------------------|
| <i>These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.</i> | \$22,785.50 |
| Local Assistance Projects | Amount Awarded: |
| <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> | \$22,785.50 |

Total Amount of Funding: \$45,571

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 |
|--|---|---|
| New Dressers | 4,000  | |
| Upgraded Food Quality | | 4,000  |
| Ice Cream Social – Ice Cream, Coffee, Donuts, etc. | | 3,000 |
| Clothing Allowance | | 4,000  |
| Holiday Supplies, and Gifts | | 2,485.5 |
| New Pillows | | 190  |
| New Blankets | | 1,150  |
| Total Requested Per Funding Source | 4,000 | 14,825.5 |
| Total Funding Requested | 18,825.5 | |

- **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Diedre Williamson (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Echo Arms Adult Home (name of facility), 15027 (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 Echo Arms Adult Home, 15027(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: Chester EdwardsResident Signature: Chester EdwardsResident Name: John M. StonerResident Signature: John M. StonerResident Name: Anthony SperryResident Signature: Anthony Sperry**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**

Summary Budget

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2024-2025 EQUAL




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2024-2025 EQUAL

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| Budget Line Items | Capital Improvement Project Funds Requested | Local Assistance Project Funds Requested |
|---|---|---|
| Upgraded Flooring for Residents | 8,000  | |
| Enhanced Landscaping and Beautification | | 4,000 |
| New Beds | 1,140  | |
| Super Bowl Party | | 500 |
| Closet for Resident Supplies | | 445 |
| New Bedding | | 1,990  |
| Coffee Maker | | 405 |
| Total Requested Per Funding Source | 9,140 | 7,340 |
| Total Funding Requested | 16,480 | |

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Diedre Williamson_ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Echo Arms Adult Home (name of facility), _15027 (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 _
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Resident Name: Chester Edwards
 Resident Name: John McGowan
 Resident Name: Anthony Sperrazza

Resident Signature: Chester Edwards
 Resident Signature: John McGowan
 Resident Signature: Anthony Sperrazza

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

Summary Budget

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 2024-2025
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EQUAL 2024-2025 Proposed Spending Plan

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| Budget Line Items | Capital Improvement Project Funds Requested | Local Assistance Project Funds Requested |
|---|---|--|
| Curtains | | 500 |
| Canopy for Resident Sitting Area | | 120 |
| Upgraded Painting | 9,645.5 | |
| | | |
| | | |
| | | |
| | | |
| Total Requested Per Funding Source | 9,645.5 | |
| Total Funding Requested | 10,265.5 | |

○ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Diedre Williamson (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Echo Arms Adult Home (name of facility), _15027 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

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Resident Name: Chesler Edwards
 Resident Name: John McGowan
 Resident Name: Anthony Sperreza

Resident Signature: *Chesler Edwards*
 Resident Signature: *John McGowan*
 Resident Signature: *Anthony Sperreza*

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

Summary Budget

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 2024-2025 EQUAL

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