Attachment 1

EQUAL 2021-2022 Proposed Spending Plan
*To be submitted to equal@health.ny.gov no later than 30 calendar days
from the date of a New York State Department of Health Award Letter.*

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.	

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.	

Total Amount of Funding: _____

Summary Budget

This form should 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
Total Requested Per Funding Source		
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2021-2022 Spending Plan for _____ (name of facility), _____ (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 2021-2022 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:_____