

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
Activities - entertainment, supplies, gardening, arts+ crafts, daily activities, outings to restaurants, etc.		\$ 13,382.50
New outdoor furniture - benches along walking trail, patio furniture - tables, chairs, umbrellas, cushions. Current furniture is worn and in need of replacement, rusting. Umbrellas were damaged and thrown away	\$ 13,382.50	
Total Requested Per Funding Source	\$ 13,382.50	\$ 13,382.50
Total Funding Requested	\$ 26,765.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Mary Ann Lazar (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Elderwood Al e Cheekwaga (name of facility), 240-F-886 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

x Mary Ann Lazar

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

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.18 09:52:41 -05'00'