

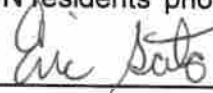
EQUAL 2025-2026 Proposed Spending Plan

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 the resident internet system to 5g network for better performance.		\$2,000.00
Trips, Transportation and Entertainment		\$12,035.00
Gift Card (clothing/personal items)		\$20,000.00
Upgrade Card to master key system	\$ 21,804.46	
Upgrade to enhance resident services by adding 2 dryers	\$ 12,230.54	
Total Requested Per Funding Source	\$34,035.00	\$34,035.00
Total Funding Requested	\$ 68,070.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Eric Soto (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Bronxwood Home for the Aged (name of facility), 020-E-004 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

Resident Council Representative Signature: 

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 2025-2026 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: _____

Resident Signature: _____

Resident Name: _____

Resident Signature: _____

Resident Name: _____

Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)