


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
Handi Cap Accessible Doors Front Of Building With Video Intercom	\$22,497.50	
Recreation, Outings, Enhanced Items for Day Room, Entertainment, Transportation, Resident Parties (Holiday Parties) ETC		\$22,497.50
Total Requested Per Funding Source	\$22,497.50	\$22,497.50
Total Funding Requested		

○ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Complete Name of Council President Kevin Bovan, have reviewed the Proposed EQUAL 2025-2026 Spending Plan for **The W Assisted Living of Riverdale , 020-F-133** , 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)