

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
Catering/ Events		\$37,829.50
Activities/ Supplies		\$10,000.00
outdoor wheelchair ramp extension	\$12,164.75	
Landscaping/outdoors	\$13,500.00	\$
Appliances	\$10,000.00	
interior paint	\$12,164.75	
Total Requested Per Funding Source	\$47,829.50	\$47,829.50
Total Funding Requested	\$ 95,659.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Patricia Ciganek (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Pavilion at Vestal (name of facility), 030-F-058 (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: X Patricia Ciganek

- 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 2025-2026 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)