

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
Sentrics waterproof emergency pendants for residents that request them.	\$1961.00	
Activities popcorn <sup>for</sup> - programs		\$1061.00
Creative Connections exercise program		\$900.00
<b>Total Requested Per Funding Source</b>	\$1961.00	1961.00
<b>Total Funding Requested</b>	\$3922.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Marilyn Farmer (President) (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Elderwood A.L @ West Seneca (name of facility), 240-5-119 (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: Marilyn Farmer (President)

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)**