

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
<p>EACH Resident's clothing Allowance in the amount of \$16,97/resident will be provided to eligible individual residents consistent with EQUAL requirements by providing all such eligible residents with gift cards from Telco stores (www.telco stores.com) The Home and the residents selected Telco because this store is close by and it sells clothes but does not sell Alcohol, tobacco or fire arms.</p>		16,152.40
<p>The Capital Improvement project funds are being used to make improvements to resident bathrooms. Specifically, these funds are being used to create handicap accessible bathrooms with ADA tiles, sinks, and showers including grab bars</p>	16,152.53	
<p>To improve accessibility for residents the condition of each room is compliant with DOH regulations but some rooms lack dated. We will make these enhancements to the rooms on the 2nd floor to make the bathrooms and bedrooms accessible and enjoyable to the residents and families</p>		
<p>Total Requested Per Funding Source</p>		
<p>Total Funding Requested</p>	32,304	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Vincent Piazza (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Garden of Eden Home (name of facility), _____ (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: Vincent Piazza

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 Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)