

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
Air Conditioner for each resident apartment	\$9,000	
Upgrade resident furniture	\$5,000	
Comfortable High back Lounge chairs for common areas (Due to back problems and surgeries)	\$20,543.50	
Resident Clothing allowance to be issued in the form of gift cards		\$5,940
Resident Activities Program: Classes, Celebrations, Special Meals, Trips and Outings, Horticulture Program		\$20,000
Medical Expense not covered by Insurance (i.e. copays, deductible, medicine)		\$2,000
Transportation: Community/Recreational Trips and Medical appointments		\$6,603.50
<b>Total Requested Per Funding Source</b>	\$34,543.50	\$34,543.50
<b>Total Funding Requested</b>	\$69,087.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Rosalina Ortiz\_ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Moffat Gardens Assisted Living Program (name of facility), 331-S-009 (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: Rosalina Ortiz

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Moffat Gardens Assisted Living Program (name of facility), 331-S-009 (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: Rosalina Ortiz \_\_\_\_\_

Resident Name: Elizabeth Manuel \_\_\_\_\_

Resident Name: Nilka Jimenez \_\_\_\_\_

Resident Signature: Rosalina Ortiz

Resident Signature: Elizabeth Manuel

Resident Signature: Nilka Jimenez

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**