

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
Upgrades in EHP apartment furniture, appliances, and fixtures: To purchase upgraded and higher quality furniture that is in addition to/surpasses regulatory requirements - larger beds, larger tables, additional seating, additional storage, etc... And, To purchase large and small appliances and fixtures that are in addition to/superior to regulatory requirements - air conditioners (including covers and installation/removal costs), small appliances and fixtures such as removable shower heads, curtains, toasters, bed bug covers, mats, rugs, extra lamps, vacuum cleaners, etc...	\$21,827.50	
Recreational activities on & off site and transportation: includes supplies, admission, decorations, etc... and transportation for activities and for residents as needed for appts, errands, etc...		\$8,000.00
Household items & supplies at resident request above & beyond regulatory requirements. Such as additional cleaning supplies and tools. Based on past spending/need.		\$400
Food and related equipment & supplies: specialty food items for congregate and in-home consumption, including food & supplies for natural disasters beyond regulatory obligations. Breakfast items, upgraded lunch items, juice, specialty milks, lunch containers, etc... Based on past spending.		\$13,427.50
Total Requested Per Funding Source	\$21,827.50	\$21,827.50
Total Funding Requested	\$43,655.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, _____ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for _____ (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: _____

RESIDENT PETITION IN SUPPORT: We, the undersigned, are SSI/SSP/SN recipients residing at NY Found-Sr Citizens EHP #2 Brown Gardens (operating certificate # 420-S-272). 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: KETNY K LING
 Resident Name: ANITA NAZARIO
 Resident Name: ANA NAZARIO

Resident Signature: [Signature]
 Resident Signature: [Signature]
 Resident Signature: [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)