

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
AC Removal/Installation (based on previous spending) - \$35x48- Replacing old AC for new if it breaks down. Removing/replacing AC cover during summer/winter months	\$3,500.00	
Air Conditioners (based on previous spending) - one bedroom \$640.00, Studio \$675.00	\$5,000.00	
Apartment Furniture (based on previous spending and resident requests) - beds, sofas, dining sets, chairs/recliners, dressers, lamps	\$15,100.00	
Window Cleaning (based on previous spending and resident requests)	\$1,000.00	
Carpet Cleaning/Shampoo (based on previous spending and resident requests)	\$5,600.00	
Apartment Painting (This request is to paint resident apartments in addition to and superior to regulatory required maintenance, for good state of repair and sanitation) - Studio apt \$1,150.00 1bd room \$3,000.00	\$10,000.00	
Flooring Replacement (e.g. carpet replacement, kitchen tiles) This request to upgrade/enhance apartment flooring beyond regulatory required maintenance, good state of reoair and sanitation.	\$8,958.00	
Total Requested Per Funding Source	\$49,158.00	
Total Funding Requested	\$98,316.00	

o **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.

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at _____ NYFSC EHP #3 _____ (name of facility), _____ 420-S-370 _____ (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: &:m/ €UN
 Resident Name: AL-vc.t.: L,e,U,ICr
 Resident Name: NeJA E2-S"LE

Resident Signature: _____
 Resident S1gnature: 1<====,o<T4 _____
 Resident Signature: t: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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
Breakfast and Specialty Food Items (based on previous spending)		\$30,000.00
Prescriptions and Medical Supplies (based on previous spending)		\$2,000.00
Recreational Activities (based on previous spending) - Bingo prizes, tickets for Broadway shows, Movies, Museum trips, Restaurant trips, Birthday Parties, Holiday Events, etc		\$10,000.00
Resident Transportation (based on previous spending)		\$1,000.00
Household Items and supplies (based on previous spending) - hand soap, bath soap, toilet paper, paper towel, bath mats, shower curtains, cleaning supplies, surge protectors. etc		\$1,500.00
Clothing Allowance (new resident request e.g. winter apparel such as jackets, coats, boots, as well as sneakers and other personal effects)		\$2,000.00
Entertainment Devices/Small appliances (new resident request e.g. television, microwave purchases)		\$2,658.00
Total Requested Per Funding Source		\$49,158.00
Total Funding Requested	\$98,316.00	

o **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.

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at _____ NYFSC EHP #3 _____ (name of facility), _____ 420-S-370 _____ (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: 8]:NN4 '-ELU'3!;c
 Resident Name: AUI..-E 1.8-:Lr'JG-
 Resident Name: NEVA at&-t1J..E

Resident Signature: III
 Resident Signature: -----:
 Resident Signature: J1

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(\$)