

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
Window cleaning: \$13 per window x 114 windows in EHP. We are unable to access the outside of the apartment windows of the 7 story building from the regular housekeeping service. The service must be outsourced to be provided, and is an enhancement above and beyond regulatory required program services. Window cleaning is not included in regular building maintenance.	\$1,482	
Carpet washing as needed. \$115 per apartment. Based on past needs & spending trends. The regulated housekeeping of the facility provides vacuuming. Carpet washing is above & beyond regular cleaning & will address carpet staining beyond normal use (often from high traffic of resident use of walkers/wheelchairs/canes) & reduce allergies. This is a deep cleaning beyond the capabilities of program staff, & must be outsourced & paid for. It is superior & not supplanting regulated housekeeping.	\$4,370	
Apartment furniture, small appliances, fixtures & Air conditioners. To purchase, remove/ install ACs in individual EHP apartments. For "upgraded" & enhance the quality of life, purchase of love seat, arm chairs, larger tables, recliners, & floor lamps etc... For small in-home appliances, fixtures & accessories (air fryers, toasters, microwaves, rugs, mats, bedbug covers etc... these items are superior to and in addition to the regulatory required furnishings.	\$14,910.5	
Total Requested Per Funding Source	\$20,762.5	
Total Funding Requested	\$41,525	

○ **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 EHP4 RSC (name of facility), 420-S-375 (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: MEI, VAN XIAN
 Resident Name: HUI KWOK LEE
 Resident Name: HOM, WEE HONG

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

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Residents request to purchase premium specialty items like dried goods used in traditional soups. Household supplies to upgrade the quality of life. Gift cards \$80x46 residents.		\$3680
Recreational activities on & off site ; transportation: includes admission, decorations & supplies, etc. Transportation for residents who need for appts & errands.		\$3020
Emergency/ natural disasters beyond regulatory obligations for specialty food items for congregate & in-home consumption.		\$8182.5
Morning light breakfast and coffee provided all day; upgraded food items (like shrimp, fresh fruits & short ribs)		
Soup, lunch containers, lactaid & juice.		
Residents request new clothing. Easier to use magnetic closures, velcro for clothing, sneakers, and pocketbook to ease the frustration due to arthritis or tremors.		\$600
Haircut -residents request in house service. It helps to improve self-esteem and increase positive attitudes toward aging.		\$600
Dancing session-residents requested. Dancing promotes physical, mental & social health. Prevent falls and increase endurance & balance. \$60/hr x 1.5 hrs- \$90x52 wks		\$4680
Total Requested Per Funding Source		\$20,762.5
Total Funding Requested	\$41,525	

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.

Resident Council Representative Signature: _____

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at EHP4 RSG (name of facility), 420-S-375 (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: JIANG, Caiyu
 Resident Name: CHAU, Bong N
 Resident Name: CHEN, Fengying

Resident Signature: Caiyu Jiang
 Resident Signature: Bong N Chau
 Resident Signature: Fengying Chen

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)