

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
APT FURNITURE-The facility intends to use the funds to purchase furniture beyond the regulatory required minimum household furniture. Funds would be used for "upgraded" and higher quality furniture which includes but not limited to; Queen and Double size beds, additional dressers/bureaus, Tables, Lamps (Desk, table and Floor), sofas, love seats, recliner chairs. These monies will also be used to purchase small in home items such as pads, microwaves, air fryers, toasters etc. These items are superior to and in addition to the regulatory required furnishings.	\$12,225.00	
4 AIR COOLING UNITS for apartments, replacement of carpeted flooring as needed with Hardwood look tile/linoleum. Purchases are above and beyond normal	\$7,050.00	
maintenance of flooring offered by Enriched Housing Program. Cleaning of carpeted flooring this process is above and beyond regular provided housekeeping and will address staining beyond normal use resulting from rolling walkers, canes, rolling shopping bags and carts.		
WINDOW CLEANING- The program provides housekeeping services that include cleaning of the inside of apartment windows, but we are unable to access the outside of the apartment windows: of the seven story building.	\$2,020.00	
This service must be outsourced to be provided and is an enhancement above and beyond program services.		
Total Requested Per Funding Source	\$21,295.00	
Total Funding Requested	\$42,590.00	

- 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.

Resident Council Representative Signature: _____

- 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: Rosa Gio
 Resident Name: Georgina
 Resident Name: Kermito

Resident Signature: Rosa Gio
 Resident Signature: Georgina
 Resident Signature: Kermito Konaka

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Two (2) scheduled off site recreational activities includes; Admission and Transportation. Onsite activities, celebratory, holiday events, specialty decorations.		\$7,000.00
Specialty food items and equipment for congregate and in home consumption including food and supplies for emergencies/natural disasters beyond regulatory obligations. Provides for morning coffee/tea, upgraded lunch items as requested (e.g. BBQ Ribs, Shrimps w/Peppers and Onions, fresh fruit Specialty Pizza and Heros etc...) Juice, party foods, meals on trips, activity snacks. Shelf stable canned boxed items to provide each resident with their own supplemental bag of goods and for hot food items to serve for lunch in emergency/urgent situations where the program cannot utilize the stove.		\$13,125.00
Houseold items which includes but not limited to mattress/boxspring covers, flashlig surge protectors, non-slip bath mats, shower curtains, light bulbs air freshners/plug-i		\$1,170.00
Total Requested Per Funding Source		\$21,295.00
Total Funding Requested	\$42,590.00	

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.

Resident Council Representative Signature: _____

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at _____ (name of facility), 43D-S-381 (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: Rosa Gil
 Resident Name: Georgette King
 Resident Name: Kamila Kamaka

Resident Signature: Rosa Gil
 Resident Signature: Georgette King
 Resident Signature: Kamila Kamaka

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

*NYFSC/Alma Kanahe
gardens-ent
#7*