

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
Furniture Upgrades	\$3,000.00	
Bedding Upgrades	\$3,000.00	
Snow Plow Vendor	\$7,383.00	
Resident Entertainment		\$12,000.00
Resident Outings Expense(Community Vehicle)		\$1,383.00
<b>Total Requested Per Funding Source</b>	\$13,383.00	\$13,383.00
<b>Total Funding Requested</b>	\$26,766.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Marie Reardon (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Sentinel of Port Jervis (name of facility), 540-F-040 (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: Marie Reardon

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at The Sentinel of Port Jervis (name of facility), 540-F-040 (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: Marie Reardon  
 Resident Name: Walton Rowe  
 Resident Name: Beverly Roa

Resident Signature: Marie Reardon  
 Resident Signature: Walton Rowe  
 Resident Signature: Beverly A. Roa

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