

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 |
|---|---|--|
| (25) Schoolhouse chairs - High strength steel frame construction without arms | 4,806.75 | |
| (15) Schoolhouse chairs - High strength steel frame construction with arms | 5,317.60 | |
| The chairs were chosen by our Resident Council to replace the current chairs in the facility Bar area. Such chairs are still functional but do not match - residents wanted a chair that would be appropriate for the area and be uniform in appearance for the area. Such area is used by residents for leisure time activities, Resident Council & Food Council meeting and as an area to relax. Costs were developed from quotes from reputable equipment supplier in the Syracuse area. | | |
| Total Requested Per Funding Source | \$10,845.00 | |
| Total Funding Requested | \$10,124.35 | |

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Laurie Chare (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Gardens by Morningstar (name of facility), 560-F042 (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: Laurie Chare

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: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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| Budget Line Items | Capital Improvement Project Funds Requested | Local Assistance Project Funds Requested |
|--|---|--|
| Resident BBQ in the late Spring - early summer | | |
| The event will include the following items: Tent, table & chair rental, rental of grill to prepare foods, provision of ice-tea dispenser, | | |
| snow cone machine, cotton candy machine & labor to conduct the event, food items for a BBQ | | |
| The residents recommended a culinary event which is also an outdoor leisure activity which is | | |
| the concept of a BBQ for residents & family members, | | |
| Costs were obtained from a local Party Rental location which could accommodate and provide all the items described above for the event | | |
| Total Requested Per Funding Source | | \$10,545.00 |
| Total Funding Requested | | \$8,694.44 |

Equal
Mussel
Bond

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Lawrence Chare (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Gardens by Morningstar (name of facility), 560-F042 (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: Lawrence Chare

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: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)