

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
Purchase and installation of air conditioning units in the facilities dining room. This is a resident approved priority.	\$ 34,727	
provide 319 eligible residents, each with a \$109 Amex gift card to support the purchase of food and clothing. This is a resident approved priority.		\$34,727
Total Requested Per Funding Source	\$34,727	\$34,727
Total Funding Requested	\$ 69,454	

- RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Marc Riddick (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Queens Adult Care Center (name of facility), 590-F-309 (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

Marc Riddick 2/14/26
President

- 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)