

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
Continue to Remove Two Tubs in Resident Rooms Two Walkin Showers, new tiles, new lights, flooring, paint	\$12,000	
Six TV's for Resident Rooms		\$1,500
Thirty New Bed Spreads		\$1,500
Entertainment, trips, Shows, + Religious Services		\$6,000
Three New Units for A/C + Heat for Residents		\$3,000
	\$12,000	\$12,000
Total Requested Per Funding Source		
Administrator: Will cover the difference	Total Funding Requested	\$24,000

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Long Island Living Center (name of facility), 590-F-328 (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: Christopher Schweibert

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Long Island Living Center (name of facility), 590-F-328 (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: Christopher Schweibert

Resident Name: Andrea Padilla

Resident Name: Dorothy Penny Cooke

Resident Signature: Christopher Schweibert

Resident Signature: Andrea Padilla

Resident Signature: Dorothy Penny Cooke

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)