

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.*


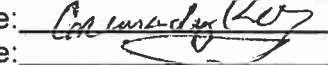
Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Upgrade the resident outdoor space with comfortable new furniture, Engaging summer games & activity supplies to promote socialization.	\$20,421.00	
holiday events, decorations, supplies for holiday specific meals		\$10,210.50
resident entertainment events & recreational programming		\$10,210.50
Total Requested Per Funding Source	\$20,421.00	\$20,421.00
Total Funding Requested	\$40,842.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Abe schuster (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Castle Senior Living at forest hills (name of facility), 590-S-307 (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 Castle Senior Living (name of facility), 590-S-307 (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: BRUCE FOREST
 Resident Name: Gennady KATZ
 Resident Name: _____

Resident Signature: 
 Resident Signature: 
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)