

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
Art Therapy		\$4,374.5
Spiritual Services		\$24.00
Teaching Kitchen		\$1,000
Music Therapy		\$5,000
Exercise Program		\$10,000
Total Requested Per Funding Source		\$22,774.50
Total Funding Requested	\$45,549	

○ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Carol Lord (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Eger Harbor House (name of facility), 610-8-001 (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: _____

○ **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Eger Harbor House (name of facility), 610-8-001 (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: Carol Lord
 Resident Name: Mary Castanza
 Resident Name: Maria Arrigo

Resident Signature: Carol Lord
 Resident Signature: Mary Castanza
 Resident Signature: Maria Arrigo

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Dryer	\$1100	
Mini Fridges	\$1355.88	
Water Cooker	\$353.86	
Gardening Projects	\$1553.28	
Dining Table covers	\$300	
Furniture	\$1911.48	
Total Requested Per Funding Source	22774.50	
Total Funding Requested	\$ 45,549	

○ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Carol Lorch (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Eger Harbor House (name of facility), 146-S-001 (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: _____

○ **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Eger Harbor House (name of facility), 146-S-001 (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: Carol Lorch
 Resident Name: Mary Costanza
 Resident Name: Maria Arriaga

Resident Signature: Carol Lorch
 Resident Signature: Mary Costanza
 Resident Signature: Maria Arriaga

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)