

Attachment 1

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
Staircase Lift from main floor to upper floor for residents safety	\$ 5,800.00	
Bathroom Renovations, Bathtub to Shower upgrades for a cleaner safer experience and updated fixtures to enhance quality service for the aging population	10,525.50	
Air Conditioning Upgrades to cover more common area for resident comfort and convenience	5,500.00	
Resident Clothing Allowance, Room Furniture Upgrades More Plush Mattress', Larger Pieces of Furniture for Storage		\$ 7,000.00
Indoor and Outdoor Furniture New and Sturdier more durable benches /tables and Chairs		4,000.00
Recreational Events & Activity Supplies Live Music , Movie Nights, Bingo Prizes		3,325.00
Resident Prizes & Gifts IE..Birthdays Holidays		4,500.50
Upgraded and Special Menu Selections for Holidays		3,000.00
Total Requested Per Funding Source	\$ 21,825.50	\$ 21,825.50
Total Funding Requested	\$ 43,651.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, John Calichio (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for BAYVIEW REST HOME (name of facility), 700-F-908 (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: X John Calichio

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 2024-2025 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)