

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 |
|--|---|--|
| Resident electronic notice board (smart tv + required equipment) | | \$600.00 |
| Resident recreation, outings, education | | \$8,860.50 |
| Upgrade Public Area Bathrooms | \$9,460.50 | |
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| | | |
| Total Requested Per Funding Source | \$9,460.50 | \$9,460.50 |
| Total Funding Requested | \$18,921.00 | |

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, James Dorsey (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Arbors at Hauppauge (name of facility), 700 - F - 916 (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: James Dorsey

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at The Arbors at Hauppauge (name of facility), 700 - F - 916 (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: Pamela A Hill
 Resident Name: Elisabeth
 Resident Name: Connie Cicio

Resident Signature: Cynthia Burke
 Resident Signature: Debra Burge
 Resident Signature: John J. ...

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

Rose of Markham
Antonette Harrison
Mary A Hook