

Capital Improvement Projects

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
New Sofas for resident sitting areas	\$1,597	
Total Requested Per Funding Source	\$1,597	
Total Funding Requested	\$3,194	

- **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Adrienne Stevens (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for St. Michael's Home (name of facility), 800-E-038 (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: A. Stevens

- **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 2025-2026 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: _____
 Resident Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

Local Assistance Projects

Attachment 1

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Summary Budget

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Nutritionist for improvement in food quality		\$ 700
NY Post Newspaper for all residents		\$ 600
Resident trips (Starbucks, pizza, etc.)		\$ 297
Total Requested Per Funding Source		\$ 1,597
Total Funding Requested	\$ 3,194	

- **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Adrienne Stevens (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for St. Michael's Home (name of facility), 800-E-038 (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: A. Stevens

- **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 2025-2026 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)