

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 Leisure Activities (lectures, entertainment, food programs (ordering in, food trucks))		\$ 5,914.00
Creating a Sensory Room for dementia, Anxiety, Depression, Stroke.	\$ 4,353.37	
Improving or adding to exercise room for residents	\$ 141.61	
IPad for residents to access internet, phone calls via IPAD, 1 on 1 interactions	\$ 711.46	
Large number wall clocks for common areas for resident time keeping	\$ 136.55	
Landscaping for front + memory unit (gardens, flowers, bushes, dirt for planting)	\$ 571.01	
<b>Total Requested Per Funding Source</b>	<b>\$ 5,914.00</b>	<b>\$ 5,914.00</b>
<b>Total Funding Requested</b>	<b>\$ 11,828.00</b>	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Yorktown Assisted Living (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for \_\_\_\_\_ (name of facility), \_\_\_\_\_ (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: Christine Furnielli

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

Resident Name: JOAN M WHALEN  
 Resident Name: SARAH FALKINS  
 Resident Name: JESPERA KINGCANT

Resident Signature: Joan M Whalen  
 Resident Signature: Sarah Falkins  
 Resident Signature: Jespera Kingcant

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**