

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
Upgrade and modernize common areas of the facility including main floor bedrooms. Includes painting, flooring, decor, additional electrical outlets.	\$ 25,729.00	
Kitchen pantry cabinet with counterspace for resident breakout area Handrails for BBQ Patio Area, providing more balance support	2,500.00	
Large screen tv for back dining room and additional electrical outlet for tv placement	1,000.00	
Food quality and improvement of menus based on Resident requests. This also includes Holiday menus, birthday parties, takeout nights, activity snacks, utensils and cleaning supplies for breakout room and help yourself foods for breakout area.		\$ 18,000.00
Clothing Allowance Transportation Allowance - paratransit tickets, metrocard, taxi fares		2,950.00
Quarterly outings such as museums, beach, apple picking, movies, etc. 3rd Party Provider activities at facility such as Zumba, Yoga, Paint and Sip, Quiz nights		3,400.00
Resident gardening and landscaping activities Premium internet and cable including subscriptions to Netflix, Prime, Paramount+, etc Incontinence supplies includes sofa covers and bedding		4,879.00
<b>Total Requested Per Funding Source</b>	<b>\$ 29,229.00</b>	<b>\$ 29,229.00</b>
<b>Total Funding Requested</b>	<b>\$ 58,458.00</b>	

✓ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Teresa Merola (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Lincoln Rest Home LLC (name of facility), 810-F-000 (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: Teresa Merola [President]

○ **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)**