

EQUAL 2024-2025 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
Activity Enhancements, Specially food + Holiday		15,950 ⁰⁰
New Chairs in Common area's	15,950 ⁰⁰	
Total Requested Per Funding Source	15,950 ⁰⁰	15,950 ⁰⁰
Total Funding Requested	31,900	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Kristen McKeon (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Home Sweet Home on the Hudson (name of facility), 300-F-032 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at NSH (name of facility), 300-F-032 (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: Phillip Perovataris
 Resident Name: LINDA HEDLER
 Resident Name: Jean Tombein

Resident Signature: Phillip Perovataris
 Resident Signature: Linda Hedler
 Resident Signature: Jean Tombein

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025 EQUAL

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.10 12:00:32 -05'00'