

**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
<p>Each resident's clothing allowance in the amount of \$120.41/resident will be provided to eligible individual residents consistent with EQUAL requirements by providing all such eligible residents with gift cards from Telco Stores (<a href="http://www.telcostores.com">www.telcostores.com</a>). The Home and the residents selected Telcon because this store is close by and it sells clothing, but it does not sell alcohol, tobacco or firearms.</p>		18,811.50
<p>The Capital Improvement Project Funds are being used to make improvements to resident bathrooms. Specifically, these funds are being used to create handicap accessible bathrooms with ADA toilets, sinks and showers, including grab bars, to improve accessibility for residents. The condition of each room is compliant with DOH regulations but some rooms look dated. We will make these enhancements to 20 resident bathrooms on the fourth and fifth floors of the facility with these EQUAL funds. Since the rooms are double occupancy, these improvements will benefit approximately 40 residents. These improvements will make resident rooms and bathrooms more accessible and enjoyable for residents and their visitors and family. Since many of our residents spend considerable amounts of their time in their rooms, this will promote greater enjoyment of the space, offer improved amenities and a greater sense of pride.</p>	18,811.50	
<p><b>Total Requested Per Funding Source</b></p>	18,811.50	18,811.50

APPROVED  
2024-2025 EQUAL

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Total Funding Requested	37,623
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o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Vincent Piazza *Vincent Piazza*  
 (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for  
Garden of Eden (name of facility), 331 F2SD (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 \_\_\_\_  
 \_\_\_\_ (name of facility), \_\_\_\_ (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: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

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

**APPROVED**

**2024-2025 EQUAL**

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