

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
Replace Dining Room Ice/water Machine	4,219.50	
Upgrade Residents Furniture	8,000.00	
Repair Exterial Benches	6,500.00	
Replace and install shower chairs	8,000.00	
Replace Cameras In Common Areas in Full color	4,000.00	
Resident Clothing Allowance to be issued in the form of gift cards		5,400.00
Resident Activities Program: Classes, Celebrations, Special Meals, Trips and Outings, Horticulture Program		19,819.50
Medical Expense not covered by Insurance(i.e. copays, deductives, medicine)		2,000.00
Transportation: Community/Recreational Trips and medical appoitments		3,500.00
Total Requested Per Funding Source	30,719.50	30,719.50
Total Funding Requested	\$61,439.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, *Victor Caceres* (Victor Caceres), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Moffat Gardens Assisted Living Program, 331-S-009, 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 Moffat Gardens Assisted Living Program, 331-S-009. We have reviewed the Proposed EQUAL 2024-2025 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

APPROVED

2024-2025 EQUAL

Digitally signed by APPROVED
2024-2025 EQUAL
Date: 2025.02.10 13:19:11
-05'00'

EQUAL 2024-2025 Proposed Spending Plan

Resident Name: Rosalina Ortiz

Resident Signature: Rosalina Ortiz

Resident Name: Elizabeth Manuel

Resident Signature: Elizabeth Manuel

Resident Name: Nilka Jimenez

Resident Signature: Nilka Jimenez

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)