

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
Resident room upgrades; incl floors, painting, bathroom fixtures	\$23,326.50	
Resident program expenses; exercise program, cultural, recreational and leisure events, educational resources		\$4,000.00
Resident gardening supply; flowers, plants, seed and equipment for resident gardening/seating area, and outdoor recreational activity items		\$1,826.50
Resident room television entertainment system package maintenance, wiring, equipment upgrades as needed for all resident rooms		\$14,000.00
Resident outings; shows, excursions, community events, etc.		\$3,500.00
Total Requested Per Funding Source	\$23,326.50	\$23,326.50
<i>Joseph DiGiovanni</i> Total Funding Requested	\$46,653.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Joseph DiGiovanni (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Madison York Assisted Living Community (name of facility), 590-F-320 (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 Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

**APPROVED
 2024-2025
 EQUAL**

Digitally signed by
 APPROVED 2024-2025
 EQUAL
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