

Madison York Rego Park
 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
Netflix + 12 months - for all 2nd, 3rd, & 5th floor lounges	—	\$ 202.34
Spectrum Cable Service + 12 months for all resident rooms, 2nd, 3rd & 5th floor lounges	—	\$ 17,782.56
Activities Supplies - additional supplies chosen by the residents above the department's budgeted amount.	—	\$ 1,579.14
Total Requested Per Funding Source	—	\$ 19,564.00
Total Funding Requested	\$ 39,128.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Amel L. Carl (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Madison York Rego Park (name of facility), 590-F-321 (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)

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2024-2025 EQUAL

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Madison York, Rego Park
EQUAL 2024-2025 Proposed Spending Plan

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
<i>Resident gardening Equipment - including</i>	<i>2,000.00</i>	—
<i>new potting soil, new gardening pots,</i>		—
<i>flowers & vegetables for the 8th floor</i>		—
<i>terrace garden.</i>		—
<i>New terrace furniture - Residents requested</i>	<i>600.00</i>	—
<i>New chairs of Superior Quality</i>		—
<i>than the ones facility provided.</i>		—
Total Requested Per Funding Source	<i>cont on</i>	—
	<i>pg 3</i>	
Total Funding Requested	<i>39,128.00</i>	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, *Angela L. Clark* (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for *Madison York, Rego Park* (name of facility), *590-F-321* (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)

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Madison York, Rego Park
EQUAL 2024-2025 Proposed Spending Plan

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Enhanced Mattress for Resident Rooms	10,364. ⁰⁰	—
These mattresses are superior to our standard 8" mattress - 273 coil.	—	—
The Enhanced mattress is 11" thick	—	—
with 356 coil per mattress	—	—
Self-Cleaning Kettleless Water Cooler,		—
3 Temperature (4 total (resident common areas) for Dining room, 3rd & 5th lounge)	600. ⁰⁰	—
Total Requested Per Funding Source	19,564.⁰⁰	—
Total Funding Requested	39,128.⁰⁰	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Paul T. Cal. (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Madison York Rego Park (name of facility), 590-F-321 (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: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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2024-2025 EQUAL

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