

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
New Boiler & Hot water heater	18,431.50	
Holiday Gifts		3,500
Holiday Parties		4000
Health & Hygiene Products		500
Recreation / Entertainment		3500
Improvements in Food quality		1350
clothes for residents		625
Total Requested Per Funding Source	18,431.50	
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for _____ (name of facility), _____ (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 131p Pearl garden (name of facility), 100-F (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: James Banta
 Resident Name: Lucy Pileri
 Resident Name: Lorraine Munitz

Resident Signature: [Signature]
 Resident Signature: [Signature]
 Resident Signature: Lorraine munitz

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
2024-2025 EQUAL

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 2024-2025 EQUAL
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EQUAL 2024-2025 Proposed Spending Plan

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Convenience Items Clock for Room, Batteries, clothes hamper, mirror for Rooms Ink & Paper Resident Computer		500
Newspaper Subscription		240
Carpet for resident Room		1500
Gazeebo for outdoors for residents.		250
New single sofa chairs for residents		2445
Total Requested Per Funding Source	18,431.50	18,431.50
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for _____ (name of facility), _____ (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 151P Pearl Garden (name of facility), 700-F- (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: Donna Marwar
 Resident Name: Patrick Destasio
 Resident Name: John Bobko

Resident Signature: [Signature]
 Resident Signature: [Signature]
 Resident Signature: [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

**APPROVED
 2024-2025
 EQUAL**

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 APPROVED 2024-2025
 EQUAL
 Date: 2025.02.10 12:05:27
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