

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
increase organic food supply		\$ 8000
Recreational + activities events, concerts		\$ 8618
Summer/spring party with food trucks		\$ 5,500
furniture for common spaces + gathering space	\$ 22,118	
<b>Total Requested Per Funding Source</b>	\$ 22,118	\$ 22,118
<b>Total Funding Requested</b>	\$ 46,454	

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 Camp Hill (name of facility), 200207 (operating certificate #). We have reviewed the Proposed Grant EQUAL 2024-2025 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: Katharina Schreckinger  
 Resident Name: Elise Clott  
 Resident Name: Sylvia Bausman

Resident Signature: [Signature]  
 Resident Signature: [Signature]  
 Resident Signature: Sylvia Bausman

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

**APPROVED  
 2024-2025 EQUAL**

Digitally signed by  
 APPROVED 2024-2025 EQUAL  
 Date: 2025.02.10 11:02:23  
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