

Attachment 1

EQUAL 2024-2025 Proposed Spending Plan

Crystal House
230-F-272

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
Upgrade 40 Mattresses		20,000
Upgrade Meals to increase Fresh Fruits		12,000
Upgrade Bedding, sheets, pillows.		10,088.5
Upgrade 3 exterior Emergency Doors.	15,000	
Upgrade Thermal Windows in Bedrooms	18,000	
Upgrade Bathroom + Bedroom Doors.	9,088.5	
Total Requested Per Funding Source	42,088.5	42,088.50
Total Funding Requested	\$ 84,177.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Olivia Lyon (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Crystal House Manor (name of facility), 230-f-272 (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 Crystal House Manor (name of facility), 230-f-272 (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: J. Morris
 Resident Name: J. Robinson
 Resident Name: [Signature]

Resident Signature: Mark A. Shook
 Resident Signature: [Signature]
 Resident Signature: [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
2024-2025 EQUAL

Digitally signed by APPROVED
2024-2025 EQUAL
Date: 2025.02.13 09:26:25 -05'00'