Attachment 1

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
Car for transportation for resident trips		$13,200.00
Upgrade Food Menus		$3800.00
Activites & entertainment		$2559.00
Replace windows in residents rooms in old building	$11,000.00	
Replace Flooring	$8559.00	
Total Requested Per Funding Source	$19,559.00	$19,559.00
Total Funding Requested	39,118.00	

- **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Daniel Stevens (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Inspire Of Mcclelland (name of facility), 230-F-284 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

- **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)

APPROVED
2024-2025
EQUAL

Digitally signed by APPROVED 2024-2025 EQUAL
Date: 2025.02.10 12:03:32 -05'00'