

EQUAL 2025-2026 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 |
|---|---|--|
| Furnishing/ Painting/ aesthetic improvements in common resident areas within the facility | \$4,614.00 | |
| Gardening club/ outside common area supplies/ decorations/ furniture encouraging outdoor resident activity | | \$750.00 |
| Festive culinary events for holidays/ themed parties encouraging socialization and cultural activities | | \$2,114.00 |
| Musical entertainment for various events/ activities encouraging resident socialization | | \$2,400.00 |
| Themed related event activities including supplies/crafts/ decorations, related provisions/ or transportation costs | | \$3,850.00 |
| Electronic door sensors, locks, openers for easier access to common areas by residents | \$6,000.00 | |
| Mini refrigerators for resident rooms | | \$1,500.00 |
| Total Requested Per Funding Source | \$10,614.00 | \$10,614.00 |
| Total Funding Requested | \$21,228.00 | |

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** Thomas Battreal (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Promenade at University Place (name of facility), 000-F-315 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

Resident Council Representative Signature: 

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Promenade at University Place (000-F-315) We have reviewed the Proposed EQUAL 2025-2026 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)