

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
Resident newspapers, delivered daily		\$5,750.50
Live music and entertainment		\$ 8,000
Trip Transportation		\$2,400
Arts & Crafts supplies		\$ 500
Horticulture supplies		\$ 750.00
Resident clothing allowance (		\$12,945
<b>Total Requested Per Funding Source</b>	see next page	\$30,345.50
<b>Total Funding Requested</b>		\$60,691

✓ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Fred Rasl (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for St. Vincent de Paul Residence (name of facility), 020-E-133 (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: Fred Rasl

○ **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 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)**

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Ice machines (5th floor and 6th floor)	\$12,000.00	
Framed artwork	\$ 5,000	
Landscaping - mulch, perennials	\$ 5,100	
Patio/Pergola repairs, furnishings	\$ 7,645.50	
Canopies (3)	\$ 600	
<b>Total Requested Per Funding Source</b>	\$30,345,50	see previous page
<b>Total Funding Requested</b>	\$60,691	

**RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Fred Basl (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for St. Vincent de Paul Residence (name of facility), 020-E-133 (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: Fred Basl

**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 2025-2026 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)**