


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
Upgrades to the residents in-room furniture. Residents wish to utilize the funds to improve their living space by upgrading: dressers, beds and mirrors.	\$42,515.00	
Instructor-led Yoga classes, Providing engagement and training to promote and support healthier independent living.		\$5600.00
Horticulture Therapy Classes and supplies (dirt, plants, gardening tool) engaging residents with the benefit of gardening activities both indoors and outdoors.		\$6000.00
Specialty resident meals and catering. Funds will be uses for catered meals for residents, improving the quality of food.		\$6000.00
Music socials, facilitated by a musician to promote engagement and music therapy to residents.		\$2400.00
Resident transportation to access the local community for socialization, access to services, and other cultural/educational and leisure events. The funds will be used for the residents individual and group trips and outings.		\$22,515.00
<b>Total Requested Per Funding Source</b>	\$42,515.00	\$42,515.00
<b>Total Funding Requested</b>	\$85,030.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Leona Marks (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for 020-E-136 (name of facility), RiverSpring Assisted Living(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 \_\_\_\_\_ (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)**