

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
Upgrade New Ceiling Tiles	\$6,000	
<del>\$2,000</del> Paint all <del>the</del> <del>Back</del> <del>to</del> <del>enhance</del> <del>Quality of Living</del> Baskets	\$7,000	
New Ceiling Fan in Dining Room	\$37	
New Window Blinds		\$1,000
New Laundry Bags		\$1,000
Smart TV's For Resident Rooms		\$8,000
Upgrade Activity Special Events		\$2,037
<b>Total Requested Per Funding Source</b>	\$13,037	\$13,037
<b>Total Funding Requested</b>	\$26,074	

**RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Jerome Davis (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Parkview Home For Adults (name of facility), 020-F-131 (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: Jerome Davis

**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)**