

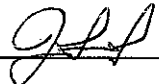
EQUAL 2025-2026 Proposed Spending Plan

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
(70X \$200) Resident Gift Cards - clothing, ^{personal} items		\$ 14,000
Enhanced activities, and resident food		\$ 7,825.50
Kitchen improvements - Steam tables, coffee pods, tea	\$ 10,000	
Common area - New TV'S	\$ 3,000	
Egg crates foam for bed, bed enhancements	\$ 8,825.50	
Total Requested Per Funding Source	\$ 21,825.50	\$ 21,825.50
Total Funding Requested	\$ 43,651	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, JOSE PEREZ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Clearmont Village ALP (name of facility), 020-EP 135 (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 Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)