

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
Holiday Gala, featured menus		
Special Activities, meals Dining Room		5,061
Assisted living week events		
Resident replacement Reclining	5,061	
Chairs in Room/ Apartment		
Total Requested Per Funding Source	5,061	5,061
Total Funding Requested	10,122	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, _____ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for _____ (name of facility), _____ (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: _____

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: Donna Dixon

Resident Name: Johnnie Campbell

Resident Name: Carmella Cromer

Resident Signature: Donna Dixon

Resident Signature: Johnnie Campbell

Resident Signature: Carmella Cromer

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)