

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
Install Permanent Water Refill Stations + pre-purchase a stock of supplies (filters + cups)	\$5000.00	
Install a resident "theater" (projector, screen, mount, and one year subscriptions to streaming apps)	\$600.00	
Beautification of front/side flower garden + upgrade courtyard community garden (seeds, bushes, flowers, lighting, seedlings, supplies)	\$3936.50	
Upgrade resident communal shower rooms (tuble, new fixtures, new benches, paint + floor)	\$8000.00	
Transportation Funding to Community Activities		\$5,000.00
In-Facility Entertainment (performers + experiences)		\$7,000.00
Materials for In-House Activities (coffee hour supplies, food not usually served, games + prizes, crafts, decorations, resident gifts, supplies)		\$5,536.50
Total Requested Per Funding Source	\$17,536.50	\$17,536.50
Total Funding Requested	\$35,073.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Rita Crawford (name of representative) have reviewed the Proposed EQUAL 2025-2026 Spending Plan for North Brook Heights Home for Adults, Inc. (name of facility), 050-F-062 (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: Rita Crawford

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)