

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
CEILING FAN/LIGHT COMBINATION UNITS FOR FIVE RESIDENT ROOMS		
QTY 5 @ \$241.50 EACH = \$1,207.50 TOTAL	\$1,064.50	
RESIDENT ACTIVITIES, LIVE ENTERTAINMENT, & SPECIAL EVENTS		\$1,064.50
Total Requested Per Funding Source	\$1,064.50	\$1,064.50
Total Funding Requested	\$ 2,129. ⁰⁰	

✓ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, LORRAINE MASCIADRELLI (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for ST. COLUMBANS ON THE LAKE (name of facility), 060-E-008 (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: Lorraine C. Masciadrelli

○ **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)