

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
increase organic food supply		\$ 7,957.25
Recreational activities, events, concerts		\$ 7,957.25
Resident party including food (possibly catered, entertainment, necessary set up such as tents, tables, chairs, etc		\$ 8000
Shared electronics and accessories	\$5,500	
landscaping, outdoor therapeutic spaces + horticultural therapy + supplies	\$18,414.50	
Total Requested Per Funding Source	\$ 23,914.50	-
Total Funding Requested	\$47,829.00	

- o **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: _____

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Camp Hill Street (name of facility), 200-2-007 (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: Katherine Schuckinger
 Resident Name: Elene Ploff
 Resident Name: Alan Rosenzweig

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)