

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
New Chairs Activities Room (20)	\$ 5,000	
Ice bucket	\$ 165.00	
Benches for walk way (3)	\$ 500	
front lobby furniture	\$ 4,507	
Entertainment System / Book Shelf for tv lounge	\$ 2,000	
New Holiday decorations	\$ 1,000	
Bathroom storage shelf	\$ 3,500	
Clothing allowance - \$200 @		\$6,400
Trips, Entertainment, outings & Gas + transportation		\$9,732
Total Requested Per Funding Source	\$ 16,132	\$ 16,132
Total Funding Requested	\$ 32,264	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Catherine Martha Vaughan (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Grant Assisted Living (name of facility), 200-F-022 (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: Catherine Martha Vaughan

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at GAL (name of facility), 200-F-022 (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: J. Baker
 Resident Name: J. Baker
 Resident Name: Patricia Sackell

Resident Signature: Axel Brown
 Resident Signature: Jonny Lehtinen
 Resident Signature: Doris Woodward

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)