

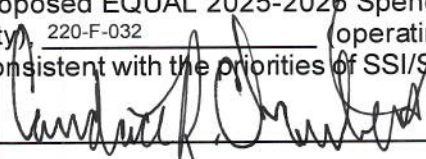
EQUAL 2025-2026 Proposed Spending Plan

**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
Therapeutic Music Enrichment		\$1,200
Music Entertainment		\$8,000
Floweres, Plants, and other seasonal Decor		\$4,000
Chair Yoga Instructor		\$600
Activities Program Supplies		\$10,000
Garden Maintenance		\$2,000
Christmas Gifts for Residents		\$1,800
Community Classes/Workshops		\$2,000
Furniture 200 Wing Sittling Rooms	\$5,000	
Blinds for sitting areas & activities room	\$1,700	
Portable Piano Keyboard	\$1,500	
Industrial Cart for Ice Cream Machine	\$400	
Industrial Air Fryer & Other Kitchen Accessories	\$6,500	
Redo screened Room 300 wing	\$1,000	
<b>Total Requested Per Funding Source</b>	\$17,100	\$30,100
<b>Total Funding Requested</b>	\$47,200	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Candace Chambers (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Pavilion @ Robinson Terrace (name of facility), 220-F-032 (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 \_\_\_\_\_ (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)**