

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
Furniture - Resident bedroom furniture upgrade	\$13,000.00	
PTAC / AC units - Resident rooms	\$4,229.00/yr	
Ceiling Tiles - Ceiling tile upgrade renovation	\$1,000.00/yr	
Clothing Allowance		\$2,500.00/yr
Improved meats and Produce		\$8,500.00/yr
Recreational Activities + events		\$7229.00/yr
Total Requested Per Funding Source	\$18,229.00	\$18,229.00/yr
Total Funding Requested	\$36,458.00/yr	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Roseann Mason (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Hedgewood ALP, LLC (name of facility), 230 F 082 (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: Roseann Mason

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Hedgewood (name of facility), 230 F 082 (operating certificate #). We have reviewed the Proposed ALP, LLC EQUAL 2025-2026 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: Patrick A. Huyge
 Resident Name: Colores Williams
 Resident Name: Marvin Chance

Resident Signature: Patrick A. Huyge
 Resident Signature: Colores Williams
 Resident Signature: MC

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)