

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
Car for Transportation for resident trips		\$13,200.00
Access Control for old Wing Entry door for resident Access	\$10,700.00	
Upgraded Food Menus for hoildays		\$3500.00
Activites & entertainment		\$1962.50
New Computer for Activity Room	\$2000.00	
Upgrade Steps Flooring old wing	\$5962.50	
The flooring and steps are not stained or broken they are outdated and do go with the rest of the building do to upgrades, they will be a enhancement of the physical environment facility and promote a higher quality of life for residents by being fresh new look and also will a enhanced non slip surface for the residents extra safety		
Total Requested Per Funding Source	18,662.50	18,662.50
Total Funding Requested	\$37,325.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, DAVID STURM (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Inspire Of Mcclelland (name of facility), 230-F-284 (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: David Sturm

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)