

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
Holiday Parties - Food, entertainment, supplies		800.00
Outside furniture - new cushions for furniture		500.00
activity supplies - crafts, baking		199.50
Flooring to replace carpets in resident room	1499.50	
Total Requested Per Funding Source	1499.50	1499.50
Total Funding Requested	2999.00	

- 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 Stenwell (name of facility), 240-E-146 (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: Melissa Sibley
 Resident Name: Nancy Hartsel
 Resident Name: Alicia Williams

Resident Signature: Melissa Sibley
 Resident Signature: Nancy Hartsel
 Resident Signature: Alicia Williams

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)