

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
Outdoor Patio/Lawn Furnitue: Many of the outdoor tables, chairs and umbrellas need to be replaced due to age as well as some additional table and chairs (patio sets) need to be purchased to accomodate all the residents who participate in activities and events held outside during the warmer months. Total project cost is around \$15,000.	\$1153.50	
Art & Music Therapy Sessions: Engage and offer enrichment opportunities to our residents by offering sessions with art and/or music therapists. Cost per session averages between \$125 and \$150. Budgeting \$1500 for 10 – 12 sessions.		\$1153.50
Total Requested Per Funding Source	\$1153.50	\$1153.50
Total Funding Requested	\$2307	

✓ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Linda Huber *Linda Huber* (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Heathwood Assisted Living at Williamsville (name of facility), 240-F-881 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities. *1/6/26*

○ **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)