

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
clothing and holiday for residents-Recreation enhancements		27,158.00
Food enhancement-National Food days and vending machine		10,000.00
Travel expenses, concerts and other seasonal outings		11,000.00
Outdoor leisure space-new flower bed out front and upgrades to Gazebo	7000.00	
upgrade to common areas-dining, furniture, and decor	19,158.00	
aesthetic and/or structural facility upgrades-painting-to brighten up the facility, create a warmer environment the paint is old and needs to be upgrade-paint is in fair condition-just dark and dull	16,000.00	
aesthetic and/or structural facility upgrades- replace old flooring to improve the appearance (floor is in need of repair due to wear and tear) fair condition-brighten the appearance	7,000.00	
<b>Total Requested Per Funding Source</b>	49158.00	49158.00
<b>Total Funding Requested</b>	98,316.00	

- **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Rita Mitchell (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Montcalm Manor HFA (name of facility), 260-F-016 (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: Rita Mitchell

- **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at \_\_\_\_\_ (name of facility), 260-F-016 (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: Mark Winter  
 Resident Name: Robert Trumbell  
 Resident Name: Debra Lattimore

Resident Signature: [Signature]  
 Resident Signature: [Signature]  
 Resident Signature: [Signature]

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**