

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
flooring is old, will be more aesthetically pleasing to residents 2nd floor - flooring to be replaced	\$18,000.00	
shower stalls are small, would give residents more space 2nd floor - Women's shower stalls to be replaced	\$1,604.00	
Resident Annual Parties		\$10,000.00
Resident Activities (in/out of building)		\$10,000.00
Resident Clothing / Resident Christmas Gifts		\$404.00
Total Requested Per Funding Source	\$24,040.00	\$24,040.00
Total Funding Requested	\$48,080.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Belinda James (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Le Roy Manor (name of facility), 290-F-005 (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: Belinda James

- 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)