

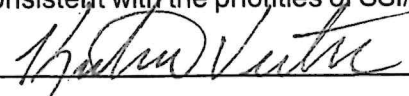
EQUAL 2025-2026 Proposed Spending Plan

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.*

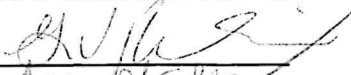
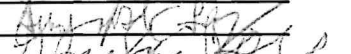
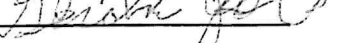
Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Room Furnishing/Fixtures	\$5,021.50	
Upgrade common areas (inside/outside)	\$20,000.00	
Activity/Program Enhancement, field trips, community outings, special events, holiday party		\$25,021.50
Total Requested Per Funding Source	\$25,021.50	\$25,021.50
Total Funding Requested	\$50,043.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Kristina Vetere (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Home Sweet Home (name of facility), 300-F-072 (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 HHH (name of facility), 300-F-072 (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: GREGORY V. PARLIAN
 Resident Name: Alexander Gray
 Resident Name: Theresa Jones

Resident Signature: 
 Resident Signature: 
 Resident Signature: 

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)