

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
Upgraded orthopedic/memory foam mattresses, bedding/comforters		3000
Brand new TVs in residents room for leisure		1500
Residents rooms and lounges window treatments	2500	
Upgraded residents rooms furniture		5000
Improvement in foods transportation and qualities	6267.50	
Recreation supplies and entertainment		5267.50
modernization of outdated floors in residents rooms	6000	
Total Requested Per Funding Source	14,767.50	14,767.50
Total Funding Requested	29,535	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Helene Sandrowitz (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for the Waterford on the Bay (name of facility), 331-F-272 (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: Helene Sandrowitz

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 Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)