


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
Distribute up to \$110.00 (One hundred and ten dollars) each to 188 Residents for the purchase of clothing.		\$20,680
Purchase of recreational supplies, live entertainment and trips For residents. Cost estimated by online search		\$1,010
Purchase 20 (Twenty Extra wide lounge chairs for recreation room and lounges	\$4,580	
Purchase 10 (Ten) PTAC Air conditioning units for resident rooms. Cost determined by obtaining vendor estimate.	\$6,245	
Purchase, upgrade, and install access point to enhance Wi-Fi reception for the residents throughout the facility. Cost determined by obtaining vendor proposal.	\$5,689	
Purchase and install ceramic tiles for resident rooms. Cost determined by visiting vendor websites.	\$5,176	
Total Requested Per Funding Source	\$ 21,690	\$21,690
Total Funding Requested	\$ 43,380	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, James DAUGHTRY (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Brookly ADULT CARE CENTER (name of facility), 331-F-278 (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: 

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)