

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
Kitchen Equipment Upgrades to Enhance Resident Meal Quality and Choice. One heated meal delivery cart, non motorized, indoor unit.	\$12,806.00	
Providing thermostatically controlled hot holding meal delivery.		
Recreation/Leisure supplies, events, and outings.		\$12,806.00
Total Requested Per Funding Source	\$12,806.00	\$12,806.00
Total Funding Requested	\$25,612.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Anthony Yacolino (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Harbor View Home for Adults (name of facility), 331-F-282 (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: Anthony Yacolino

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Harbor View (name of facility), 331-F-282 (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: Sharon Tsukuda
 Resident Name: Roberta Schaefer
 Resident Name: _____

Resident Signature: Sharon Tsukuda
 Resident Signature: Roberta Schaefer
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)