

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
Resident recreational fish tank maintenance	2,500	
Ice machine maint & service	1,800	
Security upgrades- additional camera and replace server	6,750	
New beds frames and mattress	2,259.50	
Total Requested Per Funding Source	13,309.50	
Total Funding Requested	26,619.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, EULENE KERR (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Brookdale ALP (name of facility), 331-5-001 (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: Eulene Kerr

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: EULENE KERR
 Resident Name: Maureen McArdle
 Resident Name: CARLTON WILLIAMS

Resident Signature: Eulene Kerr (P)
 Resident Signature: Maureen McArdle
 Resident Signature: Carlton Williams (VOP)

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Resident Recreational Trip		\$3000.00
Clothing allowance (31 x 300)		\$9300.00
Holiday activities and Parties		\$1009.50
Total Requested Per Funding Source		\$13,309.50
Total Funding Requested	\$26,619.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, EULENE KERR (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Brookdale ALP (name of facility), 331-5-001 (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: Eulene Kerr

- 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: EULENE KERR (P)
 Resident Name: Kathleen McArdle
 Resident Name: CARLTON WILLIAMS (V.P)

Resident Signature: Eulene Kerr (P)
 Resident Signature: Kathleen McArdle
 Resident Signature: Carlton Williams (V.P)

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)