

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
Capital - Modernized/upgraded	16,613.50	
furniture in resident's communal areas		
Local - Movie Chairs for TV		16,613.50
Room Recliners/chairs		
Resident talent, Entertainment, Supplies		
for Recreation activities and Bus Trips		
Total Requested Per Funding Source		
Total Funding Requested	33,227.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Carl Colombo (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Hilton East Assisted (name of facility), 370-F-208 (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: Carl Colombo

- 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)