

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
PTAC Units for Resident Rooms (8) ^{131/ea}	\$5,848	
Custom Chapel seat cushions (1@800/ea)		\$641.52
Ice Cream food truck (3 visits at \$810/ea)		\$2,430
Special Summer Seafood meals (2 at \$652/ea)		\$1,304
Speciality assisted Living Week dinners		\$1,056
Total Requested Per Funding Source	\$5,848	\$5,431
Total Funding Requested	\$10,845	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Carole Carlson (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Grandville Senior Living (name of facility), 370-F-230 (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: Carole Carlson

- 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)