

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
Install Permanent Water Refill Stations + pre-purchase a stock of supplies (filters + cups)	\$5000.00	
Install a Resident "Theater" (projector, screen, mount, + one year subscriptions to streaming apps)	\$1000.00	
Beautification of flower gardens + building a resident community food garden (seeds, bushes, flowers, lighting, seedlings, supplies)	\$1860.00	
Improve/Add more outdoor seating (benches, picnic tables, patio chairs + tables)	\$8000.00	
In-Facility Entertainment (performers + experiences)		\$8500.00
Materials for In-House Activities (food not usually served, games/prizes, resident gifts, crafts, decorations, supplies)		\$7160.00
Total Requested Per Funding Source	\$15,460	\$15,460.00
Total Funding Requested	\$30,920.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL Constance M. Loomis (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Cirrus Manor Residential Center (name of facility), 370-F-360 (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: Constance Loomis
 Printed Name - See Signature Above

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)