

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
Bedding Upgrades	\$3,000.00	
Furniture Upgrades	\$3,000.00	
Snow Plow Vendor	\$7,000.00	
New Dishes/Kitchenware	\$1,537.00	
Resident Entertainment		\$12,000.00
Vehicle Expense for Resident Trips		\$2,537.00
Total Requested Per Funding Source	\$14,537.00	\$14,537.00
Total Funding Requested	\$29074.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Bruce Hilliard (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Sentinel of Amsterdam (name of facility), 380-F-047 (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: Bruce E. Hilliard

- 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 Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)