

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 Reauested	Local Assistance Project Funds Requested
Floor Upgrades to provide residents with requested upgrade from carpet to vinyl flooring. Current condition is good, this is not necessary upgrade but a request by residents.	\$13,498.50	
Extra Entertainment, Parties and trips		\$13,498.50
<b>Total Requested Per Funding Source</b>	<b>\$13,498.50</b>	<b>\$13,498.50</b>
<b>Total Funding Requested</b>	<b>\$26,997</b>	

**RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Joseph Sanday\_\_\_\_ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Island Assisted Living, 400-E-295 (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:** \_\_\_\_\_

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)**