

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
Common Area Carpet / Flooring / upgraded Room flooring	15,000.00	
Upgrade Computer Room Computers	2,882.50	
Resident Recreation trips		5,000.00
Resident Clothing expense		3,000.00
Resident Wellness Program		3,000.00
upgrade Recreation supplies		3,000.00
upgrade Snacks for 24 hour bistro		3,882.50
Total Requested Per Funding Source	17,882.50	17,882.50
Total Funding Requested	35,765.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Michelle LaJata (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Long Beach Assisted Living (name of facility), _____ (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: Michelle LaJata

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)