

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
Furnishing/building upgrade/ equipment for the facility	\$19,927.50	
Clothing stipend for 47 eligible resident @\$300. per resident		\$14,100.00
Recreational activities including outings gardening, and transportation to appointments were needed.		\$2,000.00
Personal Hygiene Items		\$3,827.50
Total Requested Per Funding Source	\$19,927.50	\$19,927.50
Total Funding Requested	\$39,855.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Clarissa Wright (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for WSFSSH - 129th Street (name of facility), 420-E-377 (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: Clarissa Wright

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at _____ (name of facility), WSFSSH-129th (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: Clarissa Wright
 Resident Name: _____
 Resident Name: _____

Resident Signature: Clarissa Wright
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)