

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
Clothing Allowance		\$22,800.00
Excursions/Cultural Outings		\$3,813.00
LED Lighting Fixtures in Resident's Bathrooms	\$8,500.00	
Large Screen Television for Activities Room	\$4,000.00	
Ice/Water Machine for Dining Room	\$15,000.00	
<b>Total Requested Per Funding Source</b>	\$27,500.00	\$26,613.00
<b>Total Funding Requested</b>	\$54,113.00	

○ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Carlos Rodriguez (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for VillageCare at 46 and Ten (name of facility), 420-S-379 (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: Carlos Rodriguez

○ **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: Thomas Arneel  
 Resident Name: Denise Reed  
 Resident Name: Allan Minns

Resident Signature: Denise Reed  
 Resident Signature: Denise Reed  
 Resident Signature: Allan Minns

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**