

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
Towards strength and balancing classes		\$1,845.50
Towards Yoga classes		\$1,845.50
\$200 per person clothing allowance to be issued December 2026 for 45 eligible residents.		\$9,000
Multi-speaker ceiling/wall PA system for Activity Room	\$5,000	
Tables, umbrellas, & seating for courtyard	\$7,691	
Total Requested Per Funding Source	\$12,691	\$12,691
Total Funding Requested	\$25,382	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Peggy Friedman (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Vista On 5th (name of facility), 420-S-395 (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: Peggy Friedman

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: _____