

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
Install flooring A and B wing Nurses stations and common areas and small attached hall	\$19,384.50	
Monthly Entertainment		\$2,000
Facility Annual Anniversary Party		\$1,000
Resident Christmas Party		\$1,000
Resident Christmas Gifts		\$2,000
Flowers, mulch, Annuals/Perennials landscaping front of building		\$8,000
Bingo/Activity Games		\$2,384.50
New mattresses		\$3,000
<b>Total Requested Per Funding Source</b>	<b>19,384.50</b>	<b>\$19,384.50</b>
<b>Total Funding Requested</b>	<b>\$38,769.00</b>	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Judith Colburn (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Presbyterian Residential Center (name of facility), 510 E-065 (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: Judith Colburn 11/6/26

- 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 Name: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_  
 Resident Signature: \_\_\_\_\_  
 Resident Signature: \_\_\_\_\_

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