

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
Resident dining room Chair upgrades	\$4,259.00	
Food/recreational		\$2,129.50
Cultural events		\$2,129.50
Total Requested Per Funding Source	\$4,259.00	\$4,259.00
Total Funding Requested	\$8,518.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, ROSE G LAURI (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Terrace at Woodlawn (name of facility), 510-F 059 (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: Rose Lauri

- 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: Beatrice Kotary
 Resident Name: Ronald Lewis
 Resident Name: R. T. Colquhoun

Resident Signature: Jaraine Lassila
 Resident Signature: Suzanne Sealgo
 Resident Signature: 704/195097170

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)