

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
Capital- Cabinets, Countertops, Plumbing, Electric, Tables,	\$18,346.00	
Chairs, Painting, Gazebo -All of these items will be used to repurpose an unused room into another resident activity		
room that will allow the residents to have more hands on cooking activities and resident cafe. The gazebo will give the residents shade in the courtyard and allow them to have more outside activities.		
Local- Special Events, Supplies for Recreation, Entertainers,		\$18,346.00
Recreation Events, and Supplemental Food Items		
Total Requested Per Funding Source	\$18,346.00	\$18,346.00
Total Funding Requested	\$36,692.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Dorothy Parker (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Loretto Village Apts EH #5 (name of facility), 520-S-120 (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: Dorothy H. Parker

- 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)