

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
Gazebos, outside furniture, ramp, Landscaping around Gazebo	17,742	
Special meals		10,000
resident entertainment		5,742
Horticulture program supplies		2,000
Total Requested Per Funding Source	17,742	17,742
Total Funding Requested	35,484	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Kathy Maynes (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Buckley Landing (name of facility), 520-5-121 (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: Kathy Maynes

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Buckley Landing (name of facility), 520-5-121 (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: Mary Corapi
 Resident Name: Venkataratnam Kanma
 Resident Name: Kathy Maynes

Resident Signature: Mary E Corapi
 Resident Signature: Venkataram V R
 Resident Signature: Kathy Maynes

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)