

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
New Dining Room chairs (70)	\$12,000.	
Updating aged paint throughout all common areas to maintain a fresh + clean environment; Deep clean of all common area carpets	\$4150.	
Landscaping, walkways, + grounds	\$8,000.	
Small kitchen appliances (ie microwaves in resident kitchenettes)	\$3,000.	
Entertainment, Holiday Events, seasonal decorations, Featured Menus + Activity Supplies		\$27,151
Total Requested Per Funding Source	\$27,151	27151
Total Funding Requested	\$54,302	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Eileen Amedi (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for St. Francis Commons (name of facility), BLD-E-009 (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: Eileen Amedi

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 Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)