

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
Patio awning	\$2500	
Resurfacing patio, New fencing & gate for patio, Fix landscape block on 1st floor patio	\$10,001	
Landscaping, flowers for patios	\$500	
Patio furniture	\$2112.50	
Exercise equipment - treadmill, weights, elliptical bike		\$4000.00
Gas grill		\$650.00
Total Requested Per Funding Source	15,113.50	\$15,113.50
Total Funding Requested	30,227.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Patricia Garrison (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Maples Adult Liv. Comm. (name of facility), 560-F-044 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

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)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Lazy susans qty 14 for tables		\$350.00
WII console and games		\$350.00
Karaoke machine		\$150.00
Special food items for events		\$1000.00
Assisted Living Week events/entertainment		\$1000.00
Foldable carts to bring items to rooms		\$130.00
New pillows for beds		\$777.00
Total Requested Per Funding Source	15,113.50	15,113.50
Total Funding Requested	30,227.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Patricia Garrison

(name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Maples Adult Liv Comm (name of facility), 500-F-044 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

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)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
New bath towels		\$1350
2 laptop Computers		\$500
Shopping Service to building for residents to shop for clothing/shoes.		\$4856.50
Total Requested Per Funding Source	15,113.50	15,113.50
Total Funding Requested	30,227.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Patricia Garrison (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Maples Adult Liv. Comm (name of facility), 560-F-044 (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 Patricia Garrison

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: _____
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INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)