

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
Resurfacing of resident areas in back parking lot for resident safety	\$ 13,960.00	
Upgrade of resident furnishings and bedding		\$ 3,240.00
Resident cable tv channels		720.00
Recreational events/transportation, equipment's, parties and paid performers		\$ 5,000.00
Shaded outdoor seating area		\$ 5,000.00
Total Requested Per Funding Source	\$13,960.00	\$ 13,960.00
Total Funding Requested	\$ 27,920.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for _____ (name of facility), _____ (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: _____

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at **Park Inn Home** (name of facility), **590-F-104** (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: Thomas Roberts Resident Signature: Thomas Roberts

Resident Name: Thomas Roberts Resident Signature: Thomas Roberts

Resident Name: NARINE Imrity Resident Signature: Naraine Imrity

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)