

EQUAL 2025-2026 Proposed Spending Plan

**Summary Budget**

This form must be used by applicants to provide 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
Resident Gift Cards (Clothing's)		\$ 6,403.00
Enhance recreation programming thru paid performers, and Upgrade recreation equipment's, Indoor and Outdoor resident parties		\$ 6,403.00
Enhance and Rehabilitate Van for Resident Trips	\$ 2,500.00	
Upgrade Resident Rooms Door Locking System	\$6,500.00	
Upgrade Bathrooms in common areas	\$3,806.00	
<b>Total Requested Per Funding Source</b>	<b>\$ 12,806.00</b>	<b>\$ 12,806.00</b>
<b>Total Funding Requested</b>	<b>\$ 25,612.00</b>	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Name of Council President (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for New Haven Manor HFA (name of facility), 590-F-172 (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 New Haven Manor HFA 590-F-172. 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: Sharon Thompson

Resident Signature: Sharon Thompson

Resident Name: DAVID RICHARD

Resident Signature: David Rich

Resident Name: ARTHUR ROBERT

Resident Signature: Arthur Robert

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)