

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
upgraded modern dining room floor + hall	\$9600	
upgraded floor design lobby area	\$2400	
upgraded 1st + 2nd floor Resident halls	8400	
additional w/c ramp for backyard enjoyment	\$8800	
Paint for dining room redesign	698.50	
Resident clothing allowance		5285.82
new table cloths for dining enhancement		3000.00
<b>Total Requested Per Funding Source</b>	<b>29,898.50</b>	<b>29,898.50</b>
<b>Total Funding Requested</b>	<b>59,797.00</b>	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Robert D'Amrosi (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Wavecrest Assisted Living (name of facility), 590-F-301 (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: Robert John D'Amrosi

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 Name: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_  
 Resident Signature: \_\_\_\_\_  
 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
upgraded Resident bedding comforters		2854.50
plastic tablecloth coverings		2500.00
Dining room artwork to enhance quality of care		500.00
Recreation Supplies		1000.00
Outside Entertainers		2000.00
New TV'S for Resident Rooms		2000.00
Culinary events		5000.00
<b>Total Requested Per Funding Source</b>	29,898.50	29,898.50
<b>Total Funding Requested</b>	59,797.00	

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: \_\_\_\_\_

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Resident Name: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_  
 Resident Signature: \_\_\_\_\_  
 Resident Signature: \_\_\_\_\_

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(see page 1)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
<i>higher quality meats for menu enhance.</i>		<i>5758.18</i>
<b>Total Requested Per Funding Source</b>	<i>29,898.50</i>	<i>29,898.50</i>
<b>Total Funding Requested</b>	<i>59,797.00</i>	

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 \_\_\_\_\_ (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 Name: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_  
 Resident Signature: \_\_\_\_\_  
 Resident Signature: \_\_\_\_\_

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**

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