

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
Resident room upgrades; incl floors, painting, bathroom fixtures; aesthetic and/or structural facility upgrades; outdoor and indoor	\$23,766.50	
Resident program expenses; exercise program, cultural, recreational and leisure events, educational and entertainment resources		\$4,000.00
Resident gardening supply; flowers, plants, seed and equipment for resident gardening/seating area, and outdoor recreational activity items		\$1,000.00
Resident room television entertainment system package maintenance, wiring, and WiFi equipment upgrades as needed for all resident rooms		\$15,000.00
Resident outings; shows, excursions, and community events		\$3,766.50
<b>Total Requested Per Funding Source</b>	\$23,766.50	\$23,766.50
<b>Total Funding Requested</b>	\$47,533.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Earl Davis (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Madison York Assisted Living Community, LLC (name of facility), 590-F-320 (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: Earl Davis

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)**