

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
Free Internet for Residents		\$ 6,000.00
Food, Parties, entertainment, + Residual events for Residents		\$ 22,000.00
Furniture + TV's for Resident Rooms	\$ 10,000.00	
Indoor + outdoor Furniture for Residents	\$ 20,000.00	
New AC Units for the rooms	\$ 10,000.00	
<b>Total Requested Per Funding Source</b>	\$ 40,000.00	\$ 28,000.00
<b>Total Funding Requested</b>	\$ 68,000.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Ronald Thiel, President (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Lakeside Manor (name of facility), 610-F-057 (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: Ronald Thiel, President

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)**