

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 |
|---|---|--|
| CLOTHING ALLOWANCE | | \$20,767.00 |
| LOUNGE FURNITURE INCLUDING: LOVESEATS, CHAIRS, TABLES | | |
| SIDE TABLES, STORAGE CABINETS, TV'S AND RECREATION | | |
| SUPPLIES. THE ESTIMATED COST OF THE PROJECT IS \$30,000 | | |
| MARINERS RESIDENCE WILL COVER ANY REMAINING | | |
| BALANCE NOT SUPPORTED BY THE GRANT FUNDING | \$20,767.00 | |
| | | |
| Total Requested Per Funding Source | \$20,767.00 | \$20,767.00 |
| Total Funding Requested | \$41,534.00 | |

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Joseph LaGrecia (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for MARINERS RESIDENCE (name of facility), 610-F-066 (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: Joseph LaGrecia

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)