

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
Chairs, Laundry Machines	700.00	
Restaurant Outing		700.00
Professional Knitting Classes		700.00
Ferry or Boating Trip		700.00
Freezer	700.00	
New Movie TV/Projector	<del>700.00</del> 2,100.00	
<b>Total Requested Per Funding Source</b>	2,100.00	2,100.00
<b>Total Funding Requested</b>	4,200.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Rachel Sadek (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: Rachel Sadek

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: Rachel Sadek  
 Resident Name: JOHN LOEB  
 Resident Name: JANET LEVINSON ROTH

Resident Signature: Rachel Sadek  
 Resident Signature: John Loeb  
 Resident Signature: Janet Levinson Roth

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