

**EQUAL 2025-2026 Proposed Spending Plan**

**Summary Budget**

This form must be used by applicants to provide 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
Upgrade Main entrance, Recreation room doors with full safety glass with bell and chime mechanism	\$ 7,265.00	
Upgrade LED Lightings throughout the resident area's (rooms and common areas)	4,210.50	
Improve safety and security oversight by installing Camera System	3,523.00	
Upgrade Recreation Games and Entertainment Equipment (i.e., Flat screen TV, Xbox, Google Satellite App)		\$ 2,000.00
Outdoor trips, Picnic and Transportation		\$ 2,000.00
Upgrade Resident beddings		\$ 4,000.00
Residents Clothing (thru Gift Cards)		\$ 6,998.50
<b>Total Requested Per Funding Source</b>	<b>\$14, 998.50</b>	<b>\$14,998.50</b>
<b>Total Funding Requested</b>	<b>\$ 29,997.00</b>	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Paul Mortillo (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Green Hills Home for Adults (name of facility), 620-F-038 (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: Paul P. Mortillo

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Green Hills (name of facility) 620-F038 (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)**