



The Splendid

Attachment 1

EQUAL 2025-2026 Proposed Spending Plan

Summary Budget

This form must be used by applicants to provide detailed budget justification. For 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
AECOJOT 8x5 Gazebo Outdoor Pergola for Patio freestanding	\$329.00	
Heavy Duty Outdoor Metal Bench (6ft inground with back, Black)	\$431.16	
Tsunami 161 galloon 96"Lx18"Wx24"H Rectangle Aquarium and supplies (filter, lighting, heater, decorations and fish)	\$6500.00	
Karaoke Machine for Adults		\$596.05
Pool table with pool cues, pool sticks and billiard balls		\$965.46
Activity Trips		\$1000.00
Activity Supplies		\$1264.49
Clothing Allowance Will be provided to all eligible residents consistent with EQUAL requirements by providing such eligible residents with gift cards from Target because this store is close by and sells clothing as well as has an online point of sale.		\$50. X 30 \$1500.00
Total Requested Per Funding Source	\$6326.00	\$6326.00
Total Funding Requested		\$12, 652.00

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Alice Neubauer (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Splendid of Spring Valley (name of facility), 620.F.091 (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: Alice Neubauer

- 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)