

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
Purchase of Polywood outdoor furniture for community gardens	\$1,314.00	
Purchase of a new recliner chair for an SSI/SSP recipient whose current chair is not comfortable for him		\$328.50
Clothing and bedding allowances for 3 Medicaid recipients		\$985.50
Total Requested Per Funding Source	\$1,314.00	\$1,314.00
Total Funding Requested	\$2628.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Edward Kurzik (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Ingersoll Place (name of facility), 650-E-007 (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: Edward Kurzik

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)