

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
New flooring in resident rooms, porch, and back resident area - floors are in a good state of repair + condition, however residents would like something newer + nicer to enhance the quality of these rooms - The rooms currently have linoleum or carpet and residents would like the wood flooring look inside - Better quality living experience by having newer/nicer looking to meet their preferences	30,000	
	—	
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	—	
Upgrades to bedroom windows - windows are in fine working order but a little dated - residents would like something a little newer and nicer looking and meet their preferences to enhance the comfort of their bedrooms	7,000	
	—	
	—	
Total Requested Per Funding Source	see pg 3 for totals	
Total Funding Requested	see pg 3 for totals	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (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.

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Marchant at Shuman Springs (660 F-053) (name of facility). 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: Susan Chidester
 Resident Name: Mark Watters
 Resident Name: Sue-Ann Karker

Resident Signature: Sue Chidester
 Resident Signature: Mark Watters
 Resident Signature: Sue-Ann Karker

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Lighting upgrades TO back patio area ^{TO illuminate area for extended enjoyment}	7,000	
upgraded Soap/Sanitizer Dispenser for bathrooms and hallways	1,172	
Water Cooler and Supplies		5,000
upgraded Food menu items - for higher quality food TO serve TO residents at meals/backS		15,000
upgraded Laundry Supplies - ^{TO use instead of industrial detergent for fresh-clean clothes}		2,000
upgraded Personal Care items - ^{Name brand Soaps/Sharps - body wash - lotions - brushes - TO have available if residents needs}		2,000
	—	
Total Requested Per Funding Source		
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (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.

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Marchant at Sharon Springs (1660-F-053). 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: Susan Chidester
 Resident Name: Marta Wozicki
 Resident Name: Sue-Ann Karber

Resident Signature: Sue Chidester
 Resident Signature: Marta Wozicki
 Resident Signature: Sue-Ann Karber

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Upgraded / Newer Linenware - Cups - Bowls - Plates - Silverware - TO Enhance Dining		5,000
ACTIVITY SUPPLY - Events - programs - Outings		—
ETC - TO Enhance residents quality of life		16,172
Total Requested Per Funding Source	45,172	45,172
Total Funding Requested	90,344	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (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.

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Marshall at Sham, Spring (1660-F-053). 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: Sue Ann Childster
 Resident Name: Mark Wojcik
 Resident Name: Sue Ann Karber

Resident Signature: Sue Childster
 Resident Signature: Mark Wojcik
 Resident Signature: Sue Ann Karber

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)