

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 |
|--|---|--|
| Paint, patch all walls, Trim, ceiling in sitting room (Room for all residents) | \$ 1400                                     |  |
| Paint, patch all walls, Trim, ceiling in Dining Room                           | \$ 1,400                                    |  |
| New TV For sitting room for all residents (to share)                           |   | \$ 750                                   |
| New Comforter sets for residents (beds bedding)                                |   | \$ 600                                   |
| Clothing for residents   |   | \$ 800                                   |
| Specialty dinner (take residents out) (2800)                                   |   | \$ 500                                   |
| <b>Total Requested Per Funding Source</b>                                      | <b>2657</b>                                 | <b>2650</b>                              |
| <b>Total Funding Requested</b>   | <b>\$ 5314</b>                              |  |

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, John P. Collins (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Chocoma Valley Home For Adults (name of facility), 690-F-031 (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: John P. Collins

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 Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

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