

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
UPGRADE ALARM SYI	9500	
UPGRADE SPRINKLER SYI	5700	
OUTDOOR PATIO/GAZEBO FOR RESIDENCY	17000	
COUCHES IN TV ROOM UPON RESIDENCY REQ	4857	
OUTDOOR FURNITURE UPON RESIDENCY REQ	3500	
Total Requested Per Funding Source	30557	
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, DANIEL SHIPMAN (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for BRENTWOOD ADULT HOA (name of facility), 700-F-013 (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: X D.C. Shipman

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)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
CLOTHING FOR RESIDENTS		6000-
LAWN GARDENING PROJECT		11057-
HOLIDAY BBQ & OUTINGS		3900-
NUTRITIOUS SNACKS & FRESH FRUIT		6000-
ENTERTAINMENT & EXERCISE INSTRUCTORS		3000-
Total Requested Per Funding Source		30557
Total Funding Requested	61114	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, DANIEL SHIPMAN (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for BRENTWOOD ADU 119 (name of facility), 700-F 013 (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: D.C. Shipman

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)