

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 FENCE FOR SAFETY FOR RESIDENTS	9000.	
NEW COUCHES IN SITTING AREA	3500	
PAINTING RESIDENTS ROOMS	7500-	
BATHROOM FOR RESIDENTS INSTALLING SHOWER	6572.	
OUTDOOR PATIO/GAZEBO FOR RESIDENTS	4300	
TV IN RESIDENTS ROOMS INCLUDING CABLE-WIFI	5000	
<b>Total Requested Per Funding Source</b>	<b>35872</b>	
<b>Total Funding Requested</b>		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, WILLIAM TOOKER (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for MAPLE RES HOME (name of facility), 700-F-146 (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: [Signature]

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 -
HOLIDAY BBQ & OUTINGS		4500 -
SNACKS & REFRESHMENTS		4600 -
LAWN GARDENING PROJECT		9500 -
NEW A/C FOR RESIDENCES		2500 -
COMFORTERS & BEDDINGS		5172 -
ENTERTAINMENT & EXERCISE INSTRUCTORS		3600 -
Total Requested Per Funding Source		35872
Total Funding Requested	\$71744	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, MILLIAN TOOKER (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for NARLE RFS HOE (name of facility), 700-F-146 (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 [Signature]

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)**