

EQUAL 2025-2026 Proposed Spending Plan

Summary Budget

This form must be used by applicants to provide 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
Resident Holiday Party, Ice Cream Truck, Entertainment, Resident Trips, Exercise, and Enhance Recreation Supplies			\$ 12,806.00
Awning Upgrade Replacement		\$ 4,899.38	
Upgrade Resident Room temperatures in Unit A-Down by installing boards on the walls with insulation.		7,906.62	
Total Requested Per Funding Source		\$12,806.00	\$12,806.00
Total Funding Requested		\$ 25,612.00	

- **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Alice Mcateer (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for (name of facility), Woodhaven Home for Adults (operating certificate) 700-F-905, and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

Resident Council Representative Signature: 

- **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)