

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
Ptaz Unit replacement / Ac	\$15,344	
Painting / Carpeting	\$6,000	
Outdoor Activities: Family Day.		\$8000
Prize, gift, food truck, ice cream truck - music + ^{Trip} outings - museum shows.		
Resident Entertainment (singers, parties, casino gifts, prizes		\$13,344
Total Requested Per Funding Source		
Total Funding Requested		

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Sister Mary L. Innes (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Braemar Assisted Living (name of facility), 700-E-921 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.
Medford

Resident Council Representative 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)