

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 the WiFi system to provide	18,344.00	
faster, stronger, & more reliable connectivity		
throughout the residence.		
Recreation/Leisure supplies, events, & outings		18,344.00
Total Requested Per Funding Source	18,344.00	18,344.00
Total Funding Requested	36,688.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Carol Brassel (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for ACS Ambercourt of Smithton (name of facility), 700-F-945 (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: Carol Brassel

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at ACS (name of facility), 700-F-945 (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: Jane Stewart

Resident Signature: Jane Stewart

Resident Name: Catherine A. [unclear]

Resident Signature: Catherine [unclear]

Resident Name: Victoria [unclear]

Resident Signature: Victoria [unclear]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)