

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
Upgrading windows to modern windows to allow residents to remain independent & be able to open & close them regardless of physical limitations.	23,914.50	
Holiday Parties		4500
Holiday Gifts		4,000
Health & Hygiene Products		1000
Improvements in food quality		1500
Newspaper Subscription		1500
Clothes for residents		494.50
Total Requested Per Funding Source	23,914.50	23,914.50
Total Funding Requested	\$47,829	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for _____ (name of facility), _____ (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: _____

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Slippery Rock Garden (name of facility), 700-F-963 (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: Patrick DeStasio
 Resident Name: Thomas Facatselis
 Resident Name: Allison DeMars

Resident Signature: Patrick DeStasio
 Resident Signature: Thomas Facatselis
 Resident Signature: Allison DeMars

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Recreation		3,000
Leisure events		4,000
Transportation to leisure events		900
Convenience items = Batteries, Stamp Paper for computer etc.		350
Training for Staff		\$ 170
New Mattresses that are above/beyond Requirements		1000
Carpets for resident Room		1500
Total Requested Per Funding Source	23,914.50	23,914.50
Total Funding Requested	\$ 47,829	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for _____ (name of facility), _____ (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: _____

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at 1 Sup Pear 1 Garden (name of facility), 700-F-963 (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: David Rugg
 Resident Name: Lutesha Biggs
 Resident Name: Elena Villani

Resident Signature: [Signature]
 Resident Signature: [Signature]
 Resident Signature: [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)