

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
20 steel chrome leg chairs (cauldron)	9,980	
23 steel chrome leg chairs (steel)	11,477	
12 ganging brackets	389	
delivery/install chairs	300	
Monthly entertainer		2,400
dance classes		1,200
freestanding portable gazebo		1,000
<b>Total Requested Per Funding Source</b>		
<b>Total Funding Requested</b>		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Patricia Sebastiani (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Splendid @ Hind (name of facility), 740-F-084 (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: Patricia Sebastiani

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: Pa Resident Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**

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
natural / memory garden		10,000
transport (monthly outings)		1,200
garden supplies (veg & flower)		1,000
Monthly ceramics		1,200
parakeets & supplies		2,500
activity supplies / Bingo prizes		2,642
<b>Total Requested Per Funding Source</b>	22,142	22,142
<b>Total Funding Requested</b>	44,284	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Patricia Defiani (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Splendid @ Hill (name of facility), 57 (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: Patricia Defiani

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)**