

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
Industrial Washer x 2, Industrial dryer x 2 New dining room tables x 9, New dining room chairs x 45 enhanced resident cable (upgrade)	17,568.50	
Enhanced resident rooms, Activity Enhancements, Outings, Cultural food activities, Entertainment		17,568.50
Enhanced resident rooms: new shades or curtains, new bedding, furniture, paint and wall paper (1500 PR x 35 rooms)		(5700.00)
Activity room enhancements: new flooring, new curtains, paint, replacing all supplies, a new DVD player, new furniture		(3000.00)
Outings - annual cruise in Lake George, fall foliage train ride, antique car show, museum trips, Christmas lights in the park, fair, whatever pops up over the summer		(3568.50)
Cultural food activities - food trucks (would present food variations), ice cream trucks, themed birthday parties every month, carnival or like then resident/family picnic - they would like to incorporate entertainment into picnic		(5000.00)
<b>Total Requested Per Funding Source</b>	17,568.50	17,568.50
<b>Total Funding Requested</b>	35,137.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Millard Osborne Cole (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Mansion at South Union (name of facility), 760-F-D12 (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: Millard Osborne Cole

- 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 Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

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