

SFS number 1100119586

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
walmart Gift Cards - with stipulation for no tobacco, alcohol or firearms. cards to be used for clothing, crafts, snack options		35 @ 2350 = 25250
Bedding, including but not limited to, Blankets, mattress protectors <i>memory foam pillows, sheets</i>		8500
steep system Keurig coffee maker + year of supplies		4500.50
updating gaming area including pinball, skeet ball, board games, p-zzler catered meals, trips, transportation, entertainment monthly, seasonal books		31,700
Upgrade remainder of window Air conditioning units in rooms hallway upgrades to restrooms including paper dispensers, storage units upgrade Automated front security door & installation	46,500.50	
Total Requested Per Funding Source	46,900.50	46,500.50
Total Funding Requested		

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Doris Brockway (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Argyle Center for Independent Living (name of facility), 700-E-016 (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: *Doris Brockway*

- 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)

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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
Amended spending plan to include page #1		
and modifications on page #2 from email 2/17		
Current sheets are a stiff cotton, pillows have plastic coverings. Current blankets are not thick several need to be used		
A higher thread count sheet set, memory foam pillows and comforters are being requested.		\$5000 —
Total Requested Per Funding Source		
Total Funding Requested		

○ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Doris Brockway (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Argyle Center (name of facility), 760-F-016 (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:  2-25-26

○ **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)