

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
Bedding Upgrades	\$3,729.00	
Landscaping and Snow Plow Vendor	\$13,000.00	
winter exterior aesthetic & landscape maintenance		
Resident Entertainment		\$13,200.00
Resident Trips		\$3,529.00
Total Requested Per Funding Source	\$16,729.00	\$16,729.00
Total Funding Requested	\$33,458.00	

○ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Kevin Dunne (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Sentinel of Michigan Lake (name of facility), 800-F-2013 (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: Kevin Dunne

○ **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)