

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
Upgrade/Increase to recreation supplies, games, out of facility trips, sit down dinners, parties, bingo, decorations, televisions, television service and movies		17000 <sup>00</sup>
Resident clothing allowance		2927.50
Building HVAC upgrades to resident spaces including resident rooms and common areas	10,000 <sup>00</sup>	
Upgrades to resident rooms for modernization of <sup>Windows</sup> winds to regulate temperature and drafts to resident rooms	9927.50	
<b>Total Requested Per Funding Source</b>	19927 <sup>50</sup>	19927 <sup>50</sup>
<b>Total Funding Requested</b>	\$ 39855. <sup>00</sup>	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, John Walsh (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Crestview Manor (name of facility), 800-F-129 (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: [Signature]

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Crestview Manor (name of facility), 800-F-129 (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: Joseph Cassidy  
 Resident Name: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_

Resident Signature: [Signature]  
 Resident Signature: \_\_\_\_\_  
 Resident Signature: \_\_\_\_\_

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