

EQUAL 2024-2025 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
Dining Room Expansion- Removal of wall and new wall built to expand size of dining room to accommodate larger social gatherings and activities	\$8,000	
Upgraded tables and chairs to fill the new expansion space.	\$2,000	
Salon/ Barber Space for residents to receive salon and barber services- includes new flooring, lighting, ceiling tiles, paint, barber chair, vanity and sink	\$2,000	
Upgraded furniture for Peacock lounge	\$3,927	
Activities- Entertainers, party supplies, resident gifts, snacks and food, clothing		\$7,000
Technology for the residents- computer, tablets, TV's, Speakers etc.		\$3,000
Food- Food trucks, catered meals, food items normally not on menu		\$5,927
<b>Total Requested Per Funding Source</b>	\$15,927	\$15,927
<b>Total Funding Requested</b>	\$31,854	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Constance Loomis (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Shire Senior Living (name of facility), \_\_\_\_\_ (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

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 2024-2025 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: Constance M Loomis Resident Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

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

APPROVED  
2024-2025  
EQUAL

Digitally signed by  
APPROVED 2024-2025  
EQUAL  
Date: 2025.02.10 14:55:41  
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