

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
Box Springs + mattresses	13,382.00	
(2) 65" smart TV for common areas		1,100.00
(10) 45" room TV's		1,620.00
Quad-Band mesh Wi-Fi 7 for resident rooms		6,000.00
Patio tables + chairs		4,462.00
New sound system in dining rooms		200.00
Total Requested Per Funding Source	13,382.00	13,382.00
Total Funding Requested	26,765.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Eugene Ericson (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Hillcrest Spring RAC (name of facility), 380-F-043 (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: _____
 Resident Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED

2024-2025 EQUAL

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.13 09:52:37
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