

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
NEW COMMON AREA FURNITURE	8,292	
DINING ROOM UPGRADES	2,000	
COMPUTERS FOR RESIDENTS	2,500	
CULTURAL EVENTS (ON AND OFF SITE)		12,792.00
Total Requested Per Funding Source	12,792.00	12,792.00
Total Funding Requested	\$ 25,584	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, JANINE SMITH (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for 500-F-099 (name of facility), RANSOMING MANOR (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

Janine Smith 1/24/25

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 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 11:57:23 -05'00'