

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
upgraded furniture in living room for lounging and activities for resident comfort	8,000	
Resident request Replacement of resident toilets - more efficient toilets upgraded to newer	7,000	
Replacement of back exit door to light up automatic door to ease resident capability of opening door	5,000	
New flooring in living room + resident rooms	16,863.50	
Water Cooler + Supplies		4,000
upgraded food menu items		10,000
upgraded Laundry Supplies - Installed of the industrial detergent - requesting laundry Pals - for extra cleaner clothes		2,000
Total Requested Per Funding Source	See Page 2 For Totals	
Total Funding Requested	See Page 2 For Totals	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, _____ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for _____ (name of facility), _____ (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SPP/SN residents' priorities.

RESIDENT PETITION IN SUPPORT: We, the undersigned, are SSI/SPP/SN recipients residing at Marchant at Sharon Springs (660-5-053). 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: Carolyn Martley
 Resident Name: Susan Chidester
 Resident Name: myrna winday

Resident Signature: Carolyn Martley
 Resident Signature: Susan Chidester
 Resident Signature: Myrna Winday

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED

2024-2025 EQUAL

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.10 13:09:42 -05'00'

①

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
upgraded personal care items		1,000
upgraded Linens		2,500
ACTIVITIES (Supplies, events, programs, outings, etc) TO enhance quality of life		17,363.50
Total Requested Per Funding Source	36,863.50	36,863.50
Total Funding Requested	73,727	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, _____ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for _____ (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.

RESIDENT PETITION IN SUPPORT: We, the undersigned, are SSI/SSP/SN recipients residing at Mardian at Sharon Springs (1660 F-053). 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: Carolyn Markle
 Resident Name: Susan Chedester
 Resident Name: Nyma Wilday

Resident Signature: Carolyn Markle
 Resident Signature: Susan Chedester
 Resident Signature: Nyma Wilday

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

**APPROVED
 2024-2025
 EQUAL**

Digitally signed by
 APPROVED 2024-2025
 EQUAL
 Date: 2025.02.10 13:09:58
 -05'00'

(2)