

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
Menu Upgrade - \$500.00 Monthly		\$18,000.00
Cable, Internet, Wi-Fi \$500.00 Monthly		\$6,000.00
New Linen, Blankets, Pillows, Towels		\$5,500.00
Outdoor Patio Remodeling, New Furniture, B-BQUB		\$10,000.00
Upgrading Furniture, in Several Bedrooms	\$20,000.00	
Lighting and Remolding in Room Getting ^{NEW} Furniture	\$20,000.00	
Total Requested Per Funding Source		
Total Funding Requested		\$79,500.00

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Marsha Mullane (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for MANORHAVEN (name of facility), 70-1096 (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 _____ (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: [Signature]
 Resident Name: Melody Tracy
 Resident Name: PAUL CANALE

Resident Signature: [Signature]
 Resident Signature: Melody Tracy
 Resident Signature: Paul Canale

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

Marsha Mullane

Marsha Mullane