

## 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
Installation of kitchen cabinets purchase with 2023-24 Budget Includes electrical work/permit.	\$ 13,000.00	
Create additional outdoor space with BBQ area for summer enjoyment	6,000.00	
Purchase of café table sets to promote independence and work seating for residents including adding bench seating to back dining room to create additional TV room experience.	4,347.00	
Continuance of Monthly birthday and holiday parties, vegetable and sensory gardens, quiz/game night with cash prizes (increase to twice a month), streaming services subscriptions, maintenance of wifi speeds, resident gifts and clothing allowances (resident request gift cards for food and shopping experiences), improve menu choices.		\$ 17,000.00
Upgrading of resident rooms – paint, window treatments, décor, incontinence bedding		4,047.00
Residents request purchase new couches for TV room due to incontinence accidents		2,300.00
<b>Total Requested Per Funding Source</b>	\$ 23,347.00	\$ 23,347.00
<b>Total Funding Requested</b>	\$ 46,694.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Teresa Merola (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Lincoln Rest Home (name of facility), 810-F-000 (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 Lincoln Rest Home (name of facility), 810-F-000 (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: Teresa Merola

Resident Name: Lisa C. Payer

Resident Signature: Teresa Merola

Resident Signature: Lisa C. Payer

APPROVED 2024-2025

EQUAL

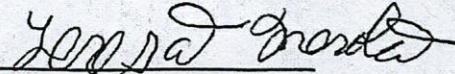
Digitally signed by APPROVED 2024-2025

EQUAL

Date: 2025.02.10 12:54:05 -05'00'

EQUAL 2024-2025 Proposed Spending Plan

Resident Name: Teresa Merola

Resident Signature: 

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