

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
LUXE GUEST CHAIR- GREEN X3 - WELLNESS UPGRADE	\$2,778.09	
LUXE PERSONAL TABLE X2 - WELLNESS UPGRADE	\$624.74	
WELLNESS CENTER ACCESSORIES UPGRADE	\$532.71	
WHIRLPOOL 30" FREEZER FOR RESIDENTS RECREATION ROOM UPGRADE	\$2,348.96	
PATIO TABLES & CHAIRS FOR OUTDOOR UPGRADE	\$10,583.34	
LG 65" SMART TV FOR DINING ROOM UPGRADE	\$1,927.85	
GE ELECTRIC RANGE STAINLESS STEEL STOVE RECREATION ROOM UPGRADE	\$2,278.96	
Total Requested Per Funding Source		
Total Funding Requested		

o **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.

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: 2025.02.19 10:17:37 -05'00'

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
HP WIRELESS PRINTER FOR RECREATION ROOM UPGRADE	\$439.98	
BOSCH MICROWAVE STAINLESS STEEL RECREATION ROOM UPGRADE	\$1,249.97	
CLOTHING ALLOWANCE FOR RESIDENTS		\$18,000
CULLINARY EVENTS FOR RESIDENTS		\$4,000
HP DESKTOP COMPUTER FOR RECREATION ROOM UPGRADE		\$892.74
Total Requested Per Funding Source	\$22,764.60	\$22,892.74
Total Funding Requested	\$45,657.34	

o **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.

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: VICTORIA SOOKRAM
 Resident Name: ENID SPRUELL
 Resident Name: JEAN SPENCER

Resident Signature: *Victoria Sookram*
 Resident Signature: *Enid Spruell*
 Resident Signature: *Jean Spencer*

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025 EQUAL

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.19 10:19:01 -05'00'