

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
Heating/Cooling Upgrades	\$8,000	
Window Treatments	\$3,000	
Benches/Resident Furniture	\$4,441.50	
Linens/Resident Bedding/Pillows		\$3,000
Activity Enhancements, Specialty Food		\$12,441.50
Entertainment, outings, holiday		
Total Requested Per Funding Source	\$15,441.50	\$15,441.50
Total Funding Requested	\$30,883	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Helena Meizlik (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Avalon (name of facility), 230-F-068 (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 Avalon (name of facility), 230-F-068 (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: Marsha Galvin
 Resident Name: William Stephens
 Resident Name: Nandar Boreasi

Resident Signature: Marsha Galvin
 Resident Signature: William Stephens
 Resident Signature: Nandar Boreasi

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025 EQUAL
 Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.19 12:32:05
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