

Hyde Park Assisted Living Facility

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
Upgrade Exterior Entrance Automatic Door	22,647.50	
Upgrade Meals including Fresh fruit.		15,000.00
Upgrade Bedding (Blankets)		7,647.50
Total Requested Per Funding Source	22,647.50	22,647.50
Total Funding Requested	\$ 45,295.	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Samuel M. Brown (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Hyde Park Assisted Living (name of facility), 220-F-282 (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 Hyde Park Assisted Living (name of facility), 220-F-282 (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: William P. Amatore
 Resident Name: Amnet Abramson
 Resident Name: Marion Canning

Resident Signature: [Signature]
 Resident Signature: [Signature]
 Resident Signature: [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED 2024-2025
 EQUAL

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.13 10:04:20 -05'00'