

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
Upgraded modern lounge furniture (Love seat and two chairs) Furniture will be easier for residents to transfer out of.	\$ 5372 ⁰⁰	
Resident + Family Party + Evening		\$ 2696.25
Resident Special Event (prim/dance)		\$ 2696.25
Total Requested Per Funding Source	\$ 5392 ⁰⁰	\$ 5392 ⁰⁰
Total Funding Requested	\$ 10,785 ⁰⁰	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Tammy Mardocco (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Eldwood Terrace (name of facility), 240-F-890 (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: Tammy Mardocco
 Resident Name: _____
 Resident Name: _____

Resident Signature: *Tammy Mardocco*
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

* Resident Council President.

APPROVED

2024-2025 EQUAL

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.13 09:43:25 -05'00'