

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
Replace worn/stained first-floor flooring in resident common areas and corridors and repaint affected walls/trim. The existing flooring shows visible wear and staining in high-traffic resident areas and the current paint is Cont.page2	17,652	
Recreational/Leisure supplies, events and		17,652
Total Requested Per Funding Source	17,652	17,652
Total Funding Requested	35,304.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2025-2026 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.

Resident Council Representative Signature: _____

- * **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Amber Court of Alton Gardens (name of facility), 020-F-817 (operating certificate #). We have reviewed the Proposed EQUAL 2025-2026 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: Martina Gallegos Resident Signature: [Signature]
 Resident Name: [Signature] Resident Signature: [Signature]
 Resident Name: [Signature] Resident Signature: [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)