

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 7 passenger van for residents	20,000	
upgrade tables-chairs for dining room	2,586.00	
upgrade craft art supplies, bingo prizes, resident entertainment holiday parties. fish tank food take-out deliveries.		15,000
Gift cards 200.00 apiece x 24 residents		4,800
upgrade sheets, pillows, comforters		2,786
Total Requested Per Funding Source		22,586.00
Total Funding Requested	45,172.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Lory Kiffin (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Southern Tier Meadows (name of facility), 060-E-038 (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: Lory Kiffin

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Southern Tier Meadows (name of facility), 060-E-038 (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: David Sharts Resident Signature: David Sharts
 Resident Name: Mary Labouna Resident Signature: Mary Labouna
 Resident Name: Barbara W. O'Hara Resident Signature: Barbara W. O'Hara

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)