

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
Resident activities, recreation trips, resident parties, resident events, + transportation		22458.50
modernization of generator (Reliable lighting in common areas, power to outlets for essential medical equipment, power for resident services/activities)	15000. ⁰⁰	
Beautify/improve outdoor space	5000. ⁰⁰	
Replace/update shower heads in resident showers	2458.50	
Total Requested Per Funding Source	22458.50	22458.50
Total Funding Requested	44917. ⁰⁰	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Helena Meilik (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Avalon Assisted Living (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.

Resident Council Representative Signature: *Helena Meilik*

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 2025-2026 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: *Helena Meilik* Resident Signature: *Helena Meilik*
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)