

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 item as it relates to the resident's needs, and explanation of how costs were determined. Additional pages may be added but must adhere to the format and include the Resident Council Representative Approval or Resident Petition in Support.

Budget Line Items	Capital Project Funds Requested	Local State/County Requested
Activity Enhancements Entertainment Services/Events Resident Bedding Upgrade	1,220.00	500.00
Dining Room Upgrade	2,500.00	
Room Upgrade	2,500.00	
Janitorial Services	8,270.50	
Vocational Training	2,500.00	
Total Requested Per Funding Source	15,110.50	5,170.50
Total Funding Requested	20,281.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, [Signature] no [Signature] of representative(s), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for [Facility Name] (name of facility). I agree that the proposed use of these funds is consistent with the priorities of the facility.

Resident Council Representative Signature: [Signature]

RESIDENT PETITION IN SUPPORT: We, the undersigned, are SSI/SSP/1915(c) recipients residing at [Address] (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 the priorities of the facility.

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

RESIDENT PETITION IN SUPPORT SIGNATURE(S)