

EQUAL 2024-2025 Proposed Spending Plan

**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
new wardrobe closets	\$18,109.50	
entertainment / activities classes		\$18,109.50
<b>Total Requested Per Funding Source</b>	\$18,109.50	\$18,109.50
<b>Total Funding Requested</b>	\$36,219.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, GiovanNa Susca (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Norwegian Assisted Living (name of facility), 331-E-030 (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 NCH ALP (name of facility), 331-E-030 (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: GiovanNa Susca  
 Resident Name: BARBARA FORESTI  
 Resident Name: ANN FORD

Resident Signature: GiovanNa Susca  
 Resident Signature: Barbara Foresti  
 Resident Signature: Ann Ford

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**