

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
Bedroom Furniture/ Bedding/ Decor: We will be replacing existing furniture. The current furniture is aging and showing signs of wear that affect comfort and appearance. The furniture being replaced is located in resident rooms. It is worn and outdated due to normal wear and tear from daily use. New furniture will improve resident comfort, safety, and dignity. It will provide better support, be easier to clean, and create a more welcoming and homelike atmosphere in residents' personal living spaces.	\$8,000.00	
Air Conditioning Units	\$3,000.00	
Improvement in Food Quality		\$4,000.00
Resident Room Renovation: The existing flooring in resident rooms is worn and shows signs of age, including visible wear and staining. New flooring will improve safety, cleanliness, and overall appearance. It will provide a more comfortable and well-maintained environment, supporting resident mobility and daily living in their private rooms.	\$5,000.00	
Recreational / Leisure Events		\$2,000.00
Total Requested Per Funding Source	\$16,000.00	\$16,000.00
Total Funding Requested	\$32,000.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Stuart Raffle (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Signature Senior Living (name of facility), 331-F-022 (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: Stuart Raffle

- 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: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)