

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
As per residents request, residents will receive money to be used for their own personal needs.		\$19,498.00
Continue to refurbish and decorate resident rooms and common areas (eg. lobby, lounges, dining room, elevator....) to make the spaces look more aesthetically pleasing and home like.	\$19,498.00	
Total Requested Per Funding Source		
Total Funding Requested		

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Michael Brown (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for President of Council (name of facility), Melmaro Manor (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: Michael Brown (President of Resident Council)

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Melmaro Manor (name of facility), 331F 276 (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: Rosalie Richardson Resident Signature: JEFFREY LONDON
 Resident Name: Barbara Kane Resident Signature: Jose R. Ramirez Santiago
 Resident Name: Hebbie Fernando Resident Signature: J. CAMPBELL

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)