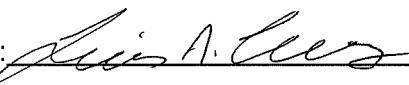


Summary Budget

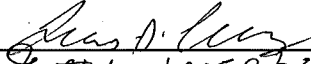

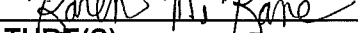
This form must be used by applicants to provide a detailed budget justification. For each line item provide a full description of the item, justification of the need for the item as it relates to the resident priorities identified, and explanation of how costs were determined. *Additional pages may be 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
Purchase and installation of Air Conditioners for all Residents rooms	\$15,460.00	
Continue with special Culinary events for all residents,enhancing		
-dining experience		10,460.00
Purchase Comforters for residents' rooms		5,000.00
Type text here		
Total Requested Per Funding Source		
Total Funding Requested	\$30,920.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Luis Cruz (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Kings Adult care center (name of facility), 331-F-281 (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: 

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Kings Adult care center (name of facility), 331-F-281 (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: Luis A. Cruz Resident Signature: 
 Resident Name: GRACIE WILLIAMS Resident Signature: 
 Resident Name: KAREN M. KANE Resident Signature: 

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)