


Summary Budget

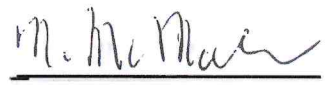
This form must be used by applicants to provide a detailed budget justification. For each line item provide a full description of the item, justification of the need for the item as it relates to the resident priorities identified, and explanation of how costs were determined. *Additional pages may be 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
Resident Clothing Allowance		\$17,900
Broadway Shows/Entertainment Admission		\$2,036.50
TRIP Transportation		\$600
Dining Room chairs/Furniture	\$20,536.50	
The existing chairs are showing signs of faded upholstery, worn out cushions, and chipped wooden frames. The new chairs would provide better support and comfort and would be easier for our residents to get in and out of the chairs, reducing fall risks. In addition, the chairs are too low making it tough for our residents to stand up without assistance.		
Total Requested Per Funding Source	\$20,536.50	\$20,536.50
Total Funding Requested	\$41,073	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Joel Young (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Brooklyn Boulevard ALP (name of facility), 331-5-014 (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 Brooklyn Boulevard ALP (name of facility), 331-5-014 (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: Michael McMahon Resident Signature: 
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)