

**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
upgraded/ nicer linen		1000
Activities (events, supplies, etc.)		5,230
Washing machine that residents will have direct access to	2,000	
New furniture for Resident rooms (upgraded)	4,230	
<b>Total Requested Per Funding Source</b>	<b>6,230</b>	<b>6,230</b>
<b>Total Funding Requested</b>	<b>12,460</b>	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, \_\_\_\_\_ (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for \_\_\_\_\_ (name of facility), \_\_\_\_\_ (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 Woodcrest (name of facility), 370-6-198 (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: Sharon Burr  
 Resident Name: Annette Cathy  
 Resident Name: Brenda Casey

Resident Signature: [Signature]  
 Resident Signature: [Signature]  
 Resident Signature: [Signature]

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