

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
Flooding in room 328 to be replaced due to rug being worn & rippling. Replacement would enhance the physical environment making the room safe for a resident to reside in.	1265 ⁰⁰	
Enhancing activities Program (ie entertainment, movie selections, & Bingo Prizes (cash) to increase engagement)		1265 ⁰⁰
Total Requested Per Funding Source	1265 ⁰⁰	1265 ⁰⁰
Total Funding Requested	2530 ⁰⁰	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Paula Hopsicker (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Masonic Home (name of facility), 510-E-033 (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: Paula J Hopsicker

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Masonic Home (name of facility), 510-E-033 (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: Ralph Comito
 Resident Name: Margaret Barosce
 Resident Name: Peter Tomaino

Resident Signature: Ralph Comito
 Resident Signature: Margaret Barosce
 Resident Signature: Peter Tomaino

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)