

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 |
|--|---|--|
| Bedroom/Bathroom Improvements | | |
| Bedding, mattresses, carpet, curtains, shower, improvements, | 16,257.50 | |
| Built-in Generator | 5,000.00 | |
| Entertainers, singers, etc. | | 5,000.00 |
| Cable/Internet for All Residents | | 12,000.00 |
| Speciality Foods & Cooks | | 4,275.50 |
| Total Requested Per Funding Source | 21,257.50 | 21,275.50 |
| Total Funding Requested | \$ 42,515.00 | |

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Bonny Murray (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Manlius Home for Adults (name of facility), 520-F-167 (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: Bonny L. Murray

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at _____ (name of facility), _____ (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: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)