

**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
Combination of chairs, couches and tables for up to (4) resident common areas/lounge areas in the community - (3) current common areas/lounge areas have furniture that is stained, ripped and for worn. New furniture would give residents a dignified area to enjoy for independent tasks or with visitors. (1) common area has no furniture and the addition of chairs would allow residents to enjoy the fireplace and socialize, relax and enjoy	\$ 8,922.00	
Security camera - for placement at front entrance of community for resident safety and piece of mind should residents need assistance (price received from quote for camera and install)	\$ 1,000.00	
Recreation/Activities program - game or games for resident use and enjoyment and engagement		\$ 1,000.00
Recreation/Activities program - for speakers, entertainment, musical programs, presentations - for resident engagement and enjoyment		\$ 3,961.00
Culinary/Recreation events - food improvement for special culinary events, featured menu items, resident requests, special events partnering with recreation department - for resident enjoyment and engagement		\$ 4,961.00
<b>Total Requested Per Funding Source</b>	<b>\$ 9,922.00</b>	<b>\$ 9,922.00</b>
<b>Total Funding Requested</b>	<b>\$ 19,844.00</b>	

**RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Genevieve McCloskey (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Briar Living at Walkkill (name of facility), 540-F-036 (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: Genevieve McCloskey

**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)**