

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
Arrange for several catered parties		9,922 ⁰⁰
for residents during holiday times.		
This is an approved item by residents (cost determined by local vendors)		
Arrange for recreational seed		1,500 ⁰⁰
catered trips for residents (movies, shows, sport events)		
Total Requested Per Funding Source		
Total Funding Requested		\$11,422 ⁰⁰

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Euclides Caudelero (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Seaview Manor (name of facility), 590-F-313 (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: Euclides Caudelero 1-13-2026

- 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)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
12 Purchase air conditioners for residents' rooms (update)	\$11,422.00	
Total Requested Per Funding Source		
Total Funding Requested	\$11,422.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Euclides Condeiro (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Seaview Manor (name of facility), 590-F-313 (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: Euclides Condeiro

- 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)