

**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
Enhance Lighting upgrade, Enhance resident room renovations; Floor paint. Elevator light fixtures on hallway and residents room	24,459	
Enhance air quality of room by improving the air conditions system in each resident room, Ac covers to enhance temperature, outdoor umbrella for Sun blockage		5,000
Enhance resident room antenna cables, streaming system, Entertainment; direct resident room. Technology development, Computer, TV, tablets		6,159
Enhance resident clothes, bedding updates, shoes for fall preventions, Mattress enhance for resident comfort, exercise equipment activities		7,000
Gardening supplies for resident party, plants, pots, flowers, soil, recreational supplies, arts & craft supplies, Holiday supplies, Costume decoration.		3,600
Baking class supplies, culinary events, small appliances for cooking class. Living Skill activities, lounge outing, BBQ outing, Museum, transportation, movies, indoor activities; board games.		2,700
<b>Total Requested Per Funding Source</b>	<b>24,459</b>	<b>24,459</b>
<b>Total Funding Requested</b>	<b>\$48,918.</b>	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Stephanie Evans (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Elm York Assisted Living (name of facility), 590-F-319 (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 Stephanie Evans

- 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)**