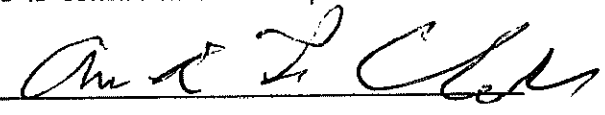


Summary Budget

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
- Netflix x 12 months for resident lounges		\$235.08
- Spectrum cable for all resident rooms & lounges		\$18,624.42
- Activities supplies/activities chosen by the residents above the departments budgeted amount		\$1600
- Enhanced WiFi routers and extenders for quicker internet access in resident rooms and common areas		\$1000
Total Requested Per Funding Source		\$21,459.50
Total Funding Requested	1 Ac	\$42,919

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Andre Lee Clerk (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Madison Park Rego Park (name of facility), 590-F-321 (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: 

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: _____

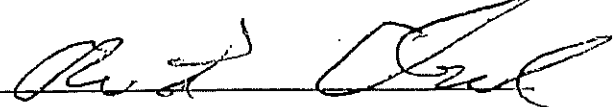
INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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
- Resident gardening equipment to enhance the aesthetics of the ground floor and 8 th floor gardens.	\$1,000	
- New artwork in hallways of resident rooms	\$700	
- Enhanced 11" mattresses for resident comfort versus our standard 8" mattress	\$6,680	
- Elevated light fixtures on hallways with resident rooms and common areas	\$1,200.	
Total Requested Per Funding Source	continued on 4	\$21,459.80
Total Funding Requested	\$42,919	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Anche Le Clech (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Madison Park Reso Pk (name of facility), 590-F-321 (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: 

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)

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
Renovation of 5 th floor resident lounge making this resident common area more inviting & relaxing	\$11,879.50	
Total Requested Per Funding Source		\$21,459.00
Total Funding Requested	\$42,919	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Andre Le Clain (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Madison Park Reso Park (name of facility), 590-F-321 (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: 

- 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)