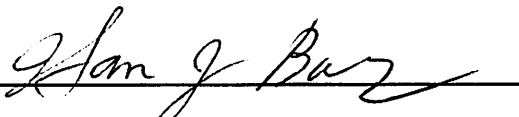


Summary Budget

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
Air conditioner upgrade: To Purchase and install new A/C, Remove old A/C	\$6000.-	
Carpet cleaning: As needed. \$125 per apartment shampoo + cushioning Zup House keeping can't provide deep cleaning for carpets stained by wheelchairs/walkers	\$1495.-	
Window cleaning: \$13 per window. 156 windows in Zup apartment. inside + outside window cleaning. Zup cleaning service can't access outside cleaning at the windows of 8 floor Building. It needed to be outsourced.	\$2028.-	
Total Requested Per Funding Source		
Total Funding Requested		

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, HAN JUNG BANG (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for River View Gardens (name of facility), 590-5-503 (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
Individual Apt. Furniture upgrade + Household Supplies + Small Appliances:	\$12,012	-
Furniture upgrade: Purchase higher quality furniture such as larger beds, additional dresser/bureaus, additional tables, floor lamps, sofas, chairs, love seats, rugs, mats.		
Household Supplies + Small Appliances		
Purchase Shower Curtains, Shower Head, Air freshener, Extension Cords, Garger Proctor, Flash lights, food container, Lunch Bags, vacuum cleaners, Microwaves.		
Total Requested Per Funding Source	\$21,625	-
Total Funding Requested	\$43,250	-

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, HAN GUNG Bang (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for River View Gardens (name of facility), 590-5-303 (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: Han J Bang

- 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
Recreation Activities on site + off site:		\$11,666.-
food for all Birthday parties, Holiday parties, lunch outings, Transportation for lunch outings,		
Admission to shows, parks, Decoration for parties, art and craft.		
Breakfast + Special food items for Congregate care and in House consumption.		\$8709.-
Resident Transportation to SS office. Food stamp office.		\$500.-
Rx/Medical Equipment + Supplies + Copay		\$750.-
Total Requested Per Funding Source		\$21,675.-
Total Funding Requested	\$43,250.-	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, HAN JUNG BANG (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for River View Gardens (name of facility), 590-5-303 (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)