

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
New dining room chairs ^{to replace large heavy chairs difficult for the residents to navigate.}	23,074.50	
Transportation for outside trips	\$12,000	\$10,000
Live entertainment for all residents on site and extra classes discussing mental and physical wellbeing	\$13,074.50	\$13,074.50
Total Requested Per Funding Source	\$23,074.50	\$23,074.50
Total Funding Requested	\$46,149	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, LOURDES DYOGI (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Boulevard ALP (name of facility), 590-S-317 (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: by dyogi

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)