

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
Washer Dryer ^{exclusivity} for resident use	\$3298.00	
Water coolers for lounges for common area	\$1,000	
Patio Furniture	\$2055	
Fish Tank paraphernalia	\$800	
Enhanced resident food such as coffee, filters, juice cereal		\$3,000.00
Ice Machine to enhance quality of food		\$4153.00
Total Requested Per Funding Source	\$7,153.00	\$7,153.00
Total Funding Requested	\$14,306.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, John Sweet (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Assisted Living Northern Riverside (name of facility), 620 E-019 (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: John G. Sweet

- 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: Joseph Ewald Resident Signature: [Signature]
 Resident Name: Lester Sanders Resident Signature: [Signature]
 Resident Name: Daisy Sanchez Resident Signature: [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)