

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
Seasonal clothing, shoes, worn clothing replacement		12,500.00
Holiday parties, ethnic recreation celebrations (including meal, decor.)		4,800.00
Birthdays recognition (cake for all, gifts, decorations, cash)		3,000.00
Replacement and supplementing missing recreational equipment		2,200.00
Room personalization and decoration (wall decor, bedding)		3,257.50
Weekly movie and game night with takeaway food and snack		4,800.00
Total Requested Per Funding Source		30,557.50
Total Funding Requested		

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Carol De Meo (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Rodderz ACF (name of facility), 700-F-109 (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: Carol De Meo

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Rodderz ACF (name of facility), 700-F-109 (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: Carol De Meo Resident Signature: Carol De Meo
 Resident Name: William Veit Resident Signature: W Veit
 Resident Name: Sandra Blacio Resident Signature: Sandra Blacio

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Renovation bathrooms on the first floor (larger shower), new plumbing instal.	17,007,00	
New furniture for residents (metal) - dressers, beds request by residents	4,100,00	
Sheets, comforters, blankets, towels	1,500,00	
Refreshing the rooms (painting, blinds, replace the floor)	4,350,50	
New mattresses request by the residents	3,600,00	
Total Requested Per Funding Source	30,557,50	30,557,50
Total Funding Requested	61,115,00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Carol DeMeo (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Rodder ACF (name of facility), 700-F-109 (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: Carol De Meo

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at 700-F-109 (name of facility), Rodder ACF (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: Carol DeMeo Resident Signature: Carol DeMeo
 Resident Name: William Veit Resident Signature: W Veit
 Resident Name: Sandra Blacio Resident Signature: Sandra Blacio

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)