

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
Common area upgrades including flooring + windows	11,568.58	
Laundry facility upgrades - facilities are accessible for residents	2,272.92	
Outside furniture upgrades		2,865.84
Resident upgrade- bedding, Linen, towels		4,694.70
upgrade resident mattresses, box springs + bed frames		
Meal enhancement + specialty meals		3,637.64
Entertainment + recreation enhancements		2,643.32
Total Requested Per Funding Source	13,841.50	13,841.50
Total Funding Requested	27,683.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Marie Fritz (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Sachem Adult Home (name of facility), 700-F-935 (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: *Marie Fritz*

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Sachem Adult Home (name of facility), 700-F-935 (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: Darlene Sutton
 Resident Name: Lorraine Kopecky
 Resident Name: Ralph Page

Resident Signature: *Darlene Sutton*
 Resident Signature: *Lorraine Kopecky*
 Resident Signature: *Ralph Page*

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)