

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 furniture flooring & paint	14,398.58	
Laundry facility upgrades. residents will have access- upgrades to include larger capacity washer & dryer	2,872.92	
Resident upgrade- bedding, Linen & towels		4,468.77
meal enhancement & specialty meals		5,818.00
Entertainment, social outings including transportation & recreation enhancements.		2,948.10
outside furniture upgrades		4,036.63
Total Requested Per Funding Source	17,271.50	17,271.50
Total Funding Requested	34,543.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Alexandra Lalli (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for South Bay Adult Home (name of facility), 700-F-937 (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: Alexandra Lalli

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at South Bay Adult Home (name of facility), 700-F-937 (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: Virginia Norton
 Resident Name: Barbara Dart
 Resident Name: Steven King

Resident Signature: [Signature]
 Resident Signature: [Signature]
 Resident Signature: [Signature]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)