

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
Resident activities and/or community outings and events: musical entertainment, art shows/classes, monthly historical trips (museums, historical societies and/or other destinations), take out meals.		\$9,300.00
Addition of outside gazebo area for additional outdoor resident activities, seating, event space, family space, and/or leisure use	\$9,300.00	
Total Requested Per Funding Source	\$9,300.00	\$9,300.00
Total Funding Requested	\$18,600.0	

- RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Ralph Yanuzzi (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Elderwood Assisted Living (name of facility), 720-S-004 (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: Ralph Yanuzzi

- 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: ARTHUR L. HILL Resident Signature: Arthur Hill
 Resident Name: TAMMY BARTLETT Resident Signature: Tammy Bartlett
 Resident Name: Elizabeth L. Crosby Resident Signature: Elizabeth L. Crosby

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)