

**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
Covert the existing open entrance vestibule into a glass-enclosed waiting vestibule by installing operable glass window/sliding door and wall system. (North side.)	20,000	
Redevelopment of the 5000 sq Courtyard as therapeutic landscape which including:		
Overgrown tree remove, new shrubs, flower beds seasonal display walls, sand beach -		20,000
<b>Total Requested Per Funding Source</b>	20,000	20,000
<b>Total Funding Requested</b>	40,000 - 00	

**RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, MICHELLE SAEL (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Valley Vista Adult Home (name of facility), 740-E-076 (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: \_\_\_\_\_

**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: \_\_\_\_\_ Resident Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_  
 Resident Name: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**