

**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
Activities Supplies, Entertainment & Programs		\$7200. <sup>00</sup>
Community Garden Supplies - <i>ie: plants, blouses, soil, mulch, planters</i>		\$2,000. <sup>00</sup>
Upgrade Common Areas/Spaces - <i>ie: outdoor swings, additional seating</i>		\$3,153. <sup>00</sup>
Replacing/Repairing Dining Room Chairs & Linens	\$12,353. <sup>00</sup>	
<b>Total Requested Per Funding Source</b>	<b>\$12,353.<sup>00</sup></b>	<b>\$12,353.<sup>00</sup></b>
<b>Total Funding Requested</b>	<b>\$24,706.<sup>00</sup></b>	

● **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Cheryl Prigge (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Valley Residential Services (name of facility), 320-5-001 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

○ **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Cheryl Prigge 21512035 (name of facility), \_\_\_\_\_ (operating certificate #). We have reviewed the Proposed EQUAL 2024-2025 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)**