

EQUAL 2024-2025 Proposed Spending Plan

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
As per Residents request, residents will receive money to be used for their own personal needs		\$20,066.00
Continue to re-furnish and decorate common areas including (lobby, lounges, dining room, elevator...) to make the space look more aesthetically pleasing and homelike.	\$20,066.00	
Total Requested Per Funding Source		
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, CHARLES J. Campbell (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for MURKIN MANSION APT (name of facility), 331F 276 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at MURKIN MANSION (name of facility), 331F 276 (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: Rosalia Richardson
 Resident Name: Frank A. [unclear]
 Resident Name: Jary Coleen

Resident Signature: Cohen J. [unclear]
 Resident Signature: [unclear]
 Resident Signature: [unclear]

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
2024-2025 EQUAL
 Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.10 13:16:58 -05'00'