

**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 Room/Bathroom Upgrades	\$10,000	
Window Treatments	\$10,000	
Dining/Kitchen Upgrades	\$9,051.50	
Food Quality Improvements		\$5,000
Activity Enhancements, Specialty Food, Entertainment, Holiday		\$13,051.50
Outdoor Leisure		\$3,000
Linen/Resident Bedding Upgrades		\$8,000
<b>Total Requested Per Funding Source</b>	\$29,051.50	\$29,051.50
<b>Total Funding Requested</b>	\$58,103	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Elaine Loney (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Willow Park NF (name of facility), 510-F-055 (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 Adirondack II Willow Park NF (name of facility), 510-F-055 (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: Elaine Loney  
 Resident Name: Jennifer P. Miller  
 Resident Name: Carol Radtke

Resident Signature: Bernie Sihn  
 Resident Signature: Jude Stanton  
 Resident Signature: Paul H. Kelly

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

APPROVED 2024-2025  
 EQUAL  
 Digitally signed by APPROVED  
 2024-2025 EQUAL  
 Date: 2025.02.18 09:32:08 -05'00'