

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
Flooring for resident apartments and common areas (new wood-look), Handi-capped Ramp to new Gazebo	13,669.50	
Resident Activities, supplies, entertainers, Food & Rentals for Resident picnics. Landscaping in patio area and around new gazebo.		13,669.50
Total Requested Per Funding Source	13,669.50	13,669.50
Total Funding Requested	27,339.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Bernardine Apartments (name of facility), 520-S-054 (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 Bernardine Apartments (520-s-054). 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: David Gradwin
 Resident Name: Bohdanna Kmiec-Kicaycz
 Resident Name: Beverly Hewitt

Resident Signature: David Gradwin
 Resident Signature: Bohdanna Kmiec-Kicaycz
 Resident Signature: Beverly Hewitt

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025 EQUAL

Digitally signed by
 APPROVED 2024-2025 EQUAL
 Date: 2025.02.10 13:07:01
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