

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
Recreational Supplies		\$1,000
Ramp	\$5,000	
AC/ ^{Heating} upgrade for common areas <i>PR</i>	\$3,000	
Upgrade Painting for Rooms	\$3,165	
Warmer		2,000
TUS for residents rooms	\$1,000	
Food enhancement for menu		8,165
Total Requested Per Funding Source		
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Robert H. Scott (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Belle Harbor (name of facility), _____ (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 _____ (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: Robert H. Scott - Pres Resident Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED 2024-2025 Digitally signed by APPROVED
 EQUAL 2024-2025 EQUAL
 Date: 2025.02.13 09:12:51 -05'00'