

**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
Menu Upgrade ~ \$1,500.00 monthly		\$18,000.00
Cable Internet WiFi - \$500.00 monthly		\$6,000.00
Upgrading Furniture Resident Bedrooms	\$12,000.00	
Sighting & Remodeling Several Residents' Bedrooms	\$12,000.00	
<b>Total Requested Per Funding Source</b>		
<b>Total Funding Requested</b>		\$48,000.00

**RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Richard Salerno (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for Fairview Adult Home (name of facility), 700-F898 (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 \_\_\_\_\_ (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: Joseph Byrne  
 Resident Name: CHRISTIE DUDAK  
 Resident Name: LARRY STRUMER

Resident Signature: Joseph Byrne  
 Resident Signature: Christie Dudak  
 Resident Signature: Larry Strumer

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

X Richard Salerno

X RICHARD SALERNO