

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.

Item Description:	Cost:	Justification:	Quantity:	Determined cost:	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Octagon Gazebo	\$ 11,000.00	Old gazebo is rotted and out of use. Residents want more outdoor areas to enjoy.	X1	3 quotes received median price estimated	\$11,000.00	
Holiday Party	\$1,300.00	Community bonding for residents	X1	Prices from previous parties reviewed including resident gifts.		\$1300.00
Hiring Entertainers	\$800.00	Residents would like more frequent entertainers	X1	Average estimates from previous vendors		\$800.00
Specialty dining: ice cream truck	\$400.00	Residents would like increased outdoor dining	X2	Cost provided from vendor		\$800.00
Book shelves for resident common areas	\$200.00	Current book shelves are small and overflowing. Residents would like larger ones	X4	Compared 3 different options median price estimated		\$800.00
New Snack area in dining room	\$2,000.00	Residents want to be able to have 24/7 access to a snack bar with specialty snacks.	X1	Estimate based on cost for display, mini fridge, and supplies for the 2026 year		\$2,000.00
Community Garden	\$3,000.00	Residents want to improve outdoor seating area with raised garden bed and plants	X1	Estimated total from cost of garden bed, plant, soil, gardening supplies, etc.	\$3,000.00	

Bingo supplies	\$1000.00	Residents would like more tray tables, better bingo prizes, such as gift cards, snacks, or electronics	X1	Cost for tables \$200.00, 800.00 for prizes for year		\$1000.00
ServSafe food Handler Online course	\$15.00	Residents would like all dietary staff to have ServSafe to improve dining experience	X55	Cost estimate for current and future dietary staff who will need course		\$825.00
Charter bus rental	\$800.00	Residents would like more shopping trips to places like the mall or Walmart.	X4	Cost estimate provided by 2 charter bus rental companies to shopping locations		\$3,200.00
Birthday Celebrations	\$4,000	Residents would like monthly birthday parties for all residents to celebrate each other.	X1	Cost for food, cake, decorations, and activities- \$333.00 a month		\$4,000.00
Door customization /decorations	\$1020.00	To personalize doors with unique themes for each resident so they feel more that at home and can improve connection with one another.	X1	Cost estimate based on \$20.00 per door at 51 doors.	\$1020.00	
Coffee shop supplies	\$500.00	To update some supplies in the existing coffee shop, new drinks, coffee flavors, drink dispensers, pastries, etc.	X1	Cost an estimate for needed updates for drink dispensers and supplies		\$500.00
Arm Chair for lobby	\$500.00	Residents would like updated chairs as current chairs are worn out and hard to clean	X4	Cost based on estimations for 3 different chair options. Median price estimated	\$2,000.00	
Entertainment outings	\$400.00	Residents would like more trips into the community to movies, or sporting events	X2	Cost based on movie tickets in the area as well as local sports team seating		\$800.00

Dining room improvements	\$1,000.00	Residents would like an updated paint color, organization, table décor	X1	Cost based on paint supply estimates, and organization supplies		\$1,000.00
					Total:	Total:
					\$17,020.00	\$17,025.00
				Total funding requested:	\$34,045.00	

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, TERRANCE RUMDELL (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for St. Louise Manor (name of facility), 030-E-052 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

Resident Council Representative Signature: Terrance Rumdell

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 2025-2026 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: _____ Resident Signature: _____

Resident Name: _____ Resident Signature: _____

Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)