

**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 |
|--|---|--|
| Vinyl Double Hung Tripple Glass Window x 10 @ @ 1,758 each which includes window units and labor cost. New windows will improve ventilation for the residents. Modern locks improve residents' security. New windows will also reduce draft and energy efficient by reducing heating and cooling costs.  | 17,580                                      |  |
| Elite Kitchen Supply Window Air Conditioner: 25,000 BTU Energy Efficient x 1 @ \$1,696 each. Creates a comfortable living environment for all residents by maintaining a comfortable indoor temperature which will help to prevent heat-related exhaustion and heat stroke, which older adults are at higher risk for.   | 1,696                                       |  |
| Hoolerry 10 Pack Bedding Twin Fitted Sheets x 10 @ \$58 each. For the residents' comfort and improved the residents' quality of sleep, snug, smooth fit stays in place better than flat sheets. Improved appearance and Resident dignity when their beds are properly made.  |   | 580.00                                   |
| Fresh Culture Full Fitted Sheet 6 packs @ \$18.99 each. Fresh Culture Full size Pillow Cases x 6 packs @ 18.99 each. Sleepgram comforters Twin size x 22 @ \$89.99. Helps residents feel warm and cozy and reduce nighttime disruptions caused by wrinkled or loose bedding. Improved the residents quality of sleep.  |   | 2,026.80                                 |
| Outdoor BBQs x 3 @ \$800 per event. Entertainment (live music and Bible study) x 12 @ 250 monthly. These events will offer meaningful physical, emotional and social benefits for the residents while encouraging social interaction among residents, reducing isolation and loneliness.   |   | 5,400.00                                 |
| Clothing Allowances and Shopping Trips x 15 Residents @ \$400 each. Access to appropriate seasonal attire, such as warm coats, sweaters, hats and proper footwear during the winter and lightweight, breathable clothing during the summer, helps protect residents from temperature-related health risk like Hypothermia, heath exhaustion, and respiratory complications |   | 6,000.00                                 |
| <b>Total Requested Per Funding Source</b>  | 19,276                                      | 14,006.80                                |
| <b>Total Funding Requested</b>   | See next page                               |  |

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, N/A (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for \_\_\_\_\_ (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.

Resident Council Representative Signature: N/A

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Garden House (name of facility), 030-F-064 (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: Maween Luino Resident Signature: Ainda Banjee  
 Resident Name: Mandy U. Wright Resident Signature: Shirley Zimm  
 Resident Name: \_\_\_\_\_ Resident Signature: Joe P. Bell

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

**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 |
|---|---|--|
| Improvement In Food Quality. The assistance will directly support the health, dignity and quality of life of the residents by strengthening the facility's food service menu and ensuring more appealing meals that are appetizing and culturally appropriate also reflective of the residents' preferences. This will allow the facility to purchase higher quality foods. |   | 4,000                                    |
|   |   |  |
| Dreo Oscillating Standing Fan X 8 @ \$67.98. The fan will promote adequate air circulation, helping to reduce heat build up, humidity and stagnant air in the resident's bedroom. Improved air flow supports resident comfort during warmer temperatures and contributes to better sleep quality  |   | 543.84                                   |
|   |   |  |
| <b>Total Requested Per Funding Source</b>   | 19,276                                      | 18,550.64                                |
| <b>Total Funding Requested</b>  | 37,826.64                                   |  |

- **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, N/A (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for \_\_\_\_\_ (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.

Resident Council Representative Signature: N/A

- **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Garden House (name of facility), 030-F-064 (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: Theresa D. Petina C. Bon Resident Signature: Shawna King  
 Resident Name: Dorinda Allen Resident Signature: Jana E. Bennett  
 Resident Name: Rose G. Williams Resident Signature: Stanley D. Duke

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