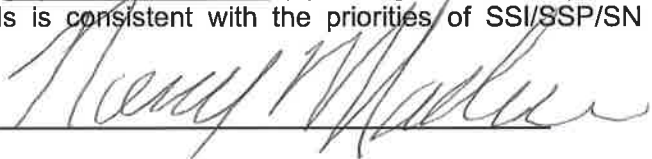


Summary Budget

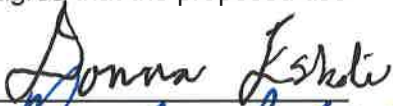


This form must be used by applicants to provide a detailed budget justification. For each line item provide a full description of the item, justification of the need for the item as it relates to the resident priorities identified, and explanation of how costs were determined. *Additional pages may be 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
Dietary enhancements for special events/holidays meals and enhancements to the regular menu. Historical cost taking into account inflation.		\$ 6571
Activity programming enhancements, entertainment, crafts community outings. Decorations, electronic equipment. (historical based cost)		\$ 6571
Sound system for Dining room so residents can listen to then softening music while eating	\$ 500	
Garden area with raised flower beds, a pergola for shade a garden tool shed, garden tools, seating and decor	\$ 2042	
Industrial sized washer and industrialized dryer for residents clothing	\$ 10,000	
Total Requested Per Funding Source	13,142 ⁰⁰	13,142 ⁰⁰
Total Funding Requested		

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, 216 284 (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Hultquist Place (name of facility), 0160-E-015 (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: 

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Hultquist Place (name of facility), 0160-E-015 (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: Donna Eskeli Resident Signature: 
 Resident Name: David Johnson Resident Signature: 
 Resident Name: Blanche R. Robbins Resident Signature: 

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)