

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
Library Cabinet - Counter Tops (Activity)	3,000	
Landscaping	8,957	
Bed Bug Covers		1,300.00
Transportation - Weekly/monthly		10,657 ⁰⁰
Total Requested Per Funding Source	11,957 ⁰⁰	11,957 ⁰⁰
Total Funding Requested	23,914 ⁰⁰	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Richard Harper (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Orchard Grove (name of facility), 060-E-040 (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: Richard Harper

- 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)