

**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
morans Floor Store - (6) memory care bedrooms. - replace fair condition carpet with odor due to memory care incident - replace carpet that show high traveled areas - install high waterproof flooring with warranty to promote overall flow and appearance in living area	18,727.50	
massage chair for resident therapy		1699.99
NuStep T4r Exercise Bike - Resident Gym		5,589.00
Easy Dunk Tank - Resident Festival		4,895.00
Master Tent Canopy - outdoor use/shade for residents		4,662.90
VISA Gift Cards - Resident Community Event		2,000.00
<b>Total Requested Per Funding Source</b>	18,727.50	18,727.50
<b>Total Funding Requested</b>	37,455.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, PATRICIA R. SHARRER (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for The Magnolia (name of facility), 000-F-035 (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: *Patricia R. Sharrer*

- 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)**