

**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
Entertainment - to provide residents more live music + interaction		2141.00
Arts/Crafts - to offer residents higher end crafts + to use as a variety of crafts.		1000.00
Books/Puzzles - to be able to check out old + new puzzles + not always the same		500.00
Holiday Dinner/Party - to be able to decorate all 8 hallways with a dinner + there's holiday dinner + have family class		800.00
Replace tables/chairs - residents asked for smaller long tables for activities.		500.00
Chairs don't always meet + residents want ones with cushions for better comfort	2000.00	
<b>Total Requested Per Funding Source</b>	on next page	4961
<b>Total Funding Requested</b>		

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, \_\_\_\_\_ (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: \_\_\_\_\_

*See next page*

- 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)**

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Paint/Carpet/Floors for empty storage room to create a Sewing room for residents	2861.00	
Current room has lower price that is old and ripping away. Current floor is torn to a alarming stains		
<b>Total Requested Per Funding Source</b>	4961.00	4961
<b>Total Funding Requested</b>	4961	4961

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Barb Knapp (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Bethany Village (name of facility), 070-E-002 (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: Barb Knapp

- 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: DANIEL FREDERICK Resident Signature: Daniel Frederick  
 Resident Name: D+C Resident Signature: Charles Cook  
 Resident Name: Pat Easting Resident Signature: Patricia Easting

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