

**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
Purchase Cricut For Resident crafts		\$850.00
Holiday Gifts/Celebrations (i.e, Veterans Day, Birthdays, Mother's Day, Father's Day, Easter, Christmas, etc).		\$5,000.00
Angel fund to assist Residents with needed items they may not be able to normally afford.		\$2,000.00
Resident Outings to restaurants, plays/movies, <sup>spectator</sup> games, concerts, botanical garden, boating events.		\$6,292.00
Entertainment/In. House Activities, more activities & entertainment for performers Residents love who come to the community.		\$5,000.00
Activity Supplies/games, purchase more games and supplies for more person-centered activities.		\$3,000.00
<b>Total Requested Per Funding Source</b>		<b>\$22,142.00</b>
<b>Total Funding Requested</b>	<b>\$22,142.00</b>	

**RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Billy Brown (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Absolute Care of Orchard Bank (name of facility), 240-F-878 (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: Billy Brown, VP

**RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Absolute Care of Orchard Bank (name of facility), 240-F-878 (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: Norman Walker Resident Signature: Norman Walker  
 Resident Name: Sandra Stephens Resident Signature: Sandra Stephens  
 Resident Name: DORIS GODERT Resident Signature: Dois Godert

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

Diane Spoth  
Jackie Schmitz

Diane Spoth  
Jackie Schmitz

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Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Remodel 2 of the existing shower rooms to be completed by Bath Fitter to enhance Resident safety, improve accessibility, ensure regulatory compliance & reduce long-term maintenance costs	\$20,217.60	
Remove carpet from Resident rooms and replace with vinyl planks	\$1924.40	
Total Requested Per Funding Source	\$22,142.00	
Total Funding Requested	\$22,142.00	

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X Resident Council Representative Signature: Billy Brown, VP

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Absolute Care of Orchard Bank (name of facility), 240-F-878 (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: Norma White Resident Signature: Norma White  
 Resident Name: Sandra Stephens Resident Signature: Sandra Stephens  
 Resident Name: DORIS GOBERT Resident Signature: Doris Gobert

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

Diane Spoth  
Jackie Schmitz

Diane Spoth  
Jackie Schmitz