

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
Resident "Restricted" Gift Cards (\$250 x 8 = \$2,000)	—	\$ 2,000.00
Catered meals, Entertainment, Food Trucks	—	\$ 1,726.50
5pc. outdoor patio Dining set (3 quantity)	\$ 1,865.31	—
Patio Umbrella for Table plus Base (3 quantity)	\$ 197.61	—
13 gallon Kitchen Garbage Cans (18 quantity)	\$ 853.76	—
2.6 gallon Bathroom Garbage Cans (18 quantity)	\$ 809.82	—
Total Requested Per Funding Source	\$ 3,726.50	\$ 3,726.50
Total Funding Requested	\$ 7,453.00	

~~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: _____~~

~~RESIDENT PETITION IN SUPPORT: We, the undersigned, are SSI/SSP/SN recipients residing at Keaton Presbyterian Village (name of facility), 240-S-131 (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: Natalie Grochowski

Resident Signature: Natalie Grochowski

Resident Name: Lewis Mancini

Resident Signature: Lewis Mancini

Resident Name: Kim Weingartner

Resident Signature: Kim Weingartner

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)