

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
Activities Supplies, Entertainment & Programs		\$ 8,500.00
Community Garden Supplies <small>ie: plants, flowers, vegetables, soil, mulch, planters</small>		\$ 1,938.00
Upgrade facility computers - used for resident programs, assessments, teaching, forms	\$ 10,438.00	
Total Requested Per Funding Source	\$ 10,438.00	\$ 10,438.00
Total Funding Requested	\$ 20,876.00	

- **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Cheryl Prigge (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Valley Residential Services (name of facility), 320-5-001 (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: Cheryl Prigge 1/8/20

- **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)