

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
New flooring in common areas in activity room, resident kitchenette & a resident hallway. Existing flooring is proper state of repair & condition, however worn & dated. It is not stained or in need of repair. Residents will enjoy a better quality living experience by having the flooring newer & nicer looking to meet their preference.	\$12,815.50	
New common area furniture	\$3,000.00	\$1,000.00
upgraded food menu items		\$4,000.00
upgraded linen		\$1,000.00
activities supplies + events		\$10,815.50
Total Requested Per Funding Source	\$15,815.50	\$15,815.50
Total Funding Requested	\$31,631.00	

- 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: _____

- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at Horizon (name of facility), 530 E-051 (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: Carol Waver Resident Signature: Carol Waver
 Resident Name: Janet Schmitt Resident Signature: Janet Schmitt
 Resident Name: Mark Weston Resident Signature: Mark Weston

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)



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Bud		Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
	New flooring in common areas. Activity room, resident Kitchenette and a resident hallway. Existing flooring is proper state of repair and condition, however it is old and dated. It is not stained or in need of repair. Residents will enjoy a better quality living experience by having the floor newer and nicer looking to meet their preference.	\$ 12,815.50	
	New common area furniture	\$ 3,000.00	
	Upgraded food items		\$ 4,000.00
	Upgraded linen		\$ 1,000.00
	Activity supplies and events		\$ 10,815.50
Total Requested Per Funding Source		\$ 15,815.50	\$ 15,815.50
Total Funding Requested		\$ 31,631.00	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Hon 2026 (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for SSO-E-051 (name of facility), SSO-E-051 (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: _____

- 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: Carol Waver
 Resident Name: Jane Schutt
 Resident Name: Mark Weester

Resident Signature: Carol Waver
 Resident Signature: Jane Schutt
 Resident Signature: Mark Weester

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)