

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 resident sinks, fixtures and piping as necessary in bedrooms.	approx. \$12,000 -	
New 32' cubic freezer	approx. \$1200	
New resident bedroom rugs - hallway, also with wood flooring	approx. \$11,000 -	\$3,000 -
August pig roast outdoors for residents, family, friends		\$1,000 -
Monogram polo shirts with facility logo		\$600 -
Flannel sheets for residents		\$4,000 -
Celebrating holidays throughout year (attachment)		approx. \$400 -
Attend German October Fest		\$1,000
Attend Tricky Tray		\$1,200 -
Easter Dinner outing at Restaurant		\$200 -
Outing to Dairy Queen		\$500 - approx
Christmas in July for Residents		\$1,200 - year
Create monthly "happy hour" for residents		
Total Requested Per Funding Source	\$19,928.50	\$19,928.50
Total Funding Requested	\$39,857.00	

RESIDENT COUNCIL REPRESENTATIVE APPROVAL: I, Sister Michaela Yukonovitch (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for St. Joseph's Home (name of facility), 620-E-016 (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: Bernice Burakowski

RESIDENT PETITION IN SUPPORT: We, the undersigned, are SSI/SSP/SN recipients residing at St. Joseph's Home (name of facility), 620-E-016 (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: Anastasia Yodanis Resident Signature: [Signature]
 Resident Name: Chas [Signature] Resident Signature: Naomi Vanderbilt
 Resident Name: [Signature] Resident Signature: Jonathan Mary

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)