

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 |
|--|---|--|
| Activity events & outings | | 15,951.00 |
| Clothing allowance \$200/Resident | | \$ 11,200.00 |
| Furniture up grades to replace closets in resident rooms. Last year we received approval to replace night stands and dressers. Following those upgrades residents expressed the interest through resident council discussions so that all bedroom furniture is cohesive and matching in style. The existing closets are functional and structurally sound, but no longer align with the updated furnishings in resident rooms. Replacing the closets | \$27,151.00 | |
| Total Requested Per Funding Source ^{we still} | \$27,151.00 | 27,151.00 |
| Total Funding Requested | \$ 54,302.00 | |

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, Daniel Fee (name of representative), have reviewed the Proposed EQUAL 2025-2026 Spending Plan for Pavilion at Pine Valley (name of facility), 600-F-095 (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: _____

Daniel M. Fee, Resident

- 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: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____
 Resident Name: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

DAL DRS 25-05 Instructions

will create a coordinated modern and home like atmosphere within resident rooms. Incorporating feedback from resident council supports our commitment to resident centered care and shared decision making.