




## EQUAL 2024-2025 Proposed Spending Plan

**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
72x23x30in Raised Garden Bed	\$640.00	
Holiday Decor	\$2,520.50	
Polly Products Econo Mizer 6' Backed Bench	\$6,010.00	
Gifts for residents		\$1430.50 
Craft Supplies		\$500.00
Snow Cone Machine w/ supplies		279.00
Large Print Fingertip Slide Bingo Cards		\$300.00
Innovatronix Bingo Flashboard Controller		\$600.00
Zoo Outreach Presentation		\$400.00
Resident Gala		\$3,500.00
MERACH Recumbent Exercise Bike		\$1,200.00
Portable PA System with Wireless Microphones		\$220.00
DVD's		\$250.00
Laser tag		\$240.00
3 in 1 Table Curling Bowling Shuffleboard Set		\$90.00

**APPROVED**  
**2024-2025**  
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Meta Quest 3 VR System		\$900.00
22"x30"Portable Wooden Jigsaw Puzzle Table		\$261.00
<b>Total Requested Per Funding Source</b>	<b>\$10,170.50</b>	<b>\$10,170.50</b>
<b>Total Funding Requested</b>	<b>\$20,341.00</b>	

- o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, **Sylvia George** (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for **Samaritan Summit Village Assisted Living** (name of facility), **330-E-005** (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.
- o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at **Samaritan Summit Village Assisted Living** (name of facility), **330-E-005** (operating certificate #). We have reviewed the Proposed EQUAL 2024-2025 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: **Sylvia George**  
 Resident Name: **Donald Hess**

Resident Signature: *Sylvia George*  
 Resident Signature: *Donald Hess*

**INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)**

**APPROVED**

**2024-2025 EQUAL**

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