

**BUDGET TEMPLATE AND NARRATIVE
INSTRUCTIONS**

Workbook

******Applicants should refer to the Notice of Funding Opportunity (NOFO) "Strengthening Health Integration in Education for Kentucky Students (SHINE KY) Local Grants to Support School-Based Services" document for requirements, scope, schedule, and grant application instructions******

- Applicant is required to complete each relevant tab of the Detailed Budget Worksheet and Summary (other than the Instructions Tab).
- Costs should be provided for all entered line items.
- Where no costs are expected, the tab may be left blank.
- A brief explanation for each line item should be provided.
- Applicant is responsible for validating all costs.

For budget submission information, see NOFO Section J. Grant Application and Submission Requirements, item e. Budget Narrative.

Narrative Tab

*****Enter information in yellow highlighted cells (note: the cell size will automatically adjust, as needed)*****

- Enter applicant name.
- Enter overview and approach of budget.

Cost Summary Tab

*****Enter information in non-shaded cells. Enter the Total Funding Request amount after all budget cost tabs have been completed.*****

- Applicant must enter "Total Funding Request" for the grant period (in whole dollar amount, not to exceed \$250,000). The remaining cells on the tab will be automatically updated based on data entered on the budget cost tabs.
- The Total Funding Amount can not exceed Total Cost - accordingly, an error message will display. To resolve the error, reduce the funding request in the Total Funding Amount cell.

Budget Cost Tabs (1-5)

*****For all budget cost tabs, enter information in non-shaded cells (note: line item cell size will automatically adjust, as needed).*****

All Budget Cost Tabs:

- In the narrative space included on each budget tab, provide any information that would aid DMS in understanding the approach and rationale for the budget items. If applicable, the narrative must include information regarding funding from other sources for the budget category.
- 1 - Personnel Costs – Staff who will support the execution of the SHINE grant activities. If this position is yet to be filled, enter "TBD" in Staff Name.
Each line should contain (anticipated) salary and associated fringe/benefits (if applicable) in dollar amounts.
- 2 - Training Costs – All cost associated with training staff if relevant to your project. Include training travel (as needed) on a separate line from the training itself.
- 3 - Equipment Costs – All equipment (and associated software, operating systems, etc.) needed to support your project.
- 4 - Supplies Costs – All supplies needed to support your project.
- 5 - Other Costs – All other costs that do not fit the above categories needed to support your project.

DEFINITIONS

Grant Period

July 1, 2026 to June 30, 2027

Type (budget line items)

Types for Staff

Clinical	Salary and fringe benefits for personnel who directly support school-based services provision (please note: SHINE grant funds cannot be used to fund salaries or contracts with providers billing Medicaid for services).
Administrative	Salary and fringe benefits for staff who directly provide administrative activities for the SHINE grant project.
Other	Staffing costs not associated with any of the prior categories (explanation required in EXPLANATION column).

Types for Equipment (including software)

Initial Purchase/Licensing	Cost for acquisition (equipment, software) and/or initial licensing fees.
Ongoing Licensing	Costs associated with ongoing (i.e., yearly) equipment licensing and maintenance.
Operations/Maintenance	Costs associated with post-implementation equipment and software (other than licensing costs).
Other	Any costs not associated with any of the prior categories (explanation required in EXPLANATION column).

BUDGET TEMPLATE AND NARRATIVE

APPLICANT NAME:

BUDGET NARRATIVE SUMMARY:

**BUDGET TEMPLATE AND NARRATIVE
GRANTEE SHINE COST SUMMARY**

Grant Period: July 1, 2026-June 30, 2027

Line	Item	Total Cost	Total Funding Request	
1	Personnel	\$ -		
2	Training	\$ -		
3	Equipment	\$ -		
4	Supplies	\$ -		
5	Other Costs	\$ -		
TOTAL COST		\$ -		

**BUDGET TEMPLATE AND NARRATIVE
SCHEDULE OF SHINE GRANT STAFF COSTS**

LIST BELOW STAFF SUPPORTING SHINE GRANT - Enter salary and fringe/benefits (if applicable) for each staff member
Reminder: The grant cannot support any staff salaries or contracts for those billing Medicaid for services .

Line Number	Staff Name (use TBD for new hire)	Job Title/Position Name	Anticipated Job Description	Personnel Type	Grant Period Jul '26 - Jun '27		TOTAL COST	EXPLANATION (Required for Type = Other)
					Salary	Fringe/Benefits		
1							\$ -	
2							\$ -	
3							\$ -	
4							\$ -	
5							\$ -	
6							\$ -	
7							\$ -	
8							\$ -	
9							\$ -	
10							\$ -	
				TOTAL COST (Dollars)	\$ -	\$ -	\$ -	
				TOTAL STAFF COST	\$ -	\$ -	\$ -	

Staff Budget Narrative:

**BUDGET TEMPLATE AND NARRATIVE
SCHEDULE OF SHINE GRANT TRAINING COSTS**

LIST BELOW ANY TRAINING COSTS - Enter travel costs associated with training on separate lines.

Line Number	Training Description	Purpose	Training Dates	Traning Conducted By	Staff Name and Position	Grant Period Jul '26 - Jun '27	TOTAL COST	EXPLANATION (As needed)
1							\$ -	
2							\$ -	
3							\$ -	
4							\$ -	
5							\$ -	
6							\$ -	
7							\$ -	
						TOTAL COST (Dollars)	\$ -	\$ -
						TOTAL TRAINING COST	\$ -	\$ -

Training Budget Narrative:

**BUDGET TEMPLATE AND NARRATIVE
SCHEDULE OF SHINE GRANT EQUIPMENT COSTS**

LIST BELOW ANY EQUIPMENT COSTS (Includes hardware, software, tablets, phones, etc.)

Line Number	Description of Equipment	Quantity	Type	Grant Period Jul '26 - Jun '27	TOTAL COST	EXPLANATION (Required for Type = Other)
1					\$ -	
2					\$ -	
3					\$ -	
4					\$ -	
5					\$ -	
6					\$ -	
7					\$ -	
8					\$ -	
9					\$ -	
10					\$ -	
11					\$ -	
12					\$ -	
13					\$ -	
14					\$ -	
15					\$ -	
16					\$ -	
17					\$ -	
18					\$ -	
19					\$ -	
20					\$ -	
				TOTAL COST (Dollars)	\$ -	\$ -
				TOTAL EQUIPMENT COST	\$ -	\$ -

Equipment Budget Narrative:

**BUDGET TEMPLATE AND NARRATIVE
SCHEDULE OF SHINE GRANT SUPPLIES COSTS**

LIST BELOW THE COSTS FOR ANY SUPPLIES					
Line Number	Description	Quantity	Grant Period Jul '26 - Jun '27	TOTAL COST	EXPLANATION (As needed)
1				\$ -	
2				\$ -	
3				\$ -	
4				\$ -	
5				\$ -	
6				\$ -	
7				\$ -	
8				\$ -	
9				\$ -	
10				\$ -	
11				\$ -	
12				\$ -	
13				\$ -	
14				\$ -	
15				\$ -	
16				\$ -	
17				\$ -	
18				\$ -	
19				\$ -	
20				\$ -	
		TOTAL COST (Dollars)	\$ -	\$ -	
		TOTAL SUPPLIES COST	\$ -	\$ -	

Supplies Budget Narrative:

**BUDGET TEMPLATE AND NARRATIVE
SCHEDULE OF SHINE GRANT OTHER COSTS**

LIST BELOW THE COSTS FOR ITEMS NOT CONTAINED IN THE OTHER FOUR TABS

Line Number	Description	Quantity	Grant Period Jul '26 - Jun '27	TOTAL COST	EXPLANATION (As needed)
1				\$ -	
2				\$ -	
3				\$ -	
4				\$ -	
5				\$ -	
6				\$ -	
7				\$ -	
8				\$ -	
9				\$ -	
10				\$ -	
11				\$ -	
12				\$ -	
13				\$ -	
14				\$ -	
15				\$ -	
16				\$ -	
17				\$ -	
18				\$ -	
19				\$ -	
20				\$ -	
		TOTAL COST (Dollars)	\$ -	\$ -	
		TOTAL OTHER COST	\$ -	\$ -	

Other Costs Budget Narrative: