

Appendix 2: Maximum Budgets for Applicants

Budget Guidance for Applicants Collecting Data on All Fatal Opioid Overdoses as Part of Strategy 2

Applicants proposing to collect data on all fatal opioid overdoses in their state as part of Strategy 2 should calculate the maximum allowed budget for their application using Table 1. Table 1 lists two possible maximum budgets for all US states and the District of Columbia. Applicants should select the appropriate maximum budget for their application using the following process.

- *If an applicant proposes to share only aggregate data and not case-level data with CDC on nonfatal opioid overdoses as part of Strategy 1, the applicant should use the maximum budget in the sixth column of Table 1 entitled, “Maximum budget 1: Sharing only aggregate-level nonfatal opioid overdose data as part of Strategy 1”*
- *If an applicant proposes to share both aggregate and case-level data with CDC as part of Strategy 1, the applicant should use the maximum budget in the seventh column of Table 1 entitled, “Maximum budget 2: Sharing aggregate and case-level nonfatal opioid overdose data as part of Strategy 1”. This maximum budget is \$10,000 more than the other budget maximum.*

Applicant’s proposed budget should not exceed this maximum budget.

Table 1 also provides estimated costs associated with each of the three budget lines: 1) nonfatal opioid surveillance (i.e., Strategy 1: Increase the timeliness of aggregate nonfatal opioid overdose reporting), 2) fatal opioid surveillance (i.e., Strategy 2: Increase the timeliness of fatal opioid overdose and associated risk factor reporting) and 3) unanticipated costs or challenges. To provide applicants flexibility to appropriately allocate funds and allocate funds from the unanticipated costs budget line, applicants may exceed the budget estimates for either or both the nonfatal opioid surveillance (Strategy 1) and/or fatal opioid surveillance (Strategy 2) budget lines as long as their budget does not exceed the listed maximum total budget.

Budget Guidance for Applicants Collecting Data on Opioid Overdose Deaths in a Subset of Counties in Their State as Part of Strategy 2

Applicants must follow the following 5 step process to calculate their maximum budget if they propose to collect information on counties whose residents accounted for more than 75% of unintentional and/or undetermined drug overdose (UUDO) deaths occurring in their state in 2014 OR 1,500 or more UUDO deaths in 2014 instead of all opioid overdose deaths.

Step 1: Calculate the total number of residents in the targeted counties who died of an UUDO in 2014. Consistent with the FOA, UUDO deaths are defined as deaths with any of the following ICD-10 (*International Classification of Disease, Tenth Revision*) underlying cause-of-death codes listed on the death certificate: X40–44 (unintentional) or Y10–Y14 (undetermined intent). Information should be calculated using the most updated state vital statistics information.

Step 2: Using the number of UUDO deaths that occurred in 2014 in the target counties (i.e., the calculation in step 1), calculate the estimated budget for Strategy 2 using Table 2. For example, if an applicant proposes to collect information on a subset of counties in which 1,750 UUDO deaths occurred in 2014, the applicant would go to Table 2 and look at column 1, “Number of UUDO Deaths among Residents of Selected Counties in 2014”, and go to the row that contains their number of UUDO

deaths in 2014 (i.e., 1,500 to 1,800 for the 1750 UUDO deaths used in this example). The budget associated with this row is the estimated budget for Strategy 2 (i.e., \$290,612 in this example).

Step 3: Use Table 1 to get your state’s estimated budget for “Strategy 1”, or column 3 in Table 1, and “Unanticipated budget costs”, or column 5 in Table 1. Add these two budget estimates together.

Step 4: Add the budget estimate for Strategy 2 (calculated in Step 1) with the combined budget estimates for Strategy 1 and Strategy 2 (calculated in Step 3).

Step 5:

- *If an applicant plans to share only aggregate data and not case-level data with CDC on nonfatal opioid overdoses as part of Strategy 1, the total in Step 4 is the applicant’s maximum budget.*
- *If an applicant plans to share both aggregate and case-level data with CDC as part of Strategy 1, the add \$10,000 to the total in Step 4. This is the applicant’s maximum budget.*

Applicant’s proposed budget should not exceed this maximum budget calculated in Step 5. To provide applicants flexibility to appropriately allocate funds and allocate funds from the unanticipated costs budget line, applicants may exceed the budget estimates for either or both the nonfatal opioid surveillance (Strategy 1) and/or fatal opioid surveillance (Strategy 2) budget lines as long as their budget does not exceed the listed maximum total budget.

**Table 1: Maximum Budget for Applicants Collecting Data
on All Fatal Opioid Overdoses as Part of Strategy 2**

State	# of UUDO deaths in 2014	Estimated budget for strategy 1	Estimated budget for strategy 2	Unanticipated Budget Costs	Maximum budget 1: Sharing only aggregate-level nonfatal opioid overdose data as part of Strategy 1	Maximum budget 2: Sharing aggregate and case-level nonfatal opioid overdose data as part of Strategy 1
Alabama	672	\$100,100	\$198,773	\$15,000	\$313,873	\$323,873
Alaska	108	\$100,100	\$129,439	\$4,000	\$233,539	\$243,539
Arizona	1,044	\$150,150	\$228,666	\$21,000	\$399,816	\$409,816
Arkansas	310	\$100,100	\$145,254	\$6,000	\$251,354	\$261,354
California	3,879	\$175,175	\$508,690	\$80,000	\$763,865	\$773,865
Colorado	726	\$100,100	\$202,142	\$15,000	\$317,242	\$327,242
Connecticut	561	\$100,100	\$191,846	\$15,000	\$306,946	\$316,946
Delaware	164	\$100,100	\$132,934	\$4,000	\$237,034	\$247,034
District of Columbia	89	\$100,100	\$128,254	\$4,000	\$232,354	\$242,354
Florida	2,171	\$175,175	\$339,600	\$40,000	\$554,775	\$564,775
Georgia	1,073	\$150,150	\$230,475	\$21,000	\$401,625	\$411,625
Hawaii	124	\$100,100	\$130,438	\$4,000	\$234,538	\$244,538
Idaho	168	\$100,100	\$133,183	\$4,000	\$237,283	\$247,283
Illinois	1,500	\$150,150	\$285,870	\$27,000	\$463,020	\$473,020
Indiana	1,058	\$150,150	\$229,539	\$21,000	\$400,689	\$410,689
Iowa	217	\$100,100	\$139,451	\$6,000	\$245,551	\$255,551
Kansas	275	\$100,100	\$143,070	\$6,000	\$249,170	\$259,170
Kentucky	1,024	\$150,150	\$227,418	\$21,000	\$398,568	\$408,568
Louisiana	721	\$100,100	\$201,830	\$15,000	\$316,930	\$326,930
Maine	189	\$100,100	\$134,494	\$4,000	\$238,594	\$248,594
Maryland	988	\$100,100	\$223,171	\$21,000	\$344,271	\$354,271
Massachusetts	1,213	\$150,150	\$267,961	\$27,000	\$445,111	\$455,111
Michigan	1,580	\$150,150	\$295,542	\$33,000	\$478,692	\$488,692
Minnesota	427	\$100,100	\$155,065	\$10,000	\$265,165	\$275,165
Mississippi	311	\$100,100	\$145,316	\$6,000	\$251,416	\$261,416
Missouri	949	\$100,100	\$220,738	\$21,000	\$341,838	\$351,838
Montana	93	\$100,100	\$128,503	\$4,000	\$232,603	\$242,603
Nebraska	100	\$100,100	\$128,940	\$4,000	\$233,040	\$243,040
Nevada	456	\$100,100	\$156,874	\$10,000	\$266,974	\$276,974
New Hampshire	294	\$100,100	\$144,256	\$6,000	\$250,356	\$260,356
New Jersey	1,146	\$150,150	\$235,030	\$21,000	\$406,180	\$416,180
New Mexico	497	\$100,100	\$159,433	\$10,000	\$269,533	\$279,533
New York	2,072	\$175,175	\$333,423	\$40,000	\$548,598	\$558,598
North Carolina	1,150	\$150,150	\$235,280	\$21,000	\$406,430	\$416,430
North Dakota	36	\$100,100	\$124,946	\$4,000	\$229,046	\$239,046
Ohio	2,581	\$175,175	\$393,764	\$48,000	\$616,939	\$626,939
Oklahoma	709	\$100,100	\$201,082	\$15,000	\$316,182	\$326,182
Oregon	423	\$100,100	\$154,815	\$10,000	\$264,915	\$274,915
Pennsylvania	2,503	\$175,175	\$388,897	\$48,000	\$612,072	\$622,072
Rhode Island	229	\$100,100	\$140,200	\$6,000	\$246,300	\$256,300

State	# of UUDO deaths in 2014	Estimated budget for strategy 1	Estimated budget for strategy 2	Unanticipated Budget Costs	Maximum budget 1: Sharing only aggregate-level nonfatal opioid overdose data as part of Strategy 1	Maximum budget 2: Sharing aggregate and case-level nonfatal opioid overdose data as part of Strategy 1
South Carolina	624	\$100,100	\$195,778	\$15,000	\$310,878	\$320,878
South Dakota	51	\$100,100	\$125,882	\$4,000	\$229,982	\$239,982
Tennessee	1,157	\$150,150	\$235,717	\$21,000	\$406,867	\$416,867
Texas	2,250	\$175,175	\$373,110	\$48,000	\$596,285	\$606,285
Utah	508	\$100,100	\$188,539	\$15,000	\$303,639	\$313,639
Vermont	67	\$100,100	\$126,881	\$4,000	\$230,981	\$240,981
Virginia	822	\$100,100	\$208,133	\$15,000	\$323,233	\$333,233
Washington	818	\$100,100	\$207,883	\$15,000	\$322,983	\$332,983
West Virginia	581	\$100,100	\$193,094	\$15,000	\$308,194	\$318,194
Wisconsin	743	\$100,100	\$203,203	\$15,000	\$318,303	\$328,303
Wyoming	90	\$100,100	\$128,316	\$4,000	\$232,416	\$242,416

Table 2: Budget Guidance for Strategy 2 for Applicants Collecting Data on Opioid Overdose Deaths in a Subset of Counties in Their State

Number of UUDO Deaths among Residents of Selected Counties in 2014	Estimated budget for strategy 2
1 to 200	\$124,260
201 to 400	\$138,452
401 to 500	\$153,442
501 to 900	\$188,102
901 to 1,200	\$217,742
1,201 to 1,500	\$267,212
1,501 to 1,800	\$290,612
1,801 to 2,200	\$314,512
2,201 to 2,600	\$370,052
2,601 to 3,000	\$400,862
3,001 to 3,400	\$435,512
3,401 to 3,800	\$468,162
3801 or more	\$503,822