All applicants for PS19-1907 are required to apply for Strategy A & B activities, and must propose at least one, but no more than five, Strategy C Focus Activities. Please prepare separate budget justifications for Strategy A & B and a separate, 1-page, budget justification for each Strategy C activity proposed in your application. Combine all budget items into a single SF424A for submission with your application. Please prepare all budget documents for the initial budget period only: September 30, 2019 – September 29, 2020.

Please consider the following guidance when preparing your budget request for PS19-1907, STD Surveillance Network (SSuN). While there are opportunities for successful applicants to revise and re-direct funds between budget categories post-award, being well prepared in advance of submitting your application materials, as well as incorporating ‘best practices’ in how you propose to allocate valuable resources in the first year of your award can contribute to successful implementation.

The following principles may be useful in preparation of your initial budget request:

- Resource needs for data management, programming, data system modifications are often underestimated in the initial project period, leading to delays in implementing required activities.
- New staff are often difficult to recruit and hire in a timely way – please be conscientious in pro-rating personnel requested to reflect the actual period of time for which you anticipate the position will be filled and funded.
- Resources for conducting provider and patient interviews are often underestimated; please use the number of completed interviews you will need to fulfill requirements and develop interviewer staffing needs based on your experience with traditional DIS effort (ratio of FTE to completed partner services interviews) or experience with previous enhanced surveillance projects such as SSuN.
- Carefully consider the burden to collaborating partners such as STD clinics for data extraction and transmission activities and your state/local HIV surveillance Unit for registry matching; develop contractual arrangements and consider co-funding for HIV-related FTE accordingly.
- Keep in mind that any funds awarded in the initial budget period are specifically intended to support the proposed scope of work for just that budget period.

Guidelines for Strategy A Budgeting:

- Applicants proposing a single STD clinic in this activity may propose a budget not to exceed $120,000 including indirect costs;
- Applicants proposing multiple STD clinics for this activity may propose a budget not to exceed $150,000 including indirect costs.

Guidelines for Strategy B budgeting:

- Applicants with >50,000 gonorrhea cases reported in their jurisdiction in 2017 may propose a budget not to exceed $220,000 including indirect costs;
- Applicants with 30,000 – 50,000 gonorrhea cases reported in their jurisdiction in 2017 may propose a budget not to exceed $200,000 including indirect costs;
• Applicants with 10,000 – 30,000 gonorrhea cases reported in their jurisdiction in 2017 may propose a budget not to exceed $160,000 including indirect costs;
• Applicants with fewer than 10,000 gonorrhea cases reported in their jurisdiction in 2017 may propose a budget not to exceed $130,000 including indirect costs for Strategy B activities.

Applicants must explicitly describe how funds requested for Strategy B activities are supplemental to (rather than replacing) funding received under STD-PCHD (PS19-1901) for enhanced gonorrhea and syphilis surveillance.

**Guidelines for Strategy C budgeting:**

**Focus Activity 3:** Lymphogranuloma venereum (LGV) surveillance among persons seeking care in STD clinics.

Applicants may propose a budget not to exceed $20,000 including indirect costs. Consider packaging cost for specimen shipping, microbiologist time for preparation and data management to assure that specimens are linked to clinic visit records.

**Focus Activity 4:** Enhanced cases investigations among a sample of reported chlamydia cases in a high morbidity area.

Applicants may propose a budget not to exceed $100,000 including indirect costs. Similar to the enhanced gonorrhea surveillance, this activity will require interviewer/investigator time, data management to assure proper extraction of case data and Epi staff for development of protocols, identification of geographic area and for designing evaluation methods.

**Focus Activity 5:** Enhanced cases investigations among early syphilis cases reporting neuro, ocular and otic symptoms.

This activity is substantively similar to a previous SSuN activity and the amount of effort required will vary by morbidity in the applicant’s jurisdictions. Consider investigator time, data management and epidemiologist supervision.

Applicants may propose a budget up to $75,000 (including indirect costs) if their jurisdiction reported 1,000 or more early syphilis cases in 2017.

For jurisdictions with fewer than 1,000 reported early syphilis cases reported in 2017, a budget not to exceed $60,000 including indirect costs is solicited.

**Focus Activity 6:** Syndromic surveillance for neuro, ocular and otic signs/symptoms to detect undiagnosed syphilis.

This activity requires close collaboration with a community clinical partner; consider contractual costs, data management and epidemiology resources for developing syndromic case definitions. Applicants may propose a budget of up to $75,000, including indirect costs, for this activity.

**Focus Activity 7:** Implementation of HL7 case reporting through National Notifiable Diseases Surveillance System (NNDSS).
Implementation of HL7 requires significant IT and programming support; consider appropriate contractual resources, FTE support and STD-program collaboration. Applicants may budget for STD surveillance staff time, contractual support and/or relevant training up to a maximum budget of $50,000, including indirect costs for this activity and should plan to complete all activities necessary to fully migrate to HL7 case reporting to CDC within the budget period.

Focus Activity 8: Technical assistance to STD-PCHD recipients implementing enhanced gonorrhea investigations.

In collaboration with CDC staff, jurisdictions applying for this activity should be prepared to provide formal, structured technical assistance to states/cities implementing core and enhanced surveillance activities funded under PCHD. This collaborative effort will require modest preparative time for epidemiology and/or program staff implementing SSuN and may require travel to a neighboring or regional jurisdiction. Provision of surveillance technical assistance within their own jurisdiction is a core requirement of SSuN and existing SSuN Strategy B personnel resources will be expected to contribute to this focus activity. Applicants may budget for modest staff time and travel (no more than 2 trips for 1 staff member) up to a maximum budget of $10,000 including indirect costs for this focus activity.

Focus Activity 9: Surveillance Activity of Local Interest.

Proposals for this activity should focus on a discrete project leading to significant enhancement to overall STD surveillance data in terms of timeliness, completeness and/or utilization of surveillance data to drive programmatic effort in the applicant’s jurisdiction. Jurisdictions should expect significant CDC involvement in, and monitoring of, these projects and applicants must be prepared to summarize any findings or outcomes in formal publications and presentations. Consider appropriate personnel, IT and contractual resources in budget preparation. Applicants may propose a budget up to $75,000 for this activity, including indirect costs.