



# SSuN Best Practice Note

## Budget Guidance

PS24-0082 STI Surveillance Network Cycle 5 (SSuN)

*This guidance applies to all SSuN Strategies*

All applicants for PS24-0082 may apply for Strategy A only, Strategy B only, or both Strategies A and B, and must propose at least one, but no more than two, Strategy C activities.

Please consider the following guidance when preparing your budget request for PS24-0082, STI 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.

## Budget Guidance

Strategy A funding is anticipated in the range of \$130,000–\$160,000 per recipient with an annual patient census in 2023 of 2,000 or more unique patients served with STI/HIV-related services per clinic (or 4,000 or more for a network of clinics sharing health records). Applicants with a patient census of 2,000–4,000 should propose budgets near the lower end of this range, applicants with a patient census of 4,000–6,000 should propose budgets in the middle of this range and those with a patient census >6,000 should propose budgets near the higher end of this range.

Strategy B funding is anticipated in the range of \$130,000–\$360,000 per recipient reporting more than 2,500 gonorrhea and syphilis cases (combined) in 2023 within the geographic boundaries of the proposed jurisdiction. Applicants with reported case counts between 2,500–10,000 should propose budgets near the lower end of this range, applicants with case counts between 10,000–50,000 should propose reasonable budgets in the middle of this range and applicants with reported case counts >50,000 may propose budgets reflecting the higher end of this range.

Strategy C activities are intended to be time-limited, single-year activities. Budgets up to \$100,000 per activity may be proposed; funding is subject to the availability of federal funding. Strategy C activities may be revised in subsequent budget periods and may not be funded for any (or all) recipients in each specific budget period; not every activity proposed will necessarily be funded, depending on CDC priorities and available federal resources. Applicants should carefully consider the time-limited nature of funding for these Strategy C activities with respect to personnel and related categories of expenses.

## Guidelines for Budgeting

- The range of award amounts is \$130,000–\$720,000 per recipient depending on patient census, morbidity levels, specific strategies proposed, and number of sexually transmitted infection/sexual health clinics (STI/SHCs) included.
- Applicants may propose a budget not to exceed \$160,000, including indirect costs for Strategy A activities.

- Applicants may propose a budget not to exceed \$360,000, including indirect costs for Strategy B activities.
- Applicants may propose a budget not to exceed \$100,000, including indirect costs, per Strategy C activity, with no more than two Strategy C activities proposed.

**Note:** Separate budget justifications are required for all Strategy A activities and for all Strategy B activities. Applicants applying for both Strategy A and Strategy B activities should provide two budgets, one for Strategy A and one for Strategy B. A separate, 1-page budget justification is required for each proposed Strategy C activity (e.g., a budget for Strategy C4; a budget for Strategy C6, etc).

Applicants are required to report if their application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e., grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. This may include but are not limited to: STD-PCHD (PS19-1901) and Ending the HIV Epidemic (EHE, PS20-2010).

## Considerations for Preparing the Initial Budget Request

- ❖ Resource needs for data management, programming, and 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 prorating personnel costs to reflect the actual period for which you anticipate the position will be filled and funded.
- ❖ Resources for conducting provider and patient interviews are often underestimated. As a baseline, please use the number of completed interviews you will need to fulfill this NOFO's requirements to estimate interviewer staffing needs based on your experience with traditional Disease Intervention Specialist (DIS) efforts (i.e., ratio of a full time employee [FTE] to completed partner services interviews) or experience with previous enhanced surveillance projects, such as SSuN.
- ❖ Carefully consider the burden on collaborating partners, such as STI clinics, for data extraction and submission activities and on your state or local HIV Surveillance Unit for HIV registry matching. Develop contractual arrangements and consider co-funding for HIV-related personnel accordingly.
- ❖ Keep in mind that any funds awarded in the initial budget period are specifically intended to support the proposed scope of work for only that budget period.

## Factors That May Impact Funding Decisions

- ❖ Applications proposing both Strategy A and Strategy B activities offer significant efficiencies and provide more comprehensive surveillance coverage of community STI burden. CDC will provide justification if such efficiencies affect funding decisions.
- ❖ The importance of including higher volume STI/SHCs. CDC will provide justification if clinic volume affects Strategy A funding decisions.
- ❖ The importance of including racial, ethnic, and gender/sexual minority (LGBTQI+) populations disproportionately affected by STIs. CDC will provide justification if population composition affects either Strategy A or Strategy B funding decisions.
- ❖ The importance of including STI/SHCs serving populations in priority EHE jurisdictions for Strategy A, (<https://www.cdc.gov/endhiv/about-ehe/index.html>). CDC will provide justification if inclusion of clinics in priority EHE jurisdictions affects Strategy A funding decisions.
- ❖ The need for geographic diversity for SSuN Strategy B. CDC will provide justification if geographic diversity affects Strategy B funding decisions.



- ❖ These factors will not affect scoring or placement on the ranking list. CDC will provide justification for any decision to fund out of rank order.

## Additional Information

**For more information, please see the following pages of the SSuN NOFO (PS24-0082):**

- ❖ Strategy A activities: p. 9
- ❖ Strategy B activities: p. 15
- ❖ Strategy C activities: p. 16
  - Relevant to Strategy A:
    - C1: Improvements to medical records system, p. 17
    - C2: (a) HIV PrEP monitoring (b) doxy PEP monitoring, p. 17
    - C3: Technology to enhance HIV PrEP monitoring, p. 18
    - C4: Evaluating PrEP uptake and retention, p. 18
  - Relevant to Strategy B:
    - C5: Enhancements to local systems supporting data collection for Strategy B, p. 18
    - C6: Implementing syphilis automated record search and review algorithm, p. 18
    - C7: Neonatal HSV case investigations and medical record abstractions, p. 19
  - Relevant to Strategy A and/or B:
    - C8: Innovative analysis of multi-site data from SSuN Cycles 3 and 4, p. 19
    - C9: Surveillance activity of local interest, p. 20

CDC's Division of STD Prevention, Enhanced Surveillance and Special Studies Team created this series of documents for CDC staff working on PS24-0082 STI Surveillance Network (SSuN) and for applicants and recipients of that NOFO, to help clarify strategies outlined there and to support project implementation.

