

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

PLANNED PARENTHOOD OF	)	
GREATER NEW YORK <i>et al.</i>	)	
	)	
Plaintiffs,	)	
v.	)	Civil Action No. 1:25-cv-1334-TJK
	)	
U.S. DEPARTMENT OF HEALTH AND	)	
HUMAN SERVICES, <i>et al.</i>	)	
	)	
Defendants.	)	
	)	

PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

Pursuant to Federal Rule of Civil Procedure 65(a), Plaintiffs Planned Parenthood of Greater New York, Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana and Kentucky, Planned Parenthood of the Heartland, Planned Parenthood California Central Coast, and Planned Parenthood Mar Monte respectfully move for a preliminary injunction.

Specifically, to preserve the status quo, Plaintiffs move the Court to preliminarily enjoin implementation of the unlawful new requirements imposed by Defendants Department of Health and Human Services (HHS) and HHS Secretary, Robert F. Kennedy, Jr., through the *Guidance for Preparing a Non-Competing Continuation (NCC) Award Application* on Teen Pregnancy Prevention Program Tier 1 grant recipients and any actions to implement those requirements, and permit Tier 1 funding recipients to submit new or amended applications, as set forth in the contemporaneously filed proposed order.

Plaintiffs respectfully request that the Court rule on their motion by no later than June 15, 2025, so that applicants can submit applications and have them resolved before the new funding cycle begins on July 1, 2025.

The grounds for this motion are set forth in the accompanying Memorandum in Support of Plaintiffs' Motion for Preliminary Injunction.

Dated: May 12, 2025

Respectfully submitted,

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EXHIBIT 1



U.S. Department of Health and Human Services

Office of Population Affairs

Notice of Funding Opportunity: Advancing Equity in Adolescent Health through
Evidence-Based Teen Pregnancy Prevention Programs and Services

Opportunity Number: AH-TP1-23-001

Application Due Date:
04/18/2023 at 6:00 PM Eastern

OVERVIEW

FEDERAL AGENCY NAME

The Office of the Assistant Secretary for Health, Office of Population Affairs

FUNDING OPPORTUNITY TITLE

Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services

ACTION

Notice

ANNOUNCEMENT TYPE

Initial CA (Cooperative Agreement)

FUNDING OPPORTUNITY NUMBER

AH-TP1-23-001

ASSISTANCE LISTING NUMBER AND PROGRAM:

93.297 , Teenage Pregnancy Prevention Program

DATES

Application Deadline: 04/18/2023 by 6:00 PM Eastern.

Technical Assistance Webinar: 02/21/2023 at 2:00 pm and 6:00 pm Eastern.

EXECUTIVE SUMMARY

The Office of Population Affairs announces the availability of funds for Fiscal Year (FY) 2023 under the authority of Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328).

This notice solicits applications for projects to serve communities and populations with the greatest needs and facing significant disparities to advance equity in adolescent health through the replication of evidence-based teen pregnancy prevention programs (EBPs) and services. Funding for projects authorized under this Notice of Funding Opportunity (NOFO) is to replicate EBPs and not for service delivery. While ancillary supportive services provided to complement replication of EBP (see Section A.2.f.) may be allowable, services are not the primary purpose of this NOFO.

The goal of this initiative is to improve sexual and reproductive health outcomes, promote positive youth development, and advance health equity for adolescents, their families, and communities through the replication of medically accurate and age-appropriate evidence-based teen pregnancy prevention programs (EBPs). EBPs are programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors. OPA intends to make available approximately \$68.6 million for an estimated 70 awards. We will give recipients a six-month planning period during which they will finalize the selection of the EBPs that they will implement within their defined community and population. We seek a broad competition for awards and are interested in projects that will expand access to high-quality programs to improve sexual and reproductive health outcomes and promote positive youth development.

The amount of funding an applicant may request ranges from \$350,000 to \$2 million per year for a period of up to five years (five 12-month budget periods). Funding for budget periods beyond the first year is dependent on approval of a non-competing continuation application. Funding requests for the project should reasonably support the number of participants anticipated being served through EBP implementations over the duration of the project period. Recipients should be mindful of realistic and feasible goals based on funding level received. The historical annual reach per funding range based on prior TPP awards is presented in the table. Costs may differ based on various factors such as geographic region, specific focus population of participants, available resources, etc. The information also does not reflect inflation or cost-of-living adjustments that have been made over time. The table is provided only as background information. We do not use the information in the Table as the basis for determining funding levels.

Annual Budget	Annual EBP Participant Reach
\$350,000 - \$749,999	At least 500 per year
\$750,000 - \$999,999	At least 1,500 per year
\$1,000,000 - \$1,249,999	At least 3,000 per year
\$1,250,000 - \$1,499,999	At least 6,000 per year
\$1,500,000 - \$1,749,000	At least 10,000 per year
\$1,750,000 - \$2,000,000	At least 15,000 per year

The Office of the Assistant Secretary for Health (OASH) encourages all applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that their applications comply with all requirements and instructions.

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A. PROGRAM DESCRIPTION

The Office of Population Affairs announces the availability of funds for Fiscal Year (FY) 2023 under the authority of Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328).

OASH works to advance health equity, especially for those who have suffered historic disparities. In support of this vision, OPA promotes health across the reproductive lifespan through innovative, evidence-based sexual and reproductive health and family planning programs, services, strategic partnerships, evaluation, and research. The Teen Pregnancy Prevention (TPP) Program is a national, evidence-based program that funds diverse organizations working to reach adolescents to improve sexual and reproductive health outcomes and promote positive youth development.

OPA intends this Teen Pregnancy Prevention (TPP) Program initiative to advance equity in adolescent health by targeting resources to specifically support replication of medically accurate and age-appropriate evidence-based teen pregnancy prevention programs (EBPs) and services in communities and populations with the greatest needs.

1. Background

While there has been great progress in reducing unintended teen pregnancy, the U.S. teen birth rate of 15.4 per 1,000 females aged 15 to 19 years in 2020 [1] remains higher than that in many other developed countries, including Canada and the United Kingdom [2]. Young people ages 15 to 24 account for nearly half of all new cases of sexually transmitted infections (STI) [3]. Additionally, there continues to be significant disparities in adolescent sexual health outcomes by race, ethnicity, geography, and among those that have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality [1,4, 5].

Birth rates are higher among American Indian/Alaska Native (AI/AN), Black, Hispanic, and Native Hawaiian/ Pacific Islander adolescents than among teens overall. For example, in 2020, AI/AN adolescent females ages 15 to 19 had the highest birth rate (25.7 births per 1,000 females ages 15-19), followed by Black adolescents (24.4 births per 1,000 females ages 15-19) [1]. Sexual minorities face similar disparities. Young gay and bisexual males have disproportionately high rates of HIV, syphilis, and other sexually transmitted diseases (STDs). Additionally, adolescent lesbian and bisexual females are more likely to have ever been pregnant than their heterosexual counterparts [6].

Disparities between states persist, with state-specific 2020 teen birth rates ranging from 6.1 per 1,000 in Massachusetts to 27.9 per 1,000 in Mississippi [1]. Within any given state, teen birth rates vary greatly, especially as it relates to urbanicity, with rural counties having the highest

teen birth rates [7]. Further, adolescents in certain settings are disproportionately affected by unintended teen pregnancy and birth than other groups. For example, young women living in foster care are more than twice as likely to become pregnant than young women not in foster care [8]. Youth involved in the juvenile justice system experience higher rates of risky sexual behaviors compared to their non-system involved peers. They are also disproportionately affected by unintended pregnancy and more likely to be teen parents [9].

While often characterized as a time of turmoil and risk for young people, adolescence is a developmental period rich with opportunity for youth to learn and grow. During this time, youth have the potential to become individuals able to make healthy decisions and form healthy relationships with others. However, the “promise of adolescence can be severely curtailed by economic, social, and structural disadvantage and, in all too many cases, by racism, bias, and discrimination” [10]. In the past two years alone, COVID-19 has had significant impacts on the health and well-being of children and youth across America. Especially impacted are those that were already economically and socially marginalized due to historical inequities including youth in low-income families; youth of color; youth in foster care and those who have aged out; and youth living with disabilities. Social isolation and disruption in access to various youth programming and services increased mental health challenges and severely impacted some of our most vulnerable youth such as those in the child welfare system [11]. TPP Programs have an opportunity to become vectors of resilience and restoration for youth affected by the adversities and/or trauma caused or intensified by the COVID-19 pandemic. TPP Programs can offer the supports needed through evidence-based teen pregnancy prevention programs and services.

We aim to bolster adolescent health outcomes equitably and mitigate disparities through evidence-based teen pregnancy prevention programs and services. Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities [12].

Advancing health equity in teen pregnancy prevention will require sustained, multi-pronged, multi-level interventions and strategies that are both innovative and evidence based. It also requires projects to fully explore the needs of their community and population to recognize and understand what inequities exist and the underlying causes contributing to them. Through this deep examination, projects can then work toward providing youth-centered, high-quality programming and services that improve sexual and reproductive health outcomes and promote positive youth development.

2. Expectations for Funded Projects

Award recipients under this opportunity should meet each of the below expectations in the execution of their project.

a. Focus on Areas of Greatest Need and Facing Significant Disparities

To advance health equity and direct resources to those communities and populations with the greatest need and facing significant disparities, we expect recipients to focus their project on a community(ies) and population(s) that are disproportionately affected by unintended teen pregnancy and STIs. Recipients may serve a single community or multiple communities within

their project. Multiple communities could include communities within the same state, communities across states, etc. Recipients should have a defined community(ies), with clear geographic boundaries, in order to ensure that they identify the number of youth that they will serve. Within the community(ies), recipients should have a clearly identified population of focus. Primary participants to receive programming under an award should be adolescents and youth. Projects should focus on serving youth who are at disproportionately affected by unintended teen pregnancies (including rapid repeat pregnancy) and STIs due to factors such as:

- Race;
- Ethnicity;
- Geography; and/or
- Otherwise historically underserved or marginalized. This includes those that have been adversely affected by persistent poverty and inequality (e.g., youth experiencing homelessness, youth in foster care, youth in juvenile justice, LGBTQI+ youth, youth with disabilities, expectant and/or parenting teens, etc.).

We expect recipients to continuously assess the needs and resources of the community and population of focus through the collection and analysis of qualitative and quantitative data. The purpose of ongoing data collection and analysis is to ensure recipients are targeting their efforts in communities and among populations with the greatest need and maintaining an understanding of what the specific needs and resources are, who the key stakeholders are, and the relationship between all these components that may be driving disparities within the community(ies).

We also expect recipients to engage key stakeholders, community members, and partners in data collection, interpretation of findings, refining priorities, and developing solutions to address disparities within the community.

b. Engage in a Planning Period

The planning period is an opportunity for the recipient to set the project up for success in meeting all the expectations over the life of the project. Under this NOFO, we will allow up to a 6-month planning period for recipients to select EBPs that are the best fit for the youth and communities served, prepare all settings to implement selected EBPs to scale, and prepare for seamless execution of activities to achieve the goals of the project. During the planning period, we expect recipients to engage youth, parents/caregivers, and key community stakeholders to ensure the project is of the highest quality, responsive to the needs identified, and the best fit for the community(ies) and population(s) the recipient will serve. By the end of the planning period, we expect recipients to meet key milestones and begin implementing selected EBPs in all identified settings (see Replicate to Scale Evidence-Based Teen Pregnancy Prevention Programs with Fidelity and Quality expectation). Recipients should achieve the following milestones during the planning phase:

- Review initial needs assessment submitted as part of application and **build upon it** to ensure a clear understanding of the needs and resources of the community and specific population(s) of focus.
- Demonstrate the project will not duplicate efforts in the community and among the population of focus.

- Select EBPs that are a good fit, demonstrating clear alignment between the selected EBPs, project goals and desired outcomes, needs of the community/population, and the capacity/readiness of the implementation site(s) and implementing organization(s).
- Finalize the plan for reviewing all program materials and disseminated information throughout the course of the project and complete review of materials related to the selected EBPs to ensure materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive of all youth.
- Pilot, refine, and be ready to replicate selected EBP(s) to scale, including:
 - Submitting and obtaining a decision on all proposed adaptations and
 - Having implementation plans in place for each implementation site.
- Demonstrate organizational readiness to implement the project through staffing, training, and clear project management processes and protocols.
- Finalize the work plan.
- Finalize a Monitoring and Improvement Plan that clearly accounts for selected EBPs and implementation settings.
- Establish and execute a partnership engagement plan to include establishment of MOAs with all implementation partners.

We expect recipients to engage in activities during the planning period that result in their ability to begin fully executing all expectations of the award. Failure of a recipient to make satisfactory progress toward completion of planning period milestones by the end of the six-month planning period may be deemed poor performance and affect future funding decisions (Section F.17.e).

c. Replicate to Scale Evidence-Based Teen Pregnancy Prevention Programs with Fidelity and Quality

A key strategy for advancing equity in the TPP Program includes increasing the opportunities available to youth and their families within a community to receive evidence-based programs (EBPs). EBPs are those programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors (see below).

We are interested in projects that will make the greatest impact on improving sexual and reproductive health outcomes and promoting positive youth development. The goal of replicating EBPs to scale is to expand the reach of programs and serve greater numbers of youth, their families, and other key stakeholders (e.g., youth-serving professionals, trusted adults) with EBPs. Recipients will achieve this goal by ensuring EBPs are a good match to communities and populations of focus and by breaking down barriers to participation and ensuring access to EBPs [13]. If intervention strategies are to achieve real benefits for communities and the larger population, recipients must implement them effectively, with fidelity and quality, and to scale.

We expect recipients to promote and improve the health and well-being of the whole person by replicating EBPs over the course of adolescence and across an adolescent's physical and social environments. You must replicate EBPs with fidelity and quality. We refer to implementation of an EBP as "replication." Fidelity refers to the degree to which an implementer adheres to the

core components of an evidence-based program.

We expect recipients to replicate EBPs to scale **in 3 or more settings**, reaching communities, and youth within those communities, with the greatest need. The settings in which recipients will replicate EBPs should clearly connect with the need of the focus population as well as the various physical and social environments where youth live, learn, work, play, and worship. For this NOFO, settings include, but are not limited to, schools, clinics, community-based organizations, houses of worship, detention centers, and group and residential care programs. Recipients may include other settings if you demonstrate that such settings serve youth with the greatest disparities in the identified community(ies). We will count each setting listed above separately, considering each as one individual setting. We consider “school setting” as one setting that encompasses elementary, middle, high schools, charter schools, **and** alternative schools.

In each setting, recipients should adopt strategies to implement and scale the selected EBP to maximize youth participation. A key strategy for taking programs to scale is to implement programs through partnerships, coalitions, networks, and/or, systems within the community. For example, recipients should implement programs:

- district-wide in the community rather than within individual schools or in individual classrooms;
- in partnership with an existing and well-established after-school program rather than creating a new after-school program; and/or
- within all juvenile detention facilities in the community rather than one facility.

Funding requests over the project should reasonably support the number of participants over the duration of the EBP implementations. Recipients should be mindful of realistic and feasible goals based on funding level received.

1. Identifying and Selecting Evidence-Based Teen Pregnancy Prevention Programs

Identifying and selecting EBPs requires an intentional process that ensures the programs selected are a good fit for the needs of the community and population(s) of focus. Fit refers to how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (e.g., youth). Recipients should use the planning period (see Planning Period expectation) to revisit their project goals and desired outcomes, needs of the community and population, and capacity/readiness of the implementation sites and implementing organization(s). Recipients should use this information to identify, pilot, and be ready to replicate to scale EBPs that are a good fit for the needs of the community and population(s) of focus. The purpose of assessing fit is to either avoid programs that do not fit well or improve fit by making allowable adaptations.

Adaptations are changes made to the program content, delivery, or other core components of the program. Recipients may not significantly change the program’s core components or compromise program fidelity (i.e., compromise the underlying elements/components of the program). Recipients may make minor adaptations to EBPs. Minor adaptations are allowable if they improve the fit and relevancy of the program to the community and population of focus.

Selected EBPs should lay the foundation for developmentally appropriate behavioral skills related to improving sexual and reproductive health outcomes and promoting positive youth development. As such, youth should receive a complement of EBPs at multiple times over the course of their adolescence to have a lasting impact on improving outcomes and reducing disparities. The information provided should be sequential, consistent, and reinforcing. For example, social-emotional learning and positive youth development programs offer great potential benefit by equipping adolescents with the foundational skills they need to engage in impulse control and self-regulation. Such skills ultimately help youth make healthy decisions in a variety of situations. Social-emotional learning and positive youth development programs can also establish a foundation upon which other specific behavioral skills (e.g., negotiating condom use, initiation of sex) can be built. Recipients can and should implement these programs as a complement, not a replacement, to inclusive, evidence-based sex education, and sexual health services [14]. Therefore, we encourage recipients to implement several EBPs to align with the needs of the community and population of focus.

We strongly recommend that recipients leverage lessons learned and best practices from previous youth development and teen pregnancy prevention efforts. Such information will serve as a foundation from which to further refine selection of EBPs. It will also assist in efficiently ensuring an EBP that truly fits the needs of the community and population that you will serve. We expect recipients to obtain approval from us for selected EBPs prior to piloting the programs. We will provide further guidance to recipients on the EBP approval process upon award. While we expect recipients to be ready to implement the selected EBPs to scale by the end of the planning period (see Planning Period expectation), we will allow recipients to add or remove EBPs throughout the course of the project period to address the needs of the community and population(s) of focus on a continuous basis.

2. Eligibility of Programs to be Replicated and Implemented to Scale

Eligible EBPs for replication are those that meet the criteria listed below.

- Study Quality - Meets the criteria for the quality of an evaluation study per the criteria established in the [HHS TPP Evidence Review \(TPPER\) protocol, version 6.0](#).
- [Evidence of Effectiveness on Sexual Risk Behaviors - At a minimum, one of the identified EBPs to be implemented must demonstrate impact on sexual risk behaviors using the evidence of effectiveness as outlined in the HHS TPP Evidence Review \(TPPER\) protocol, version 6.0.](#)
- Evidence of Effectiveness on Behavioral Risk Factors Underlying Teenage Pregnancy or Other Associated Risk Factors - In addition to implementing at least one EBP with evidence of effectiveness on sexual risk behaviors, recipients may also implement EBPs that demonstrate impact on non-sexual behavioral risk factors underlying teenage pregnancy. If replicating such a program, the recipient must clearly demonstrate how the outcomes are related to preventing teen pregnancy **and** address the needs of the community and population of focus.

The U.S. Department of Health and Human Services (HHS) anticipates reinstating and updating the [HHS TPP Evidence Review \(https://tppevidencereview.youth.gov\)](https://tppevidencereview.youth.gov). The HHS Office of the

Assistant Secretary for Planning and Evaluation (ASPE) leads the HHS TPP Evidence Review (TPPER) and it is a tool that can be used by recipients to assist in the selection of EBPs. The TPPER is systematic process for reviewing evaluation studies against a rigorous standard to identify programs with evidence of effectiveness in reducing teen pregnancy, STIs, or associated sexual risk behaviors. TPPER defines the criteria for the quality of an evaluation study and the strength of evidence for a particular intervention. ASPE recently updated the evidence review standards in Fall 2022. **We anticipate ASPE will make findings from this new update publicly available on the TPPER website in early 2023.**

d. Review Materials Prior to Implementation

We require recipients to make all materials used and information disseminated within the funded project age appropriate and medically accurate. We expect recipients to make materials and information culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. This includes all materials associated with the EBP. It also includes any supplemental materials and information (e.g., participant booklets, pamphlets, handouts, web content, podcasts, posters, scripts, and facilitators' answers to participant questions) used and disseminated by the recipient and its implementation partners (if applicable). See Glossary in Section I.4 for definitions of age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusivity.

We expect recipients to clearly understand the content that they disseminate through their project and to ensure that the content is responsive to the needs of and appropriate for the community and population of focus. Recipients will be responsible for ensuring subject-matter experts (e.g., age appropriateness, medical accuracy, etc.) review all materials used and information disseminated within the funded project and in the replication of EBPs. Recipients are also responsible for making any necessary changes prior to implementation. We expect recipients to inform us of the review process, findings, and plans to address any issues identified. We will review and approve any changes made to the EBPs to address age appropriateness, medical accuracy, cultural and linguistic appropriateness, trauma-informed approaches, and inclusivity prior to implementation. We require recipients to submit all program materials to us for a medical accuracy review. Recipients may not begin implementation of EBPs or use and disseminate materials without prior approval.

Recipients should use a process for assessing program materials and disseminated information, including those used by implementation partners, at least annually to ensure that they remain age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive. Recipients may make additional changes to materials, as needed, to meet the expectations of this opportunity; however, we must review and approve any changes prior to use.

e. Engage Youth, Caregivers, and the Community Throughout the Project

We expect recipients to use a community-driven, multi-sector approach to maximize the impact of their project. The role of communities is crucial to promoting health equity and positive youth development. Communities hold the expertise to identify and implement solutions that address

their specific needs [15]. Community engagement harnesses the skills and talents of a community's most important resource – its people. Involving community members in health initiatives can foster connectedness and trust, improve assessment efforts, and build the capacity of individuals to positively affect their community. Additionally, this engagement can enhance the effectiveness of proposed strategies and increase the sustainability of such strategies.

We expect adolescents, as key stakeholders in communities, to be involved as respected partners in making decisions about programs and services intended for them. Recipients should meaningfully engage youth, as equal partners, in the design, implementation, and monitoring of the project. Partnerships and meaningful engagement should occur in a safe, supportive, and inclusive environment that creates equitable opportunities for all. Such environments should help individuals and groups feel safe, respected, engaged, and valued for who they are and for their contributions to the project and their community [16].

Youth perspectives, expertise, voices, and values – especially of those who have been disadvantaged and/or marginalized – should be honored and amplified through meaningful adult-youth partnerships. Further, those projects developed in partnership with youth are more likely to be effective at engaging the population and, therefore, to have a greater impact. Involving youth as partners in making decisions that affect them increases the likelihood that they will accept and adopt such decisions as part of their everyday lives. In addition, empowering youth to identify and respond to community needs helps them become empathetic, reflective individuals, and potentially sets them on a course to continue this important work in their future [17].

Of course, investing in youth also requires investing in the adult caregivers who support them. We expect recipients to implement engagement strategies for parents/caregivers that demonstrates a commitment to support these trusted adults in respecting the developing agency of adolescents. Agency is defined as adolescents' ability to set goals aligned with values, perceive oneself as able to act on the goal, and then act towards achieving the goal [18]. We also expect recipients to provide guidance and education to parents/caregivers that support them in developing and maintaining positive relationships and reinforce positive, healthy decision-making with youth.

Supportive familial, caregiver, and adult relationships play a significant role in fostering positive outcomes for adolescents [10]. Parents have a unique opportunity to share their own morals, values, and beliefs with their children, and their influence is often seen as greater than that of friends [19]. The effects of healthy parent-child communication on sexual decision-making among youth is well-documented. Many adolescents believe it is easier to postpone sexual activity and avoid unintended pregnancy if they can have open and honest conversations about these topics with their parents [20].

Finally, building linkages with the whole community is an important element of the project. We expect recipients to have a community engagement strategy aimed at engaging key stakeholders, community organizations, and leaders throughout the entire project. This includes the design, implementation, and monitoring of the project. We encourage recipients to be innovative in approaching community engagement with the goal of having a sustained impact on advancing health equity in adolescent sexual and reproductive health outcomes and positive youth

development. The engagement strategy should build trust; enlist new resources and allies; enhance communication; and empower community members and organizations in their roles as active agents of change.

We expect recipients will develop and/or leverage partnerships and/or coalitions to help mobilize resources, influence systems, and serve as catalysts for changing policies, programs, and practices within the community. We expect key stakeholders, community organizations, and leaders are reflective of the community and population you will serve and should include, but not be limited to, youth, parents/caregivers, youth-serving professionals, and other youth-identified trusted adults.

f. Connect to a Network of Adolescent-Friendly Supportive Services

Adolescents have physical, social, and emotional needs that cut across multiple systems (school, healthcare, employment, etc.). Key to fostering better youth outcomes is removing the barriers that adolescents face in these systems. We expect recipients to identify, actively engage and collaborate with, and maintain a network of diverse, multi-sector partners in order to **increase awareness of, access to, and utilization of** adolescent-friendly services which address the needs of the population of focus. Adolescent-friendly services are those that are equitable, accessible, acceptable, appropriate, and effective [21]. Adolescent-friendly services are based on a comprehensive understanding of what young people want and need, rather than being based only on what providers believe youth need [22].

We expect recipients to assess resources available, identify gaps in resources (see Section A.2.a), and assess the extent to which the community and population are **aware of, able to access, and utilize** available resources. Recipients should specifically engage with youth and their families to understand what unique barriers prevent them from accessing services.

Recipients can offer support to youth and their families in navigating complex systems intended to serve them. Recipients can also play a key role in increasing access to and utilization of adolescent-friendly services in their communities through collaboration and coordination with partners across systems. Partnerships should reflect those that influence the underlying factors impacting unintended teen pregnancy. Such multi-sector partnerships can work to improve the underlying conditions that can set the stage for youth to flourish and thrive [23] by offering a continuum of supports to meet the physical, social, emotional, behavioral, and mental health needs of youth. We expect the partnerships to address the various needs of the community and population of focus while also complementing the implementation of EBPs. We expect this to include, but not be limited to, sexual and reproductive health services and mental health services. Partners should not be limited to members of a recipient's pre-existing network or limited geographically; rather we expect innovation in the approach and use of an efficient and objective process to establish partnerships most appropriate for addressing the needs of community(ies) and population(s).

In meeting this expectation, recipients should:

- Develop a robust network of diverse, multi-sector partners with specific processes and protocols for connecting youth and their families to supportive services;
- Implement strategies to build the capacity of youth and their families to independently navigate systems and be able to advocate for high quality, adolescent-friendly care; and
- Assist health providers and health care settings in offering adolescent-friendly healthcare services.

Funding for projects authorized under this Notice of Funding Opportunity (NOFO) is to replicate EBPs and not for service delivery. While ancillary supportive services provided to complement replication of EBP, as noted in this section, may be allowable, it is not the primary purpose of this NOFO.

g. Ensure Equitable, Safe, Supportive, and Inclusive Environments

We expect recipients to execute their overall project, including implementation of EBPs, in **equitable, safe, supportive, and inclusive environments, using trauma-informed and positive youth development approaches**.

Ensuring an **equitable environment** requires a recipient to address the root causes of disparities in communities, including recognizing and addressing systemic and structural barriers such as racism, discrimination, and power dynamics and privilege, to ensure youth from such communities have equal access to and rights to the same opportunities and resources as others [24, 25].

Inclusive environments celebrate and amplify perspectives, voices, and values of youth that have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. An inclusive environment creates equitable access to resources and opportunities for all. It helps individuals and groups feel safe, respected, engaged, and valued for who they are [22]. We expect recipients to be aware of and inclusive of the population(s) of focus and sensitive and responsive to their needs. Project materials, practices, and services should not discriminate, alienate, exclude, or stigmatize youth and their families.

A **trauma-informed approach** refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. It provides youth-serving professionals with the tools to avoid re-traumatizing youth who have experienced trauma and recognize when youth may need additional support. We expect recipients to recognize the diverse backgrounds and experiences of youth and apply the core principles of a trauma-informed approach throughout the project. Principles include safety, transparency and trustworthiness, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural and historical awareness [26].

Recipients should also strengthen the overall project by incorporating **positive youth development approaches**, which focuses on providing youth with experiences and opportunities for healthy and successful growth and development into adulthood [27].

We expect recipients to continuously monitor (Section A.2.h) and identify areas to improve

and/or enhance their project to ensure an equitable and inclusive environment and the application of trauma-informed principles and positive youth development approaches. We encourage recipients to be innovative in their approach to this expectation and engage new and existing partners, including implementation partners (if applicable) and youth, as part of this process.

h. Monitor and Improve the Overall Project

We expect recipients to monitor and improve the overall project, including EBPs, to ensure programs and services offered are equitable, accessible, and of the highest quality and best fit for the community(ies) and population(s) served.

We expect recipients to have a Monitoring and Improvement Plan (MIP) that reflects how they will use performance measures and other relevant data, including youth and stakeholder feedback, to monitor progress in meeting approved project goals and objectives. The MIP should also monitor the extent to which:

- EBPs are implemented to scale with quality and fidelity (including but not limited to observing 5% of all EBP sessions and 100% of all EBP facilitators for fidelity and quality on an annual basis);
- Youth, parents/caregivers, and the community are meaningfully engaged throughout the project;
- Components of the project, including programming, is implemented in an equitable, safe, supportive, and inclusive environment; and
- Project approach is increasing awareness of, access to, and utilization of adolescent-friendly supportive services.

The MIP should build in opportunities for the recipient to monitor progress throughout the course of the project. This includes identifying issues, assessing how well the project is reaching populations experiencing health inequities, and providing an opportunity to make adjustments that can support equitable outcomes [24]. The MIP should use data to inform professional development and capacity building of staff and partners, and to make continuous improvements to the project.

We expect recipients to foster collaboration and data-sharing between implementation staff, evaluation staff, and other partners (if applicable) to reflect a team approach. Such an approach is critical to the success of the overall project. Implementation and evaluation staff should work together to determine the data to collect, methods and process of collection, and translating data collected to improve the project and make data-informed decisions. Recipients must also collect all performance measures (OMB #0990-0438, Expiration August 31, 2023, pending renewal. See Section I.7) and report them on a semi-annual basis. We will provide final performance measures to recipients during the first six months of funding and may include measures on reach, dosage (i.e., “how much” of the program a participant received), implementation quality, sustainability, partnerships, trainings, and dissemination.

In collecting performance measures and other project data, recipients must adhere to all relevant state laws, organizational policies, and other administrative procedures prior to collection.

Recipients must obtain permission from all partner organizations to collect required data. To protect the rights and welfare of program participants, we expect those recipients that decide to ask survey questions such as those that assess knowledge, attitudes, and intentions on sex to consult with an IRB to determine whether the evaluation plan is (1) exempted or (2) requires a full IRB review. **Please note that OPA only requires that recipients meet the reporting requirements as stated in Section F.17.** Recipients **should not** collect any data as it relates to changes in sexual behaviors outside of a rigorous impact evaluation that includes a comparison group because this is not a research award. Any evaluation-type activities should focus on monitoring the quality and fit of project activities.

As a condition of the award, we may require selected recipients to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available. The Federal Evaluation contractor will pay for any costs associated with evaluation data collection for the Federal Evaluation.

3. Federal Agency Substantial Involvement

Recipients will receive funding under a cooperative agreement. A cooperative agreement is a form of assistance that allows for substantial involvement by federal agency. Additional details of the substantial involvement for awards made under this NOFO are described in Section B.3.

B. Federal Award Information

1. Legal Authority

Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328)

2. Award Information

We intend to make funds available for competing CA (Cooperative Agreement) awards. The actual amount available will not be determined until enactment of the FY 2023 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner.

We intend to make funds available for competing CA (Cooperative Agreement) awards. The actual amount available will not be determined until enactment of the FY 2023 federal budget.

We intend to make funds available for competing CA (Cooperative Agreement) awards.

We will fund awards in annual increments and generally for a period of performance up to 5 year(s), although we may approve shorter periods of performance. Budget periods may also vary from the estimate indicated below due to timing of award issuance or other administrative factors.

Recipients will be required to submit a non-competing continuation application for each budget period after the first. Funding for all approved budget periods beyond the first is generally level

with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government.

Award Information

Estimated Federal Funds Available	\$68,625,000
Anticipated Number of Awards	70
Award Ceiling (Federal Funds including indirect costs)	\$2,000,000 per budget period
Award Floor (Federal Funds including indirect costs)	\$350,000 per budget period
Anticipated Start Date	07/01/2023
Estimated Period of Performance	Not to exceed 5 year(s)
Anticipated Initial Budget Period Length	12 months
Type of Award	Cooperative Agreement
Type of Application Accepted	Electronic via Grants.gov ONLY unless an exemption is granted.

3. Federal Agency Substantial Involvement

Awards made under this NOFO will be cooperative agreements. A cooperative agreement is a form of assistance that allows for substantial involvement by the program office. Substantial involvement is in addition to the usual monitoring and technical assistance provided under a grant (e.g., assistance from the assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance). Substantial programmatic involvement for cooperative agreements under this NOFO may include:

- Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.
- Consulting with the recipient throughout the preparation and dissemination of materials related to the award.
- Review of recipient progress during the planning period and approval at significant milestones to move forward with full implementation.
- Review and approval of EBPs selected for replication, EBP implementation plans, and proposed adaptations to EBPs.
- Consulting with OPA on adaptations proposed to ensure fidelity to EBPs core components.

- Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.
- Serving as a programmatic resource during the implementation of the project by participating in the design of the activities and contributing with subject matter expertise.
- Identification of other organizations with whom the recipient may be asked to develop cooperative and collaborative relationships and partnerships to enhance the effectiveness of the project.
- Reviewing and approving all program materials prior to use in the project to ensure the materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive.

C. Eligibility Information

1. Eligible Applicants

Any public or private (profit or nonprofit) entity located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands) is eligible to apply for an award under this announcement.

Faith-based organizations and American Indian/Alaskan Native/Native American (AI/AN/NA) organizations that are public or private entities are eligible to apply. Public or private community-based organizations are eligible to apply.

Examples of eligible Organizations include:

State governments

County governments

City or township governments

Special district governments

Independent school districts

Public and State controlled institutions of higher education

Native American tribal governments (Federally recognized)

Public housing authorities/Indian housing authorities

Native American tribal organizations (other than Federally recognized tribal governments)

Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education

Private institutions of higher education

For profit organizations other than small businesses

Small businesses

2. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget. If you voluntarily include cost sharing in your application, you must include in your budget narrative a non-federal sources justification as described in Section D.3.b.1.t or your application will be disqualified (Section C.4.k). Voluntary cost sharing is not expected for research applications. During the merit review of an application, cost sharing will only be considered in the overall review of the adequacy of the total proposed budget (Federal and non-Federal share) to support the project proposed.

Applications including cost sharing or matching, whether required or voluntary, that result in an award will include the cost sharing or matching commitment on the notice of award at the level proposed in the application. See Section D.3.b.1.s. Any change in the responsibility to provide cost sharing or matching at that level will require prior approval of the grants management officer.

Cost-Sharing or Matching may include any in-kind contributions necessary to the execution of the proposed project (45 C.F.R. § 75.306).

3. Other - Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening. The responsiveness criteria are as follows

There are no Other - Application Responsiveness Criteria.

4. Application Disqualification Criteria

If you successfully submit an application, the OASH Grants and Acquisitions Management (GAM) Division will determine whether your application is eligible according to section C.1 Eligible Applicants. If we determine your application fails to meet the criteria described below, we will disqualify it, that is, **we will not review it and will give it no further consideration.**

- a. You must submit your application electronically via <https://grants.gov/> (unless an exemption was granted by the grants management officer 2 business days prior to the deadline) by the date and time indicated in Section D.5 of this announcement.
- b. If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- c. You must complete the required forms in the application package: SF-424, SF-424A, SF-LLL, and Project Abstract Summary (Section D.2.a).

- d. Your application must be submitted in the English language and must be in terms of U.S. dollars (45 C.F.R. § 75.111(a)).
- e. Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points (Section D.2.a).
- f. Your Project Narrative must not exceed 50 pages. The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables)(Section D.2.a).
- g. Your total application (i.e., the Project Narrative plus Appendices) must not exceed 100 pages. The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables)(Section D.2.a).
- h. Your Federal funds request including indirect costs must not be above the maximum indicated in Award Ceiling (Section B.2).
- i. Your Federal funds request including indirect costs must not be below the Minimum indicated in Award Floor, if any (Section B.2).
- j. Your application must meet the Other - Application Responsiveness Criteria outlined above (Section C.3).
- k. If your application includes cost sharing (voluntary or required, Section C.2), you must include in your budget narrative a non-federal sources justification.

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <https://www.grants.gov/>. You can find it by searching on the Assistance Listing (formerly CFDA) number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

OASH Grants and Acquisitions Management Division

Phone: 240-453-8822

Email: OASH_Grants@hhs.gov

2. Content and Form of Application Submission

a. Application Format

Your application must be prepared using the forms and information provided in the online application package. This includes but is not limited to:

- SF-424 Application for Federal Assistance
- SF-424A Budget Information for Non-Construction Programs
- SF-LLL Disclosure of Lobbying Activities
- Project Abstract Summary

We encourage individuals to use their full name (first, middle, last) on the Standard Forms and other documents such as résumés/curricula vitae/biographical sketches to distinguish them for verification in the System for Award Management exclusion records. Delays may result in award processing if full names are not provided.

Only one Project Director/Principal Investigator (PD/PI) will be named on any resulting award. You should clearly identify the individual in that role in your application. This individual should be the person who will be responsible for the programmatic aspects of the project if an award is made. A placeholder PD/PI is strongly discouraged because this may not present a clear picture for the review. Furthermore, once an award is issued a request for a change in PD/PI requires prior approval of the grants management officer (45 C.F.R. § 75.308(c)(1)(ii-iii)).

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section C.4. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria.

You must double-space the Project Narrative pages.

Your application must be submitted in the English language and must be in the terms of U.S. dollars (45 C.F.R. § 75.111(a))

You should use an easily readable typeface, such as Times New Roman or Arial. You must use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete. If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices (Section C.4(f)-(g)) when printed on 8.5" X 11" paper as determined by OASH/GAM, the application will not be reviewed further. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

b. Appendices Format

Your appendices should include any specific documents outlined in Section D.3.c, under the heading "Appendices" in the Application Content section of this announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as résumés/curricula vitae, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

c. Project Abstract Summary Format

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. Furthermore, if your project is funded, HHS will publish the abstract from your form on TAGGS.hhs.gov and USASpending.gov. The abstract may also appear on the program office website or other government website. Therefore, do not include sensitive or proprietary information in your abstract.

d. Budget Narrative Format

The Budget Narrative should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

3. Application Content

Successful applications will contain the following information:

a. Project Narrative Content

The Project Narrative is the most important part of the application, because it will be used as the primary basis to determine whether your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components: 1) Focus on Areas of Greatest Need and Disparities; 2) Selection and Implementation of Evidence-Based Teen Pregnancy Prevention Programs; 3) Project Approach; 4) Organizational Capability and Experience; 5) Collaboration and Partnerships; and 6) Project Management.

1. Focus on Areas of Greatest Need and Disparities

Provide current data on the community and population of focus within the defined geographic area(s) through various means that will clearly demonstrate your understanding of where the greatest need is, what the specific needs and resources are, who the key stakeholders are, and the relationship between all these components that may be driving disparities within the community(ies). At a minimum, you should:

- Describe the community or communities and population(s) of focus including the geographic boundaries used to define each.
- In your description provide proof of urban or rural designation. The U.S. Census Bureau provides information on areas designated as Urban: <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html>. The Health Resources and Services Administration (HRSA) provides the definition for rural as well as accompanying resources for determining whether your community classifies as "rural": <https://www.hrsa.gov/rural-health/about-us/what-is-rural>. If you do not meet the definition for urban or rural, identify your community as "suburban."

- Demonstrate the need of the population related to sexual and reproductive health and positive youth development. Include any community context and/or historical factors and illustrate gaps in services that may help understand existing disparities. Also include data that supports the rationale for focusing on this community(ies) and population(s), specifically documenting a teen birth rate that is at least above the current national average (15.4 births for every 1,000 adolescent females ages 15-19 and 0.2 births for every 1,000 adolescent females ages 10-14, 2020) **and** at least one STI rate above the current national average (see [CDC Sexually Transmitted Disease Surveillance 2019](#) and table below) for the population(s) served within the community.

Table 1: National Sexually Transmitted Disease Surveillance, 2019

Ages (years)	Group	Chlamydia (per 100,00)	Gonorrhea (per 100,000)	Primary and Secondary (P&S) Syphilis (per 1000,000)
10-14	Total	55.4	12.7	0.1
10-14	Females	98.8	20.7	0.1
10-14	Males	13.4	4.9	0.1
15-19	Total	2,151.6	442.6	8.1
15-19	Females	3,333.8	559.5	4.9
15-19	Males	1,009.0	328.6	11.2

- Describe resources available in the community(ies), including other teen pregnancy, HIV, and STI prevention programs; youth development programs; availability of adolescent-friendly services; availability of youth serving organizations; resources for parents; and other relevant programs and services.
- Describe the process for identifying the community or communities and population(s) at highest risk for disparities, how you identified the needs of the community(ies) and population(s) and the resources available in the community(ies), and to what extent key stakeholders in the community and/or population were involved in this process.
- Describe how the proposed project will meet unmet need in the community of focus and not duplicate already existing resources.

2. Selection and Implementation of Evidence-Based Teen Pregnancy Prevention Programs

Propose an EBP selection process and implementation plan that is realistic and feasible based on the needs, capacity, and readiness of the community and population of focus. Your proposed estimate of number of participants to receive EBP implementation over the duration of the project should clearly align and be adequately supported by the budget narrative submitted (Section D.3.d). The historical annual reach of prior successful TPP awards is presented in the table with a typical funding range. However, costs may differ based on various factors such as geographic region, specific focus population of participants, available resources, etc. The information also does not reflect inflation or cost-of-living adjustments that have been made over time. The table is provided only as background information. We do not use the information in the Table as the basis for determining funding levels.

Annual Budget	Annual EBP Participant Reach
\$350,000 - \$749,999	At least 500 per year
\$750,000 - \$999,999	At least 1,500 per year
\$1,000,000 - \$1,249,999	At least 3,000 per year
\$1,250,000 - \$1,499,999	At least 6,000 per year
\$1,500,000 - \$1,749,000	At least 10,000 per year
\$1,750,000 - \$2,000,000	At least 15,000 per year

- Describe the following:
 - Anticipated number of youths you will reach each year specifically through implementation of EBPs.
 - Anticipated number of parent/caregivers and/or other individuals (e.g., youth-serving professionals) that will receive EBPs each year specifically through the implementation.
 - Specific details on how you obtained the estimates for youth, parent/caregivers and other individuals receiving EBPs.
 - How those that will receive EBPs aligns with the needs identified in the community.
- Describe the process that you will use to identify and select evidence-based programs (EBPs) that are a good fit for the needs of the community and population of focus you will serve; including the extent to which implementing organizations, implementation sites, and the population of focus will be involved in the process. **You are not** required to have finalized selection of EBPs in your application.
- Describe plans to implement in three or more settings, including specifying where you will implement EBPs, clearly demonstrating implementing **in at least 3 unique settings**. Demonstrate how the settings clearly align with the need of the focus population and the various physical and social environments where youth live, learn, work, play, and worship.
 - For each setting, describe the total number of youth available in the setting and the percentage of them that will participate (e.g., the number and breakdown of

schools and enrollment in each; number of youth in residential group homes, number of youth in juvenile detention center; etc.).

- Describe strategies to implement EBPs to scale in the community, including partnership and collaboration with existing and established systems for serving youth in the community. Describe how you designed these strategies to have the greatest impact on reducing disparities in unintended teen pregnancy sexual and reproductive health outcomes and promoting positive youth development in the community. Include the approvals received to implement at the highest-level system-wide while also obtaining buy-in at the grassroots level (e.g., approval from child welfare agency and buy-in from case managers at residential homes).
- Describe specific strategies that you will use to recruit and retain participants (youth, parents/caregivers, other individuals) in EBPs and the rationale for why you expect these strategies to be successful.

3. Project Approach

Provide a clear and concise description of the approach you are proposing to use to address the need identified in the community and population of focus. You should explain the rationale for your approach and present a clear connection between identified needs and your proposed activities. Your proposal should detail the nature of the activities to be undertaken, how they address identified issues, and how they will assist in achieving the overall project goals and objectives. You should clarify why these specific activities were selected. Also note any major barriers you anticipate encountering and how your project will be able to overcome those barriers. Refer to your logic model, as needed. At a minimum, you should:

- Clearly identify and describe the activities that will take place during the planning period that may not exceed 6 months. Describe how you will ensure successful completion of identified activities, include what challenges you anticipate and how you will mitigate those challenges. Also demonstrate how the planning period activities align with the key milestones in Section A.2.b and how it will result in EBP implementation in all identified settings by the end of the planning period.
- Describe how you will execute the project in an equitable, safe, supportive, and inclusive environment, using trauma-informed and positive youth development approaches.
- Describe the process for ensuring all materials used and information disseminated within the funded project is age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive of all youth.
- Describe how youth will be engaged in a meaningful way in the design, implementation, and monitoring of the overall project so that the project team will view them as equal partners in the decision-making process.
- Describe how parents/caregivers and other trusted adults will be engaged and supported in respecting the developing agency of adolescents, developing and maintaining positive relationships with adolescents, and reinforcing positive and healthy decision-making of adolescents.
- Describe strategies that you will utilize to effectively engage key stakeholders, community organizations, and leaders in the design, implementation, and monitoring of

the project in an equitable manner. Include how you will ensure engaged stakeholders are reflective of the community and population you will serve, especially youth and parents/caregivers.

- Describe how the project will create and maintain a robust network of partners to ensure a continuum of supports to meet the physical, social, emotional, behavioral, and mental health needs of youth.
- Describe how the project will increase awareness of, access to, and utilization of adolescent-friendly services.
- Describe the Monitoring and Improvement Plan which includes:
 - How you will use data, including youth and stakeholder feedback, to monitor progress in meeting goals and objectives, including the bulleted items under Section A.2.h Monitor and Improve the Overall Project.
 - How you will use data to inform professional development and capacity building of staff and partners and make continuous improvements to the project.
- Describe your capacity to collect and report all required performance measures on a semi-annual basis and to use performance measure data for continuous quality improvement. Identify any barriers you anticipate in collecting performance measures and address how you will overcome such barriers.

You should **not** allocate more than **ten percent** of requested federal funds to the collection and analysis of data related to the project. In addition, you **may not use funds for a rigorous impact evaluation**. If your project includes asking survey questions (e.g., questions about knowledge, attitudes, and intentions on sex) provide the status of the Institutional Review Board's (IRB) determination of whether the evaluation plan is (1) exempted or (2) requires a full IRB review. Please include the IRB's Federalwide Assurance (FWA) number of the IRB registration number. You **are not required** to collect such data as it relates to knowledge, attitudes, and intentions on sex.

4. Organizational Capability and Experience

Describe your organizations specific capabilities, experience, and expertise that will make your proposed project successful in meeting its goals, objectives, and outcomes. In doing so, you should:

- Describe the organization's history with the community and demonstrate how the organization's history and experience has resulted in positive impacts to the community. Demonstrate the extent to which the organization is committed to advancing health equity and addressing the needs of adolescents.
- Demonstrate how the proposed project aligns with the organization's vision and mission and demonstrate commitment from organizational leadership to the goals of the proposed project.
- Describe and demonstrate that the organization has the following experience, transferable experience, or expertise related to:
 - Working at a systems level (e.g., school boards, child welfare agencies, etc.) to implement youth-serving programs.

- Assessing community needs and available resources and adapting to continue to meet the changing needs of the community.
 - Identifying EBPs to ensure they are a good fit for the community and population, implementing EBPs, and monitoring EBPs for fidelity and quality.
 - Ensuring quality program delivery among partner organizations, including the provision of training, technical assistance, coaching, and support for partners.
 - Equitably and inclusively engaging youth, especially those with lived experience, as key decision-makers in projects.
 - Establishing partnerships and/or networks with diverse sectors (e.g., education, housing, healthcare, etc.) to address the needs of adolescents. Provide examples of the types of partners that have been engaged in the past and the outcomes of those partnerships.
- Describe commitment to and experience with utilizing trauma-informed and positive youth development approaches in programs and services, including policies that the organization has in place to deliver programs and services in an equitable, safe, supportive, and inclusive manner.
 - Demonstrate your ability, through experience or training, to meet the legal requirements for collecting data related to your proposed project, including required data (i.e., performance measures).
 - Describe the existing organizational infrastructure's ability to support and manage a program of this size and scope and to overcome challenges associated with growth and scale. Include examples of the organization's experience and ability to lead and manage in these areas.
 - Describe how you will hold staff accountable for achieving project outcomes, how you will actively engage staff in the project, and how you will mitigate staff turnover.

5. Collaboration and Partnerships

Describe your organization's relationships and partnerships that will make your proposed project successful in meeting its goals, objectives, and outcomes. In doing so, you should:

- Provide a detailed description of the relationships and partnerships that already exist and those that you will need to establish to support this project. You should describe at what level the partnership exists (e.g., district-level vs. school-level vs. classroom-level; network of clinics vs. individual clinic) and how the partnership will enable implementation of the program to scale in the community.
- Describe your approach for identifying, actively engaging through collaboration, and maintaining a network of diverse, multi-sector partners. Describe the diversity of partners who will be engaged in this project, the various sectors of the community that the partners represent, and how it aligns with the needs of the community and population(s) of focus. Include what formal and informal strategies you will use to ensure effective communication with partner organizations and how you will measure effectiveness of the partnership.
- Describe how the project will work with partners to increase awareness of, access to, and utilization of adolescent-friendly services.

- Describe the roles and responsibilities for all partners who will be responsible for implementing EBPs in the community. For each partner responsible for implementation of EBPs, describe:
 - The partner's experience implementing TPP programs in the community.
 - The partner's experience working with the specific population of focus.
 - The partner's commitment and motivation for the proposed program.
 - How the program aligns with the partner organization's mission and vision.
 - How the partner will hold itself and its staff accountable for achieving project outcomes.

6. Project Management

Describe your approach to project management that will make your proposed project successful in meeting its goals, objectives, and outcomes. You should refer to the Work Plan you provide in your appendices. In doing so, you should:

- Describe the plan for managing the overall program, including managing all partners and sub-recipients. The plan should describe the approach that you will use to monitor and track progress, completion, and quality of all program objectives and activities. It should also demonstrate an understanding of the complexity of the overall program and potential challenges.
- Describe the process for ensuring all staff responsible for executing the project, including partner staff, are actively engaged, well-trained, and prepared to successfully fulfill their roles and responsibilities.
- Describe the composition of the project team, to include the roles and responsibilities of all staff and how they will contribute to achieving the project's objectives and activities. Describe who will have day-to-day responsibility for key tasks including, but not limited to, leadership of the overall program and of specific tasks, monitoring the program's progress, monitoring implementation partners, collection of performance measures, and preparation of reports.
- Describe the experience and expertise of key proposed staff as it relates to:
 - Advancing health equity,
 - Implementing evidence-based programs,
 - Coordinating large scale implementation efforts,
 - Establishing and fostering a network of partners,
 - Engaging key stakeholders, and
 - Collecting and using performance measures data for continuous quality improvement.
- Describe the process and timeline for recruiting and hiring staff and how the process will ensure a team of diverse staff who are reflective of and understand the community/population.
- Describe any potential challenges or risks to the project and the plans for addressing them.

b. Budget Narrative Content

You must complete the required budget forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF-424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance). You must state the method you are selecting for your indirect cost rate. See Indirect Costs (Section D.3.b.1.o)) for further information. If you are providing in-kind contributions of any type or value, including costs otherwise covered by your indirect cost rate, you must identify those costs, and you should, as appropriate, include the value of the in-kind contribution as proposed cost-sharing (voluntary or required) (45 C.F.R. § 75.306).

Please be sure to carefully review Section D.7 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF-424A for the first year of the proposed project. For awards with an anticipated period of performance of one year or less, this will be the budget request for the entire project. Provide a budget justification, which includes explanatory text and line-item detail, for the entire first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years in an anticipated multi-year project, provide a summary narrative and line-item budget for each year beyond the first. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes.

Do not include costs beyond the first budget period in the object class budget in box 6 of the SF-424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget period.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying under this NOFO. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and

computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items. For example, subrecipient travel should be included in the Contractual line item not in Travel. **Subrecipient/contract and consultant activities must be described in sufficient detail to describe accurately the project activities that each will conduct.**

1. Object Class Descriptions and Required Justifications

a. Personnel Description

Costs of staff salaries and wages, excluding benefits.

b. Personnel Justification

Clearly identify the PD/PI, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.7.2) Funding Restrictions, *Salary Rate Limitation* for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. **Contractors and consultants should not be placed under this category.**

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

c. Fringe Benefits Description

Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

d. Fringe Benefits Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

e. Travel Description

Costs of travel by staff of the applicant organization only. **Do not** include travel costs for subrecipients or contractors under this object class.

f. Travel Justification

For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors under this object class.

g. Equipment Description

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use.

Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non-Federal entity's regular accounting practices.) See 45 C.F.R. § 75.2 for additional information.

h. Equipment Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

i. Supplies Description

Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

j. Supplies Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

k. Contractual Description

Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. **This line item is not for individual consultants.**

l. Contractual Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 C.F.R. § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134 and currently set at \$250,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Whenever you intend to transfer a substantive part of the project effort to another entity (including non-employee individuals), you must provide a detailed budget and budget narrative for each subrecipient/contractor, by title/name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient/contractor.

m. Other Description

Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

n. Other Justification

Provide computations, a narrative description, and a justification for each cost under this category.

o. Indirect Costs Description

Total amount of indirect costs. This category has one of two methods that you may select. You may only select one and must clearly identify that selection in your submitted budget.

- Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.
- Per 45 C.F.R. § 75.414 (f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

The de minimis rate method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

Indirect costs on Federal awards for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000 (45 C.F.R. § 75.414 (c)(1)(i)).

p. Indirect Costs Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

q. Program Income Description

Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 C.F.R. § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and

interest earned on any of them. See also 45 C.F.R. § 75.307 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

r. Program Income Justification

Describe and estimate the sources and amounts of program income that this project may generate, if funded. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities. Any program income earned by the recipient must be used under the addition/additive method unless otherwise specified in Section C.2. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

s. Non-Federal Resources Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 C.F.R. § 75.306.

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by period of performance for fully-funded awards, even if the justification by budget period, or by period of performance for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.

For awards that do not require matching or cost sharing by statute or regulation, where "cost sharing" refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you will be required to report cost sharing or matching funds on your quarterly Federal Financial Reports. You will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

t. Non-Federal Resources Justification

You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must

provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by period of performance for fully-funded awards).

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See 45 C.F.R. § 75.306(c)).

If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review (Section C.4(k)).

2. Plan for Recipient Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, it is recommended that you provide the link as part of your plan in the budget narrative. We have also included supplementary information in Section I.1, which contains questions applicants may find useful in considering their Recipient Plans for Oversight of Federal Funds.

c. Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application.

1. Work Plan

Include a detailed work plan that reflects, and is consistent with, the Project Narrative and Budget Narrative, and covers all years of the period of performance. Your work plan should include a statement of the project's overall goal, anticipated outcome(s), key SMARTIE objectives (specific, measurable, achievable, relevant, time-bound, inclusive, and equitable), how the objectives align with the expectations of this opportunity, and the major tasks, action steps, or activities to achieve the goal and outcome(s). For each major task of each year, action step, or activity, the work plan should identify the person(s) responsible, timeline for completing activities (including start- and end-dates), and measures of success.

2. Logic Model

You may submit a detailed logic model that describes the inputs, objectives, activities, outputs, and short- and long-term outcomes of the proposed project. See the resource section for help on developing a logic model.

3. Map of the Communities to be Served by the Project

Include a map of your defined geographic area(s) that you will serve, to include location of the proposed settings where EBP implementation will occur.

4. Memoranda of Agreement (MOAs) and/or Letters of Commitment (LOCs)

If available at the time of submission, you should submit signed MOAs or signed Letters of Commitment (LOCs) for each partner (or one signed MOA with all partners) and include specific roles, responsibilities, resources, and contributions of partner(s) to the project. If you are unable to submit signed MOAs, you should submit an unsigned MOA(s). The signed LOCs must detail the specific role and resources that the partner will provide, or activities that the partner will assume, in support of the project. The LOC should describe the organization's expertise, experience, and access to the targeted population(s). Fully executed MOAs **will be required within 30 days** following the issuance of any award made under this announcement.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support; letters of support will not be considered during the review.

5. Organizational Chart

Include an organizational chart that demonstrates where the project resides within the greater organization, the management structure for the project, and what formal partners are involved in the project.

6. Curriculum Vitae/Résumés/Biosketches for Key Project Personnel

You must submit with your application curriculum vitae/résumés/biosketches of the Project Director/Principal Investigator and all other Key Personnel. All Key Personnel should be identified by project role and organizational title. Also include position descriptions for all open positions that you will need to fill if funds are awarded. Key Personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of your organization's program. This includes at a minimum Program Director and Program Manager/Program Coordinator (if applicable). You should use full names (first, middle, last) on these documents to distinguish individuals for verification in the System for Award Management exclusion records. Omission of a middle name or initial may delay the award of an approved application. You should use the formatting common to those documents. (See <https://grants.nih.gov/grants/forms/biosketch.htm> for templates and sample biographical sketches.)

7. References Cited

You should include your references cited in your project narrative as an appendix. You may use any standard format that you choose as long as it will clearly lead the reader to your source of the information or data.

4. Unique Entity Identifier and System for Award Management (SAM)

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You will find instructions on the Grants.Gov web site as part of the organization registration process at <https://www.grants.gov/web/grants/applicants/organization-registration.html>.

To register your organization, you will need a unique entity identifier (UEI). On April 4, 2022, the federal government completed its transition to the twelve-digit UEI(SAM) number as the required UEI for registration in SAM.gov.

You may begin the registration process, including receiving your UEI(SAM) at <https://sam.gov/content/entity-registration>. An Entity Registration Checklist is available at https://www.fsd.gov/gsafsd_sp/sys_attachment.do?sys_id=d6d6b5f31b120dd0cc45ea04bc4bcb81. You may register in SAM as either an entity applying for Federal Assistance Awards Only (e.g., grants and cooperative agreements) or All Awards (including procurement awards).

The Entity Registration Checklist contains a list of representations and certifications that must be certified by the organization as part of the SAM registration process annually. This list is reproduced in Section I.4. In accordance with the federal government's efforts to reduce reporting burden for recipients, we have transitioned to the common certification and representation requirements within SAM and no longer require SF-424B. By submitting your application to this NOFO, your authorized representative also certifies to these representations and certifications by signing Box 21 of SF-424A

Whether you are registering a new entity or renewing your registration, you must submit a notarized letter formally appointing an Entity Administrator to SAM.gov. For detailed instructions on the content of the letter and process for domestic entities see:

https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0016652&sys_kb_id=f228607a1b2e8d54937fa64ce54bcdb&spa=1.

You should allow a minimum of five days to complete an initial SAM registration. Allow up to 10 business days after you submit your registration for it to be active in SAM. This timeframe may be longer if SAM flags the information you provide for manual validation. You will receive an email alerting you when your registration is active.

You must renew your SAM registration each year. Organizations registered to apply for Federal awards through <http://www.grants.gov> will need to renew their registration in SAM. If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, your organization's legal name and physical address must be included on a Notice of Award as it appears in SAM registration.

For instructions on updating information in your SAM registration see https://www.fsd.gov/sys_attachment.do?sys_id=d08b64ab1b4434109ac5ddb6bc4bcbbc.

It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 C.F.R. § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a UEI number at the time you, the recipient, make a sub-award to them.

5. Submission Dates and Times

You must submit your application for this funding opportunity by **the date and time indicated below**. Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <https://grants.gov>.

Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

a. Application Deadline

April 18, 2023

Your application is due by 6:00 PM Eastern Time

You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, Grants and Acquisitions Management (GAM) Division, Office of the Assistant Secretary for Health (OASH), Department of Health and Human Services (HHS). To obtain an exemption, you must request one via email from GAM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline.

If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's UEI number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (e.g., GRANT####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to OASH_Grants@hhs.gov.

Failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

GAM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. See Section D.8 (“Other Submission Requirements”) for information on application submission mechanisms.

To ensure adequate time to submit your application successfully, OASH recommends that you register as early as possible in Grants.gov because the registration process can take up to one month. You must register an authorizing official for your organization. OASH does not determine your organization's authorizing official; your organization makes that designation. For information on registering for Grants.gov, refer to <https://grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

b. Technical Assistance

We will provide a technical assistance webinar for potential applicants on February 21, 2023 at 2:00pm Eastern. The webinar will be **repeated** live at 6:00pm Eastern to accommodate additional times zones. Questions gathered at both webinars will be posted on <https://www.grants.gov/>. Login details will be posted at <https://opa.hhs.gov/>.

We recommend you review the entire announcement promptly so you can have any questions answered well in advance of the application due date. We also recommend you subscribe to this announcement in Grants.gov so that you receive notice of any amendments, question and answer documents, or other updates.

6. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 C.F.R. part 100.

7. Funding Restrictions

Direct and Indirect Costs proposed and, if successful, charged to the HHS/OASH award must meet the cost requirements of 45 C.F.R. part 75 "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards," Subpart E—Cost Principles. These requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 C.F.R. § 75.414. See Section D.3.b Budget Narrative for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

a. Pre-Award Costs

Pre-award costs are NOT allowed.

Pre-award costs (per 45 C.F.R. § 75.458) are those incurred prior to the effective date of the

Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work.

b. Salary Rate Limitation

Each year's appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 2023, the Executive Level II salary is \$212,100. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award. An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Individual's <i>actual</i> base full-time salary: \$350,000 50% of time devoted to project, i.e., 0.5 FTE	
Direct salary (\$350,000 x 0.5)	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary rate limitation: Individual's base full-time salary <i>adjusted</i> to Executive Level II: \$212,100 with 50% of time devoted to the project	
Direct salary (\$212,100 x 0.5)	\$106,050
Fringe (25% of salary)	\$26,512.50
Total amount allowed	\$132,562.50

Appropriate salary rate limits will apply as required by law.

8. Other Submission Requirements

a. Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for

review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <https://grants.gov>.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. **We will not accept Microsoft Excel files.**

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed files in the application will not be forwarded to the independent merit review panel for consideration.

We strongly recommend that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission, you may prevent any unintentional formatting that might occur with submission of an editable document. Although Grants.gov allows you to attach any file format as part of your application, we restrict this practice and only accept the file formats identified above for compatibility with our other systems. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

b. Important grants.gov Information

You may access the electronic application for this program on <https://grants.gov>. You must search the downloadable application page by the Opportunity Number or Assistance Listing (formerly CFDA) number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>.

These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Section G.3 for contact information.

See Section D.4 for requirements related to UEI numbers and SAM registration.

c. Program-Specific Requirements

There are no program specific requirements.

E. APPLICATION REVIEW INFORMATION

1. Criteria

Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

a. Focus on Areas of Greatest Need and Disparities (20 points)

- Extent to which applicant clearly defines the geographic boundaries and describes the community or communities and population(s) of focus.
- Extent to which the applicant clearly demonstrates
 - An understanding of the current need of the community(ies) and population(s) of focus that places them at the highest risk for disparities related to teen pregnancy and STIs within the community(ies).
 - A clear understanding of what is impacting sexual and reproductive health outcomes and positive youth development in the community(ies) and population(s), and what resources are already available in the community to address the needs.
 - The proposed project will fill gaps in TPP services for the community and population of focus and will not duplicate existing programs and activities.

b. Selection and Implementation of Evidence-Based Teen Pregnancy Prevention Programs to Scale (15 points)

- Extent to which the applicant clearly and separately describes the number of youth, parent/caregivers, and/or other individuals that they will reach each year with evidence-based programs in each of the 3 (or more) settings. The applicant includes specific details on how they obtained the estimates. The demographics of the community(ies) selected supports the estimates. Estimates also appear accurate and reasonable to achieve.
- Extent to which the proposed 3 (or more) settings clearly align with:
 - The need(s) of the population of focus; and
 - The various physical and social environments where youth live, learn, work, play, and worship.

- Extent to which the strategies for implementing EBPs to scale in the community maximize access to EBPs, seem feasible, and are likely to result in reaching as many youth as possible in each of the 3 (or more) settings. The strategies include implementation at the highest-level system-wide and getting buy-in at the grassroots level (e.g., implementation throughout child welfare agency and buy-in from case managers at residential homes).
- Extent to which the process described for identifying EBPs is likely to result in selecting EBPs that are a good fit for the needs of the community and population of focus.

c. Proposed Approach (20 points)

- Extent to which the proposed approach aligns with the diverse needs of the community and population and is likely to have the greatest impact on reducing disparities in unintended teen pregnancy, sexual and reproductive health outcomes, and promoting positive youth development among those who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.
- Extent to which the proposed project is executed in an equitable, safe, supportive, and inclusive environment, using trauma-informed and positive youth development approaches. Policies and practices will integrate inclusive, equitable, trauma-informed, and positive youth development approaches.
- Extent to which there is a clear and feasible process that will ensure all materials used and information disseminated within the project is age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive of all youth.
- Extent to which the applicant proposes an effective community-driven approach that includes a clear and equitable community engagement strategy. This includes the extent to which the community engagement strategy ensures key stakeholders (especially youth), reflective of the community and population of focus, are meaningfully engaged in the design, implementation, and monitoring of the overall project.
- Extent to which the approach for creating a robust network of partners that will lead to increasing awareness of, access to, and utilization of adolescent-friendly services by the population of focus.
- Extent to which the applicant has a clear plan for monitoring: 1) implementation of EBPs with fidelity and quality; 2) meaningful engagement of youth, parents/caregivers, and the community in the project; 3) opportunities for and integration of inclusive, equitable, trauma-informed, and positive youth development approaches; 4) increase in awareness of, access to, and utilization of adolescent-friendly supportive services.

d. Organizational Capability and Experience (15 points)

- Extent to which the organization has demonstrated a positive working relationship and commitment to advance equity in adolescent health and reduce disparities in unintended teen pregnancy and STIs in the focus community.
- Extent to which the organization demonstrates capacity, experience, and expertise to execute their proposed project.

- Extent to which the organization demonstrated the capacity to meet the demands of the project with strong relationships and buy-in from key stakeholders, organizations, and leaders in the community.
 - Extent to which the organization has policies in place to execute the proposed project in an equitable, safe, supportive, and inclusive manner and is committed to utilizing trauma-informed and positive youth development approaches in their programs and services.
 - Extent to which the organization has the experience and expertise to engage, in an equitable and inclusive manner, youth as key decision-makers in the project.
- 1.

e. Collaboration and Partnerships (15 points)

- Extent to which the applicant describes the diversity of partners who will be engaged, the extent to which those partners are reflective of the various sectors of the community, and the process for fostering and maintaining such partnerships to meet project goals, objectives, and outcomes.
- Extent to which the descriptions of the partnerships that already exist and those that they will need to establish to support this project support the project goals, objectives, and outcomes. To include at what level the partnership exists/will exist (e.g., district-level vs. school-level vs. classroom-level; network of clinics vs. individual clinic), and the likelihood that the partnership will enable implementation of the EBP to scale in the community.

f. Project Management (10 points)

- Extent to which the applicant describes clear and feasible strategies to oversee funding and a project of this scope and size to include judiciously and efficiently managing financial resources; monitoring and tracking progress, completion, and quality of all program objectives and activities; monitoring and managing partners/subrecipients, as well as effectively managing and supporting staff performance.
- Extent to which the applicant identifies potential challenges and barriers to project success and has clear and feasible strategies to adapt and overcome such challenges and barriers.
- Extent to which the applicant describes clear and feasible strategies to ensure all staff responsible for implementing the project, including partner staff, are actively engaged, well-trained, and prepared to successfully fulfill their roles and responsibilities.
- Extent to which applicants process for recruiting and hiring staff will ensure a team of diverse staff who are reflective of and understand the community and population that the applicant will serve.

g. Work Plan and Budget (5 points)

- Extent to which the work plan has clear goals, SMARTIE (specific, measurable, achievable, relevant, time-bound, inclusive, and equitable) objectives, and specific activities that reflects, and is consistent with, the proposed approach.

- Extent to which the applicant proposes a work plan that is reasonable, realistic, and that they can complete in the proposed time period.
- Extent to which the budget and budget narrative clearly aligns with the proposed work plan, especially to the degree it clearly aligns with the target reach (i.e., number of participants estimated to receive EBPs).

2. Review and Selection Process

An independent review panel will evaluate applications that are not disqualified and meet the responsiveness criteria (Section C.3). These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and rate the applications, focusing their comments and ratings on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

The Deputy Assistant Secretary for Population Affairs will provide recommendations for funding to the Grants Management Officer to conduct risk analysis. No award decision is final until a Notice of Award is issued by the Grants Management Officer.

In providing these recommendations the Deputy Assistant Secretary for Population Affairs will take into consideration the following additional factors(s):

- Equitable geographic distribution.
- Equitable distribution of project sites among rural, suburban, and urban communities.
- Maximize benefit in historically underserved communities and populations of focus.
- Diversity of implementation settings (e.g., school, clinic, houses of worship, etc.)

3. Review of Risk Posed by Applicant

GAM will evaluate, in accordance with 45 C.F.R. § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. We will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 45 C.F.R. part 75;
- c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and

conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

- d. Reports and findings from audits performed; and
- e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 C.F.R. § 75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 C.F.R. § 75.205(a)(2); see also 45 C.F.R. §75.212 for additional information.

4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates

Upon completion of risk analysis and concurrence of the Grants Management Officer, OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including the level of funding if an award is made, are final and you may not appeal.

OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

We do not release information about individual applications during the review process. If you would like to track your application, please see instructions at <https://www.grants.gov/web/grants/applicants/track-my-application.html>.

The official document notifying you that an application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer within GAM. If you are successful, you will receive this document via a system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. We do not customarily release application scores.

You may receive a letter indicating that your application was "approved but unfunded." This does not mean you will receive an award or funding. Applications designated "approved but unfunded" are typically kept active for up to one year. During that time, the program office may consider an application with this status for award under this NOFO should funds become available. The status "approved but unfunded" does not guarantee that we will fund your project. We will not transfer an "approved but unfunded" application for consideration under a new NOFO. You would need to resubmit your application, with any updated material, for consideration under that new NOFO.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 C.F.R. part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement

(GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 C.F.R. parts 74 and 92 which have been superseded by 45 C.F.R. part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 C.F.R. § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

The termination provisions in 2 CFR §§ 200.340(a)(1)-(4) are the termination provisions that are applicable to awards issued under this NOFO. No additional termination provisions apply unless otherwise noted under Section F.3 Program Specific Terms and Conditions.

3. Program Specific Terms and Conditions

a. Paperwork Reduction Act Clearance Packages

Any collection of information you conduct as defined in 5 C.F.R. § 1320.3(c) may require OMB clearance under the Paperwork Reduction Act if it is a requirement of your award to collect that information. You would be responsible for preparing the clearance package necessary to obtain Paperwork Reduction Act clearance and submitting it to the project officer. The project officer will assist in the submission of the package to OMB and notify you when the approval has been received or request additional information.

4. Closeout of Award

Upon expiration of your period of performance, you must submit within 120 days all necessary documentation to closeout your award. If we do not receive acceptable final performance, financial, and/or property reports in a timely fashion within the closeout period, and we determine that closeout cannot be completed with your cooperation or that of the PD/PI, we must complete a unilateral closeout with the information available to us. (See F.16 Reporting below for closeout reporting requirements.)

If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently FAPIIS). As a result, we may also determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

5. Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

6. Non-Discrimination Requirements

Should you successfully compete for an award, as a recipient of federal financial assistance (FFA) from HHS you will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See

<https://www.hhs.gov/civil-rights/forproviders/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/forindividuals/nondiscrimination/index.html>.

- For guidance on meeting the legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals. See <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on the specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <https://www.hhs.gov/ocr/about-us/contact-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013), <https://www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf>, provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. For further guidance on providing culturally and linguistically appropriate services, you should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

7. Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

8. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with

Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE].

Recipients must also include a disclaimer stating the following

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, [PROGRAM OFFICE], OASH, HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

9. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 C.F.R. § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 C.F.R. § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

10. Trafficking in Persons

Awards issued under this NOFO are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104) (See <https://www.govinfo.gov/content/pkg/USCODE-2010-title22/html/USCODE-2010-title22-chap78-sec7104.htm>).

11. Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at <https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>.

12. Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 C.F.R. § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

13. Health Information Technology (IT) Interoperability

Health information technology is defined in Section 3000 of the Public Health Service Act (42 U.S.C. § 300jj). HHS has substantially adopted and codified that definition at 45 C.F.R. § 170.102. The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

If you receive an award under this NOFO that involves:

- a. implementing, acquiring, or upgrading health IT for activities, you are required to utilize health IT that meets standards and implementation specifications adopted in 45 CFR Part 170, Subpart B, if such standards and implementation specifications can support the activity.
- b. implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under [Section 4101, 4102, and 4201 of the HITECH Act](#), you are required to utilize health IT certified under the Office of the HHS Office of the National Coordinator for Health Information technology (ONC) Health IT Certification Program, if certified technology can support the activity. See <https://www.healthit.gov/topic/certification-ehrs/certification-health-it>.

If standards and implementation specifications adopted in 45 CFR Part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

14. Prohibition on certain telecommunications and video surveillance services or equipment.

As described in 2 C.F.R. 200.216, recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or

- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

15. Human Subjects Protection

Federal regulations (45 C.F.R. part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 C.F.R. part 46. Additional information is available at <https://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Recipients that plan to engage in research involving human subjects are encouraged to provide information regarding participation in research in their recruitment efforts and provide a link to <https://www.hhs.gov/about-research-participation>.

OASH may require, as part of any award, the submission of all IRB approvals within 5 days of the IRB granting the approval and before any work requiring IRB approval begins.

16. Research Integrity

An applicant for or recipient of PHS support for biomedical or behavioral research, research training or activities related to that research or research training must comply with 42 C.F.R. part 93, including have written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, file an Assurance of Compliance with the Office of Research Integrity (ORI), and take all reasonable and practical steps to foster research

integrity consistent with 42 C.F.R. § 93.300. The assurance must state that the recipient (1) has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) complies with its own policies and procedures and the requirements of part 93. More information is available at <https://ori.hhs.gov/assurance-program>.

17. Reporting

a. Performance Project Reports (PPR)

You must submit periodic performance project reports on a semi-annual basis. Your performance reports must address content required by 45 C.F.R. § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by the due date indicated in the terms and conditions of your award via upload to our grants management system (GrantSolutions.gov).

You will also be required to submit a final performance report covering the entire period of performance 120 after the end of the period of performance. The awarding program office may provide additional guidance on the content of the progress report. You must submit the final report by upload to our grants management system (GrantSolutions.gov).

b. Performance Measures

OPA requires the recipient to submit performance measures each year on a semi-annual basis. Performance measures from the TPP2020 Tier 1 cohort are available in the Supplemental Materials (Section I.7) These have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0438 (Expires 8/31/2023, pending renewal). Final performance measures will be provided to recipients during the first six months of funding.

c. Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. You will also be required to submit a final FFR covering the entire period of performance 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>).

Once submitted and accepted, your financial reports will be available in GrantSolutions, which is our grant management system.

d. Audits

If your organization expends \$750,000 or greater in federal funds, it must undergo an independent audit in accordance with 45 C.F.R. 75, subpart F.

e. Non-competing Continuation Applications and Awards

Each year of the approved period of performance, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Progress is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved work plan and other supporting documents.

For the optional competitive additional year of funding for transition to sustainability, application guidance and review criteria will be provided during the third year of the project.

Failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

f. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<https://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$30,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

g. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 C.F.R. part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 C.F.R. part 75.

h. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 C.F.R. § 180.335, you as the [participant](#) must notify OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 C.F.R. § [180.800\(a\)](#) or had a [civil judgment](#) rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, [State](#) or local) with commission of any of the offenses listed in 2 C.F.R. § [180.800\(a\)](#); or
- Have had one or more public transactions (Federal, [State](#), or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 C.F.R. § 180.350, you must give immediate written [notice](#) to OASH if you learn either that—

- You failed to disclose information earlier, as required by 2 C.F.R. § [180.335](#); or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 C.F.R. § [180.335](#).

G. CONTACTS

1. Administrative and Budgetary Requirements

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Duane Barlow
OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852
Phone: 240-453-8822
Email: duane.barlow@hhs.gov

2. Program Requirements

For information on program requirements, please contact the program office representative listed below.

Jaclyn Ruiz
1101 Wootton Parkway, Suite 200
Rockville, MD 20852
Phone: 240-453-2846
Email: Jaclyn.Ruiz@hhs.gov

3. Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: <https://www.grants.gov>

Phone: 1-800-518-4726

Email: support@grants.gov

H. OTHER INFORMATION

1. Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. If awards are made, they may be issued for periods shorter than indicated. Only the grants officer can bind the Federal government to the expenditure of funds.

If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

2. Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

- Application for Federal Assistance (SF-424)
- Budget Information for Non-construction Programs (SF-424A)
- Disclosure of Lobbying Activities (SF-LLL)
- Project Abstract Summary
- Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.
- Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.
- Appendices – Submit all appendix content as a single acceptable file, specified above **in the Attachments section of your Grants.gov application.**
 - Work Plan
 - Logic Model
 - Map of the Communities to be Served by the Project
 - Memoranda of Agreement and/or Letters of Commitment
 - Organizational Chart
 - Curriculum Vitae/Résumé/Biosketches and Position Descriptions for Key Project Personnel
 - References Cited

I. SUPPLEMENTARY MATERIALS

1. Acronyms

AI/AN	American Indian/Alaskan Native
EBP	Evidence-based programs
FAPIIS	Federal Awardee Performance and Integrity Information System
FFATA	Federal Financial Accountability and Transparency Act
FFR	Federal Financial Report (SF-425)
FSRS	FFATA Subaward Reporting System
GAM	Grants and Acquisitions Management Division
GMO	Grants Management Officer
GMS	Grants Management Specialist
GPS	Grants Policy Statement
HHS	Department of Health and Human Services
LGBTQI+	Lesbian, gay, bisexual, transgender, queer and intersex
MIP	Monitoring and Improvement Plan
MOA	Memorandum of Agreement
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OMB	Office of Management and Budget
OPA	Office of Population Affairs
PD/PI	Project Director/Principal Investigator
PHS	Public Health Service
PPR	Performance Project Report
SPOC	State Single Point of Contact
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TPP	Teen Pregnancy Prevention
TPPER	Teen Pregnancy Prevention Evidence Review

2. Considerations in Recipient Plans for Oversight of Federal Funds

(See also Section D.3.b.2)

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and

authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions?
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:
 - Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
 - Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
 - All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
 - Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

3. Financial Assistance General Certifications and Representations

When your organization completes its registration (new or renewal) in SAM.gov, your organization has attested to the accuracy of the below. Note that HHS awards are currently subject to 45 C.F.R. part 75. Where applicable the parallel citation to 45 C.F.R. part 75 is supplied in brackets following the 2 C.F.R. part 200 citation.

- a. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See 2 C.F.R. § 200.113 Mandatory disclosures [45 C.F.R. § 75.113], 2 C.F.R. § 200.214 Suspension and debarment [45 C.F.R. § 75.213], OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables");
- b. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See 2 C.F.R. § 200.302 Financial Management [45 C.F.R. § 75.302] and 2 C.F.R. § 200.303 Internal controls [45 C.F.R. § 75.303]);

- c. Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See 2 C.F.R. § 200.112 Conflict of interest [45 C.F.R. § 75.112]);
- d. Will comply with all limitations imposed by annual appropriation acts;
- e. Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See 2 C.F.R. § 200.300 Statutory and national policy requirements [45 C.F.R. § 75.300] and 2 C.F.R. § 200.303 Internal controls [45 C.F.R. § 75.303]);
- f. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to:
 - 1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, 22 U.S.C. § 7104(g);
 - 2. Drug Free Workplace, 41 U.S.C. § 8103;
 - 3. Protection from Reprisal of Disclosure of Certain Information, 41 U.S.C. § 4712;
 - 4. National Environmental Policy Act of 1969, as amended, 42 U.S.C. § 4321 et seq;
 - 5. Universal Identifier and System for Award Management, 2 C.F.R. part 2;
 - 6. Reporting Subaward and Executive Compensation Information, 2 C.F.R. part 170;
 - 7. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), 2 C.F.R. part 180;
 - 8. Civil Actions for False Claims Act, 31 U.S.C. § 3730;
 - 9. False Claims Act, 31 U.S.C. §3729, 18 U.S.C. §§ 287 and 1001;
 - 10. Program Fraud and Civil Remedies Act, 31 U.S.C. § 3801 et seq;
 - 11. Lobbying Disclosure Act of 1995, 2 U.S.C. § 1601 et seq;
 - 12. Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq;
 - 13. Title VIII of the Civil Rights Act of 1968, 42 U.S.C. § 3601 et seq;
 - 14. Title IX of the Education Amendments of 1972, as amended; 20 U.S.C. § 1681 et seq

15. Section 504 of the Rehabilitation Act of 1973, as amended; 29 U.S.C. § 794; and
16. Age Discrimination Act of 1975, as amended, 42 U. S.C. § 6101 et seq.

4. References

1. Martin, J. A., Hamilton, B. E., Osterman, M. J., Driscoll, A. K., & Valenzuela, C. P. (2022). Births: Final Data for 2020. National Vital Statistics Reports, 70(17), 1-50.
2. The World Bank. (n.d.). Adolescent fertility rate (births per 1,000 women ages 15-19). Retrieved from <https://data.worldbank.org/indicator/SP.ADO.TFRT>
3. Centers for Disease Control and Prevention. (2021, April 8). Adolescents and Young Adults. Retrieved from Sexually Transmitted Diseases: <https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>
4. Martin, J. A., Hamilton, B. E., Osterman, M. J., & Driscoll, A. K. (2019). Births: Final Data for 2018. National Vital Statistics Reports, 68(13), 1-47.
5. Centers for Disease Control and Prevention. (2021, April 13). 2021 Releases. Retrieved from National Center for HIV, Viral Hepatitis, STD, and TB Prevention Newsroom: <https://www.cdc.gov/nchhstp/newsroom/2021/2019-STD-surveillance-report.html>
6. Centers for Disease Control and Prevention. (2019, December 20). Health Considerations for LGBTQ Youth. Retrieved from Adolescent and School Health: <https://www.cdc.gov/healthyyouth/disparities/health-considerations-lgbtq-youth.htm>
7. Hamilton, B. E., Rossen, L. M., & Branum, A. M. (2016, November). Teen Birth Rates for Urban and Rural Areas in the United States, 2007–2015. National Center for Health Statistics Data Brief (264).
8. Boonstra, H. D. (2011). Teen Pregnancy Among Young Women In Foster Care: A Primer. Guttmacher Policy Review, 14(2), 8-19.
9. Finigan-Carr, N. M., Craddock, J. B., & Johnson, T. (2021). Predictors of condom use among system-involved youth: The importance of Sex Ed. Children and Youth Services Review, 127.
10. National Academies of Sciences, Engineering, and Medicine. (2019). The Promise of Adolescence: Realizing Opportunity for All. Washington, DC: The National Academies Press.
11. Jones, K. (2021). The Initial Impacts of COVID-19 on Children and Youth (Birth to 24 years): Literature Review in Brief. Office of the Assistant Secretary for Planning & Evaluation, U.S. Department of Health & Human Services.
12. Office of the Assistant Secretary for Health/Office of Disease Prevention and Health Promotion. (2022, July 2). *How does Healthy People 2030 define health disparities and health equity?* Healthy people 2030 questions & answers. Retrieved November 9, 2022, from <https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers#q9>
13. Francis, K., & Freiman, L. (2018). Taking Evidence-Based Teen Pregnancy Prevention Programs to Scale in High-Need Communities: Early Implementation of a Multi-Component Approach. Washington, DC: U.S. Department of Health and Human Services, Office of Adolescent Health.
14. National Academies of Sciences, Engineering, and Medicine. (2020). Promoting Positive Adolescent Health Behaviors and Outcomes: Thriving in the 21st Century. Washington, DC: The National Academies Press.

15. Presidential COVID-19 Health Equity Task Force. (2021). Presidential COVID-19 Health Equity Task Force. Washington, DC: U.S. Department of Health and Human/Office of the Assistant Secretary for Health.
16. Communities in Schools. (2019, September). Diversity, Equity, and Inclusion Resource Guide. Retrieved from <https://www.communitiesinschools.org/articles/article/dei-resource-guide/>
17. Youth.gov. (n.d.). Involving Youth in Positive Youth Development. Retrieved February 9, 2022, from Youth Topics: <https://youth.gov/youth-topics/involving-youth-positive-youth-development>
18. McCarthy, K.J., Wyka, K., Romero, D., Austrian, K., & Jones, H.E. (2022) The development of adolescent agency and implications for reproductive choice among girls in Zambia. SSM Population Health 17 (101011).
19. Office of Population Affairs. (n.d.). Talking with Teens about Relationships. Retrieved February 9, 2022, from Adolescent Health: <https://opa.hhs.gov/adolescent-health/healthy-relationships-adolescence/talking-teens-about-relationships>
20. Power to Decide. (2016, October). Parent Power (October 2016): Survey Says. Retrieved from Resource Library: <https://powertodecide.org/what-we-do/information/resource-library/parent-power-october-2016-survey-says>
21. World Health Organization. (2009). Quality assessment guidebook: a guide to assessing health services for adolescent clients. World Health Organization.
22. Office of Adolescent Health. (n.d.). Referrals and Linkages to Youth-Friendly Health Care Services. Retrieved from https://opa.hhs.gov/sites/default/files/2020-07/referrals_and_linkages_to_youth_friendly_health_care.pdf
23. Centers for Disease Control and Prevention – Division of Community Health. (2013). A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. Atlanta, GA: US Department of Health and Human Services.
24. Centers for Disease Control and Prevention. (2022, January 25). A Practitioners Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf>
25. National Sexual Violence Resource Center. (2022, January 21). Revisiting Health Equity and Preventing Sexual Assault. Retrieved from National Sexual Violence Resource Center: <https://www.nsvrc.org/blogs/revisiting-health-equity-and-preventing-sexual-assault>
26. Reproductive Health National Training Center. (2022, January 6). Trauma-Informed Approach in Adolescent Health: Six Core Principles Worksheet. Retrieved from rhntc.org: https://rhntc.org/sites/default/files/resources/supplemental/rhntc_trauma_core_principles_wkst_1-29-2021.pdf
27. Reproductive Health National Training Center. (2022, January 6). A Checklist for Putting Positive Youth Development Characteristics into Action in Teen Pregnancy Prevention Programs. Retrieved from Reproductive Health National Training Center: https://rhntc.org/sites/default/files/resources/oah_pyd_checklist_2015-04-10.pdf
28. Centers for Disease Control and Prevention. (2021). Health Education Curriculum Analysis Tool. Atlanta: Centers for Disease Control and Prevention.
29. Centers for Disease Control and Prevention. (2019, May 29). Characteristics of an Effective Curriculum. Retrieved from CDC Healthy Schools: <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>
30. Office of Minority Health. (n.d.). CLAS, cultural competency, and cultural humility.

Retrieved February 2022, from Think Cultural Health:

https://www.minorityhealth.hhs.gov/Assets/PDF/TCH%20Resource%20Library_CLAS%20CLC%20CH.pdf

32. Patient Protection and Affordable Care Act, PUBLIC LAW 111–148 (2010).

<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

5. Glossary

Adaptation - Changes made to the program content, program delivery, or other core components of an EBP.

Adolescent-friendly services - Services for youth that are equitable, accessible, acceptable, appropriate, and effective [21].

Age appropriateness - Ensures that topics, messages, and teaching methods are suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group [28]. An age-appropriate program addresses students' needs, interests, concerns, developmental and emotional maturity levels, experiences, and current knowledge and skill levels. Learning is relevant and applicable to students' daily lives and concepts and skills are covered in a logical sequence [29].

Agency - Adolescents' ability to set goals aligned with values, perceive oneself as able to act on the goal, and then act towards achieving the goal [18].

Community – An area defined by clear geographic boundaries in order to ensure that the number of youths served can be identified.

Core Components - The parts of the evidence-based program or its implementation that is determined by the developer to be the key ingredients related to achieving the outcomes associated with the program.

Culturally and linguistically appropriate - Assures that materials and language used are respectful of and responsive to the cultural and linguistic needs of the population being served. This includes being respectful and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs [30].

Evidence-based programs - Programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.

Equitable environment - Ensures youth have equal access to and rights to the same opportunities and resources as others.

Expectant and/or Parenting Teen - For purposes of this NOFO, the term expectant teen refers to any adolescent expecting a child, regardless of gender.

Fidelity - Degree to which an implementer adheres to the core components of an evidence-based program.

Fit - how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth, parents/caregivers).

Health equity - The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities [12].

Inclusivity - When all people, especially youth, are fully included, supported, and can actively participate in and benefit from the information they need to make healthy choices. This includes ensuring that program materials and practices do not alienate, exclude, or stigmatize individuals of diverse lived experiences and backgrounds, which includes but is not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise historically marginalized and adversely affected by persistent poverty or inequality.

Meaningful youth engagement - An inclusive, intentional, mutually respectful partnership between youth and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms and organizations that affect their lives and their communities.

Medical accuracy - Verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete [32].

Parents/Caregivers – This may include but is not limited to biological, adoptive, and single parents; siblings; extended family; foster parents; “chosen” family members such as mentors or trusted adults.

Positive Youth Development- An intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes

positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Scale - Expanding the reach of programs with the aim of increasing impact [13].

Trauma-informed approach - Refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. It is an approach that: (1) realizes the widespread impact of trauma and potential paths for recovery; (2) recognizes the signs and symptoms of trauma in youth, families, staff, and others; (3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to actively resist re-traumatization.

6. Relevant Resources for Applicants

Note that this is a list of some, but not all, of the relevant resources available to applicants. OPA does not endorse any of the resources listed other than those developed by OPA.

Adaptations

- Reproductive Health National Training Center. Introduction to Adaptations eLearning <https://rhntc.org/sites/default/files/elearning/adaptations/index.html#/lessons/Psp3gZMwPysGgufkWuHNYICYyZhSKPZe>

Community Needs Assessment

- Agency for Healthcare Research and Quality. Tool 1B: Stakeholder Analysis. <https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/fallpxtk-tool1b.html>
- Center for Community Health and Development at the University of Kansas. Section 8. Identifying and Analyzing Stakeholders and Their Interests. <https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/main>
- Centers for Disease Control and Prevention. GIS and Public Health at CDC. <https://www.cdc.gov/gis/index.htm>
- University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>

Culturally and Linguistically Appropriate

- Office of Minority Health. The National CLAS Standards. <https://thinkculturalhealth.hhs.gov/clas/standards>

Evidence-based Programs

- Office of the Assistant Secretary for Planning and Evaluation (ASPE). TPP Evidence Review. <https://tppevidencereview.youth.gov/>

Health Equity

- Centers for Disease Control and Prevention. Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease.
<https://www.cdc.gov/nccdphp/dnpao/health-equity/health-equity-guide/pdf/HealthEquityGuide.pdf>
- Communities in Schools. Diversity, Equity, Inclusion Resource Guide.
<https://www.communitiesinschools.org/articles/article/dei-resource-guide/>

Implementing EBPs to Scale

- Office of Population Affairs. Implementation Study, Briefs, and Case Studies.
<https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-tpp-program-evaluations/fy-2015-2019-opa-tpp-grant#Tier1B>

Logic Models

- Centers for Disease Control and Prevention. Framework for Program Evaluation. <https://www.cdc.gov/evaluation/steps/step2/index.htm>

Center for Community Health and Development at the University of Kansas. Community Tool Box. Developing a Logic Model or Theory of Change. <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

Meaningful Youth Engagement

- Office of Population Affairs. Listen Up! Youth Listening Session Toolkit.
https://opa.hhs.gov/sites/default/files/2021-01/OPA_Youth_Toolkit_Final_508.pdf

Positive Youth Development

- Office of Adolescent Health. A Checklist for Putting Positive Youth Development into Action in TPP Programs.
https://rhntc.org/sites/default/files/resources/oah_pyd_checklist_2015-04-10.pdf

SMARTIE Work Plan

- Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program. Writing Effective Objectives.
<https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>

Trauma-Informed Approaches

- Office of Adolescent Health. A Checklist for Integrating a Trauma-Informed Approach into TPP Programs.
https://rhntc.org/sites/default/files/resources/oah_trauma_informed_2015-05-11.pdf
- Reproductive Health National Training Center. Trauma-informed Approaches.
<https://rhntc.org/sites/default/files/elearning/understanding-trauma/index.html>
- Reproductive Health National Training Center. Introduction to Adaptations eLearning
<https://rhntc.org/sites/default/files/elearning/adaptations/index.html#/lessons/Psp3gZMwPysGufkWuHNYICYyZhSKPZe>

7. TPP20 Tier 1 Performance Measures

Dissemination

How many manuscripts have you had accepted for publication in the past year (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published. _____

Please list the references for any published manuscripts published in the past year.

During the reporting period, indicate the number of times each approach was used uniquely to communicate information to youth, caregivers, and the community about the TPP-funded grant project services and interventions available.

_____ Blogs/Online articles

_____ Social Media posts (such as Facebook, Twitter, Instagram, YouTube, etc.)

_____ # reactions

_____ # reshares

_____ # comments

_____ Peer Reviewed Publication (include box to require grantee to enter citation)

During the reporting period, indicate the number of times each approach was used uniquely to raise awareness within the community about optimal health and the issue of teen pregnancy prevention, sexually transmitted infections (STIs).

_____ Blogs/Online articles

_____ Social Media posts (such as Facebook, Twitter, YouTube, Instagram, etc.)

_____ # reactions

_____ # reshares

_____ # comments

_____ Peer Reviewed Publication (include box to require grantee to enter citation)

During the reporting period, where was information about the project presented? Write the number of times each presentation occurred.

_____ National Conference/Event (include box to require grantee to enter citation)

_____ Statewide Conference/Event (include box to require grantee to enter citation)

_____ Local Meeting/Event

How many social media accounts (such as Facebook Twitter, Instagram, YouTube) does your organization use to share information about the TPP grant project? _____

Of these accounts, how many are specific to the TPP grant project? _____

How many followers does your TPP grant project specific social media account(s) have as of the

end of the reporting period {DATE}? _____

Partners

Indicate the number of formal partners involved in implementing the grant-funded project during the reporting period. Formal partners are external organizations/agencies with whom the grantee has a written agreement (such as signed MOU, contract, or Letter of Commitment), and who are integral to the implementation and evaluation of the grant-funded project. Examples of partners may include program/intervention implementers (such as those organizations that provide sites, staffing, or both for TPP programming), partners who provide the supportive services to Tier 1 program participants, organizations that recruit TPP program participants, and/or organizations that provide ongoing strategic support to the project.

Total Number of Formal Partners (unduplicated, report as of the end of the 6 month reporting period) _____

Partner retention:

How many formal partners were involved with the project at the start of the grant year (Date)? _____

Of all the project's formal partners that were involved at the start of the grant year, how many were still involved in the project at the end of the reporting period? _____

Sustainability

During this reporting period, how much additional funding (that is, funding in addition to the TPP grant) have you secured to assist with project activities (i.e. program implementation, evaluation, communication, etc.)? _____

How many partners have firm plans in place to continue the project activities (program implementation, training, research, etc.) after the end of OPA grant funding? _____

How many different sources of funding do you have in place to support the grant project? _____

Training

Trainings would include professional development activities or technical assistance relevant to the implementation of project activities and provided to anyone responsible for implementing any aspect of the TPP grant project. Trainings may be for staff (from grantee and partner agencies) or community members (for example, youth trained as peer educators, community members serving on advisory groups.) Stakeholders who receive the TPP intervention as the end user or target population of the TPP intervention/program proven effective should be included under the reach section and not under training.

In the reporting period, how many trainings (professional development or technical assistance activities relevant to the project) have been provided through the TPP grant project to anyone affiliated with implementing the project? _____

In the reporting period, how many individuals affiliated with the TPP grant project (such as partner agencies, community members, stakeholders, project staff, youth who work with the project) have you or one of your partners trained via the grant funding (training includes any professional development or technical assistance relevant to the implementation of the project)?

Name of the TPP Program (Tier 1) being delivered:

Tier 1 grantees would report the name of the effective program (i.e. program proven effective).

State/Territory where implemented:

Setting of Implementation: *select one or more of the following that best describes where the majority of sessions in the section took place*

In-school (Programs that take place primarily or exclusively during a school day on a school campus. This category may include public or private schools, traditional or alternative schools, of any grade level).

Clinic-based

Faith-based

Runaway and homeless youth (such as drop in shelter/centers, other)

Out-of-home (such as the child welfare system/foster care, group homes, residential centers.

Juvenile justice should be counted separately below)

Juvenile justice (such as detention centers, residential centers –serving uniquely juvenile justice youth, camps)

other out-of-school time/community (programs that primarily take place outside of school hours, and may be located within a community organization not listed above or on a school campus before or after the school day)

Technology-based (includes programs that do not take place in a physical location, such as virtual programs, text messaging, apps, internet-based programs, etc.)

Urbanicity of Implementation Site: urban, rural, suburban

Reach and Demographics of TPP Participants

For each section (class or group) of TPP effective programs implemented with youth, how many youth participated in your program for at least one activity in the reporting period? Report total numbers per section and numbers by each demographic category below:

Gender – Male, Female, Transgender, Does not identify, Not reported

Age – 10 or younger, 11, 12, 13, 14, 15, 16, 17, 18, 19, >19, Not reported

Grade – 6 or less, 7, 8, 9, 10, 11, 12, GED program, Technical/vocational training/college,

Ungraded, Not currently in school, Not reported

Ethnicity – Hispanic or Latinx, Not Hispanic or Latinx, Not reported

Race – American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than one race, Not reported

Total

For each section (class or group) of the effective program (Tier 1) with non-youth participants, how many non-youth participants attended at least one activity of your effective program (Tier 1)

in the reporting period? Indicate the unduplicated total number in each category.

Caregivers (such as parents, legal guardians, siblings, extended family; foster parents; “chosen” family members of adolescents): _____

Youth-serving professionals (such as social workers, health care providers, teachers, juvenile justice staff, court staff): _____

For each section (class or group) of the TPP effective program, how many non-youth participants attended at least 1 supplemental activity (that is, an activity other than the effective program/promising intervention) during the reporting period? Indicate the unduplicated total number in each category.

Caregivers (parents or legal guardians of adolescents): _____

Youth-serving professionals (social workers, health care providers, teachers, juvenile justice staff, court staff): _____

Dosage of TPP effective programs

What is the average (mean) attendance for program participants in each section? (determined by the percentage of sessions attended by each participant in the section) _____

How many participant in each section received at least 75% of the programming? _____

Observational Fidelity and Quality

Session Information:

Note: these must be reported as whole numbers

Number of sessions (lessons) planned _____

Number of sessions (lessons) completed _____

Number of sessions (lessons) observed _____

Observer reported fidelity

Using the fidelity monitoring tool from the program/intervention developer, report the adherence (%) for observed sessions within each section.

For each effective program (meeting or lesson) that was observed during the section, what is the percent adherence to the number of activities planned? (Grantees who observe more than one session per section report the average (mean) adherence percentage for the session)

Adherence = number of activities completed/number of activities planned

Observer reported quality (Based on the TPP observation form).

Rate the overall quality of the session observed on scale of 1 (poor) – 5 (excellent).

Fidelity Process Form (see the TPP Fidelity Process form)

What is the overall total score on the TPP fidelity process form (Scale of 0 – 26).

Stakeholder Engagement Measures

Project stakeholder engagement: How many stakeholders (such as youth, youth-serving

professionals, caregivers, potential end-users or other community members) were engaged within the grant project during the reporting period? Report the number for each category below.

Youth _____

Caregivers _____ (such as parents, guardians, foster parents of youth)

Community members _____ (such as teachers, educators, social workers, health workers, juvenile justice officers, other Youth-serving professionals, faith leaders, business leaders)

FY2020 Tier 1 Referrals and Linkages to Supportive Services

In the reporting period, how many TPP program participants were referred by grant project staff to supportive services providers of the following services (Collect # of each):

Reproductive Health Care -----

Mental Health Services _____

Substance Abuse Prevention/Treatment Services _-----

Primary Health Care -----

Educational Services -----

Vocational Education/Workforce Development -----

Violence Prevention _____

EXHIBIT 2

OFFICE OF POPULATION AFFAIRS

GUIDANCE FOR PREPARING A NON-COMPETING CONTINUATION AWARD APPLICATION

***Teen Pregnancy Prevention (TPP) Program Recipients
(AH-TP1-23-001)***



**Applications Due:
April 15, 2025, 6:00 PM Eastern Time**

Updated March 2025

Office of Population Affairs

GUIDANCE FOR PREPARING A NON-COMPETING CONTINUATION AWARD APPLICATION
– TEEN PREGNANCY PREVENTION RECIPIENTS (TPP23 COHORTS)

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PART ONE: GENERAL INSTRUCTIONS

Applicability

These instructions are applicable to Office of Population Affairs (OPA) Teen Pregnancy Prevention (TPP) Program recipients in the TPP23 grant cohort and provide guidance on the preparation and submission of your non-competing continuation (NCC) award application.

Purpose

Recipients are required to submit a non-competing continuation application, which serves as the recipient's official request to OPA for continued funding for the upcoming budget year.

The OPA *Guidance for Preparing a Non-Competing Continuation Award Application* prescribes the content, information, and requirements for the OPA NCC award application. This guidance should be used in conjunction with the Notice of Funding Opportunity (NOFO) under which the competing award was initially funded. The NOFO provides information and guidance for recipients for the entire project period.

Ensure the application is complete, accurate, and responsive to this guidance prior to submission. Detailed information on your progress in accomplishing goals and objectives, TPP performance measure data, and any other progress reporting should **not** be included in the NCC award application. This information should be included in your next progress report.

NCC award applications will be reviewed by the Office of the Assistant Secretary for Health (OASH), including the OPA Project Officer (PO) and the Grants and Acquisitions (GAM) Division Grants Management Specialist (GMS). The PO and GMS will review NCC award applications for the following:

- NOFO expectations are being met, to the extent aligned with [Presidential Executive Orders](#) (see [Table 1](#));
- Budget and budget narrative is detailed, reasonable, adequate, cost efficient, and clearly aligned with the proposed work plan; and
- Compliance with grant terms and conditions.

The Grants Management Officer (GMO) will issue a notice of award (NoA) if funding has been approved for another budget period. The GMO or PO may contact individual recipients to address concerns or clarity in the NCC award application. Your application and any resulting award may be delayed pending adequate clarification. Your PO will also complete a technical review of your NCC award application to which you will have 30 days upon notification to provide a response to any items noted in the review. More instructions on this process will be provided upon receipt of the NoA.

Note that HHS awards are currently subject to 45 C.F.R. part 75, with the exception of a limited number of provisions in 2 C.F.R. part 200 became effective October 1, 2024, as noted in the [Interim Final Rule](#) describing the HHS bifurcated approach to transitioning to 2 C.F.R. part 200. The remaining provisions will become effective October 1, 2025 with HHS-specific material to be codified at 2 C.F.R. part 300. Furthermore, the HHS Grants Policy Statement (GPS) has been updated effective October 1, 2024.

Provisions effective October 1, 2024	
2 CFR part 200 citation	Replaces 45 CFR part 75 citation
2 CFR § 200.1. Definitions, " <i>Modified Total Direct Cost</i> "	45 CFR § 75.2. Definitions, " <i>Modified Total Direct Cost</i> "
2 CFR § 200.1. Definitions, " <i>Equipment</i> "	45 CFR § 75.2. Definitions, " <i>Equipment</i> "
2 CFR § 200.1. Definitions, " <i>Supplies</i> "	45 CFR § 75.2. Definitions, " <i>Supplies</i> "
2 CFR § 200.313(e). Equipment, <i>Disposition</i>	45 CFR § 75.320(e). Equipment, <i>Disposition</i>
2 CFR § 200.314(a). Supplies	45 CFR § 75.321(a). Supplies
2 CFR § 200.320. Procurement methods	45 CFR § 75.329. Procurement procedures
2 CFR § 200.333. Fixed amount subawards	45 CFR § 75.353. Fixed amount subawards
2 CFR § 200.344. Closeout	45 CFR § 75.381. Closeout
2 CFR § 200.414(f). Indirect costs, <i>De Minimis Rate</i>	45 CFR § 75.414(f). Indirect (F&A) costs, (f)
2 CFR § 200.501. Audit requirements	45 CFR § 75.501. Audit requirements

Citations below have been updated to reflect the effective changes.

PART TWO: APPLICATION CONTENT

The NCC award application should only include:

- I. Required OASH forms,
- II. Project narrative and work plan for the upcoming budget year,
- III. Detailed budget and a budget narrative for the upcoming budget year, and
- IV. Appendices
 - A. Program Materials
 - B. Other (as applicable)

I. REQUIRED FORMS

Below is the list of required forms that recipients must submit within this section of the NCC application. All forms can be found in the NCC applications kit at GrantSolutions.gov.

- SF-424 – Application for Federal Assistance
- SF-424A – Budget Information Non-Construction Program
- SF-424B, Assurances Non-Construction Program
- SF-LLL – Disclosure of Lobbying Activities

II. PROJECT NARRATIVE AND WORK PLAN FOR THE UPCOMING BUDGET YEAR

Recipients are expected to review and be aware of current [Presidential Executive Orders](#). Recipients are encouraged to revise their projects, as necessary, to demonstrate that the NCC award application is aligned with current Executive Orders. Recipients should review and be aware of all current Presidential Executive Orders; however, the following may be of most relevance to the work of the TPP program:

- [Executive Order 14168](#) *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*
- [Executive Order 14190](#) *Ending Radical Indoctrination in K-12 Schooling*
- [Executive Order 14187](#) *Protecting Children From Chemical and Surgical Mutilation*
- [Executive Order 14151](#) *Ending Radical and Wasteful Government DEI Programs and Preferencing*
- [Executive Order 14173](#) *Ending Illegal Discrimination and Restoring Merit-Based Opportunity*

Project Narrative

Successful applications will include the following information in the project narrative:

1. Description of changes made to align with Executive Orders, if applicable
2. Summary of proposed changes in scope
3. Findings from needs and resource assessment

Description of Changes Made to Align with Executive Orders

Provide information on the changes made by the recipient to align the TPP project with Presidential Executive Orders, if applicable, including the steps taken to review the project and identify the modifications proposed. Examples of changes that recipients may make to align their projects include, but are not limited to, selecting a different evidence-based program for implementation, making adaptations to existing curriculum, and updating policies, staffing, and training, etc.

Summary of Changes in Scope

Provide a *brief* summary of any proposed substantial changes to the project work plan from the previous budget year, including any proposed changes in scope to align the project with Presidential Executive Orders, such as change in geographic location, change in population of focus, bringing on or parting ways with major partners, etc.

Changes in scope from the currently approved project should be clearly highlighted in your work plan and justified in your application. See [HHS Grants Policy Statement](#) for explanation of change of scope.

Findings from Needs & Resource Assessment

Provide a short summary of the most recent community needs and resource assessment. It is expected that the summary will include a brief description of the assessment process, major findings (e.g., identified needs and resources available), and brief paragraph about how the information has been used to guide the development of the work plan.

Work Plan

The main component of this section is the work plan for the upcoming budget year. The work plan should address the expectations outlined in the original NOFO, to the extent aligned with Presidential Executive Orders. [Table 1](#) provides updated information on which NOFO expectations it is expected recipients will focus on through their projects. The recipient is expected to clearly indicate in the work plan any changes made to align their project with Executive Orders and/or any substantial changes that would be considered a change in scope. This may be done in whatever manner easiest to identify changes (e.g., use of track changes, highlighting content, etc.). The work plan should include long-term

goals that span the life of the project, as well as the objectives and activities that will be completed during the upcoming budget period to assist in achieving the long-term goals. The work plan should also clearly demonstrate that the needs identified in the most recent needs assessment are being addressed.

Goal(s)

A goal is a broad statement that describes the purpose of your project and the expected long-term impact you hope to achieve as a result of your project. OPA recommends focusing on 1-2 goals for your project.

Objectives

An objective is a statement describing the results to be achieved and the manner in which these results will be achieved. All objectives should be SMART (specific, measurable, achievable, realistic, and timely).

For each objective:

- Provide a rationale for the objective that includes the corresponding NOFO expectation(s) the objective is aligned with (see [Table 1](#) for a consolidated list);
- List the activities that will be implemented to accomplish the objective;
- Provide a specific timeline, including specific dates, for accomplishing each activity;
- Identify the person/agency responsible for completing each activity; and
- Identify how you will assess the achievement of the activity.

While recipients may have as many objectives as necessary to accomplish the long-term goal(s) of the project, they should carefully review and streamline their work plan objectives. For example, recipients should carefully review objectives to identify any that may be duplicative or may be combined, any that would be better listed as activities under another objective; and any that are no longer necessary.

OPA understands that recipients may include objectives that do not directly address a specific NOFO expectation. However, OPA anticipates that each expectation noted in [Table 1](#) align with at least one work plan objective. Please note that if the work plan does not already include an objective and corresponding activities for one or more of the OPA expectations, OPA expects that you will create a new objective with corresponding activities for that expectation. As a reminder, [Table 1](#) outlines the updated NOFO expectations to demonstrate alignment with Presidential Executive Orders.

Activities

For each objective, the work plan should include the activities that are most critical to accomplishing the objective in the upcoming budget period. OPA asks that recipients focus activities on those that are most critical and refrain from including activities that may be important but are less critical to report to OPA (e.g., reviewing newsletters from national organizations, attending information sharing meetings).

Table 1 – Overall OPA Expectations for TPP23 Grantees

TPP23 Tier 1 Expectations*	
1.	Project Management
2.	Focus on Areas of Greatest Need

3. Replicate to Scale Evidence-Based Teen Pregnancy Prevention Programs with Fidelity and Quality
4. Adolescent Friendly Supportive Services
5. Materials Review
6. Meaningful Youth Engagement
7. Parent/Caregiver Engagement
8. Overall Community Engagement
9. Monitor and Improve

**Updated guidance on NOFO expectations can be found on [Connect](#). Updates reflect alignment with Presidential Executive Orders.*

III. BUDGET and BUDGET NARRATIVE GUIDANCE

A complete budget package consists of the required standard form “Budget Information Non-Construction” (SF-424A) and a budget narrative with detailed justification. You should include supporting documentation for your budget (e.g., a copy of your approved indirect cost rate) as part of the budget package, not as part of your appendices.

1. Standard Form SF-424A

You must enter the project budget according to the directions provided with the standard form.

You must provide costs by object class category for the first 12 months (i.e., first budget period) of the proposed project using Section B, box 6 of SF-424A. If the estimated period of performance is 12 months or less, this will be your total budget request for the entire project.

"Federal resources" refers only to the funds for which you are applying under this NOFO. "Non-federal resources" are all other resources (federal and non-federal).

Do not include costs beyond the first budget period in the object class budget in box 6 of SF-424A or box 18 of SF-424. The amounts entered in these sections should only reflect the first budget period.

If there is a discrepancy between your SF-424A and budget narrative and justification, we will rely on the narrative and justification to determine the final amounts.

2. Budget Narrative and Justification

Your budget narrative must include a detailed line-item budget and must include calculations for all costs and activities by the “object class categories” identified on SF-424A. You must provide a detailed justification for the costs by object class. The object class budget organizes your proposed costs into a set of defined categories.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Proposed costs must adhere to the cost principles described in [45 C.F.R. §§75.400-75.477](#). We have provided additional information on the most common cost categories for applications for OASH awards below.

Budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. Carefully review the NOFO (Section D.7 Funding Restrictions) for specific information regarding allowable, unallowable, and restricted costs.

For each proposed cost for the requested budget period, provide a budget justification, which includes explanatory text and line-item detail. The budget narrative should describe how you derived the categorical costs. Discuss the necessity and reasonableness of the proposed costs you propose.

For categories or items that differ significantly from the previous budget period, provide a detailed justification explaining these changes. Funding for all approved budget periods after the first is generally the same as the initial award amount subject to offset with funds unused in the previous budget period.

Preparing the Budget Narrative

Use the guidelines below for preparing the detailed object class budget. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Sample Budget Table

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Describing Federal and Non-federal Share

Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. “Federal resources” refers only to the HHS/OASH funds for which you are applying under this NOFO. “Non-federal resources” are all other non-HHS/OASH federal and non-federal resources.

If matching or cost sharing is required or offered voluntarily, you must include a detailed listing of any funding sources identified in box 18 of SF-424 (Application for Federal Assistance).

Selecting an Indirect Cost Method

You must state the method you are selecting for your indirect cost rate. See Indirect Costs (Section J.4) for further information about the methods.

If you are providing in-kind contributions of any type or value, including costs otherwise covered by your indirect cost rate, you must identify those costs, and you should, as appropriate, include the value of the in-kind contribution as proposed cost-sharing (voluntary or required) ([45 C.F.R. § 75.306](#)).

If you are using a negotiated indirect cost rate, you may submit a copy of your negotiated agreement with your budget narrative. We may require a copy of your agreement prior to making any award to you.

Subrecipient and consultant activities must be described in sufficient detail to describe accurately the project activities that each will conduct.

All subrecipient and consultant detailed costs should be included on their respective line items and not broken out in the overall project object class line items. For example, contractor travel should be included in the Contractual line item not in Travel. See Section J.4 for more information.

A. OBJECT CLASS DESCRIPTIONS AND REQUIRED JUSTIFICATION

Personnel

Description

Includes costs of employee salaries and wages, excluding benefits.

Does NOT include consultants, subrecipient personnel costs, personnel costs outside of your organization. [45 C.F.R. § 75.459](#).

Justification

Clearly identify the PD/PI, if known. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary.

No salary rate may exceed the statutory limitation in effect at the time you submit your application (see E.2.c.2).

Sample Personnel Table					
Position Title and Full Name	Percent Time	Annual Salary	Federally-Funded Salary	Non-Federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

Fringe Benefits

Description

Includes costs of personnel fringe benefits, unless treated as part of an approved indirect cost rate.

Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel

Description

Includes costs of travel by staff of the applicant organization only.

Does NOT include travel costs for subrecipients or contractors under this object class.

Justification

For each trip proposed for your organization employees only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

Equipment

Description

Includes tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes, or \$10,000 (([2 C.F.R. § 200.1](#) and § [200.313\(e\)](#)).

Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non- Federal entity's regular accounting practices. See [45 C.F.R. § 75.2](#) for additional information.

Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; AND a plan for the use, and/or disposal of, the equipment after the project ends.

If your organization uses its own definition for equipment you should include in the budget narrative a copy of the policy, or section of your policy, that includes the equipment definition. Reference the policy in your justification. Do not include this policy in your appendices.

Supplies

Description

Includes costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$10,000 ([2 C.F.R. § 200.1](#)).

Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual

Description

Includes costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc.

Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

This line item is not for individual consultants.

Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use [45 C.F.R. § 75.329](#) procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by [FAR 2.101](#) and currently set at \$250,000. In some cases, OASH may require recipients make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available. Any proposal for awarding fixed amount subawards is subject to [2 C.F.R. § 200.333](#) and will require detailed justification to support the fixed award amount.

Transferring a substantive part of the project effort to another entity (including non-employee individuals) through contract or other mechanism requires a detailed budget and budget narrative for each subrecipient, by title or name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient.

Other

Description

Includes such costs as, where applicable and appropriate,

- consultants;
- insurance;
- professional services (including audit charges);
- space and equipment rent;
- printing and publication;
- training, such as tuition and stipends;
- participant support costs including incentives,
- staff development costs; and
- any other costs not addressed elsewhere in the budget.

Do not include costs covered by your negotiated indirect cost rate.

Justification

Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Costs

Description

Calculate your indirect costs based on a percentage of your modified total direct costs (MTDC)([2 C.F.R. § 200.1](#)).

There are two methods. You must clearly identify the rate you used in your submitted budget.

Negotiated Indirect Cost Rate

If you have an approved negotiated indirect cost rate from the Department of Health and Human Services (HHS) or another cognizant federal agency, you should apply that negotiated rate. You should enclose a copy of the current approved rate agreement in your Budget package file.

If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that you are accepting a lower rate than allowed. This should be an explicit statement that you are accepting a lower rate than is allowed and specify what the lower rate is.

De minimis Rate ([2 C.F.R. § 200.414\(f\)](#))

If you do not have a current Federal negotiated indirect cost rate (including provisional rate) you “may elect to charge a de minimis rate of up to 15 percent of modified total direct costs (MTDC).” ([2 C.F.R. § 200.414\(f\)](#).) You may “determine the appropriate rate up to this limit. . . When applying the de minimis rate, costs must be consistently charged as either direct or indirect costs and may not be double charged or inconsistently charged as both.” ([2 C.F.R. § 200.414\(f\)](#).) If

you elect to use the de minimis rate, you must use the de minimis rate for all Federal awards until you choose to receive a negotiated rate.

Indirect costs for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$50,000 ([45 C.F.R. § 75.414 \(c\)\(1\)\(i\)](#)).

Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs ([2 C.F.R. § 200.1](#)).

Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

Program Income

Description

Program income means gross income earned by your organization that is directly generated by an awarded project except as provided in [45 C.F.R. § 75.307\(f\)](#). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award.

Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also [45 C.F.R. § 75.307](#) and [35 U.S.C. §§ 200-212](#) (applies to inventions made under Federal awards).

Justification

Describe and estimate the sources and amounts of program income that this project may generate. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities.

Any program income earned must be used under the addition or additive method unless otherwise specified in Section C.2. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources (Cost Share or Match)

Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in [45 C.F.R. § 75.306](#).

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period even if the justification exceeds the amount required.

For awards resulting from an application where you voluntarily propose cost sharing, we will include this voluntary cost sharing in the approved project budget and you will be held accountable for it as shown in the Notice of Award (NOA).

Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you must report cost sharing or matching funds on your quarterly Federal Financial Reports.

Justification

You must provide detailed budget information in your budget narrative (not your appendices) for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424.

You must fully identify and document the specific costs or contributions you propose as part of your required or voluntary cost sharing requirement. You must provide documentation in your application on the sources of funding or contribution(s).

For in-kind contributions, you must include how the stated valuation was determined. Matching or cost sharing must be documented by budget period.

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include in your budget narrative a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See [45 C.F.R. § 75.306\(c\)](#)).

If your application does not include the required supporting documentation for cost-sharing or matching, review of the application and any award that may result may be delayed.

B. ESTIMATED UNOBLIGATED BALANCE

You must provide an estimated unobligated balance as of June 30, 2025, separate from your proposed budget at the amount provided by in this guidance. The reported unobligated balance should not include any unliquidated expense associated with the current budget period. The reported estimated unobligated balance remaining at the end of the current budget period may be used as carryover or offset by the federal government. An offset is the use of the unobligated funds to fund a future budget period partially or fully. It is best practice to explain why an unobligated balance exists.

If you do not provide an estimated unobligated balance with your application, we may calculate an estimate based on your cash drawdown history for the award.

If you are requesting the carryover of an unobligated balance along with your continuation budget, you must:

- Explain the reason the unobligated balance exists, including any activities that were not completed during the budget period.
- Indicate how you will separately use the unobligated funds to complete activities necessary for project completion.
- Provide a separate and revised budget and budget narrative for these funds; and
- Indicate the impact on the project if the funds are used to offset funding rather than add to funding.

The detailed budget and budget narrative should be uploaded in the Budget Narrative section of the application kit in GrantSolutions.

IV. APPENDICES

A. PROGRAM MATERIALS

As part of the NCC award application, recipients are expected to submit program materials to OPA for review. Recipients are expected to align program materials with Presidential Executive Orders. Program materials can be uploaded in as an appendix in Grant Solutions. If unable to upload documentation in Grant Solutions, please contact your Project Officer and Grants Management Specialist to discuss alternative options for submitting materials.

B. OTHER (AS APPLICABLE)

Supporting documents that add value or clarity to the information presented in the work plan should be included in the appendices of your continuation application. Recipients should revisit their logic models for alignment with the work plan proposed for the upcoming budget year. A revised logic model should be included as an appendix. Materials included in the appendices should present information clearly and succinctly. Extensive appendices are not required.

V. OTHER REQUIREMENTS

Federal Financial Report (SF – 425) (FFR)

Ensure you have submitted and your Grants Management Specialist has accepted your latest required FFR. Check the Federal Financial Report Cycle on your NOA for due dates.

Special Terms or Conditions

Ensure you have completed requirements for any special terms or conditions placed on your award during the project period.

Other Awards

If you have other awards with OASH or elsewhere in HHS, ensure you have met the terms and conditions and reporting requirements of those awards. Awards may be delayed until overdue progress reports, financial reports, or closeout documentation have been received.

PART THREE: APPLICATION SUBMISSION THROUGH GRANTSOLUTIONS

You must submit the non-competing continuation application electronically via GrantSolutions.gov.

Any applications submitted via hard copy or any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

You should submit your application as soon as possible but no later than **April 15, 2024**. Recipients are encouraged to initiate electronic applications early in the application development process, and to submit early on or before the due date. You should ensure your application is complete, accurate, and responsive to this guidance.

You may find your non-competing continuation application kit in GrantSolutions.gov. The application kit includes the following pre-determined fields:

- **Grantee NCC Guidance**
- **GrantSolutions Forms**
 - SF-424 – Application for Federal Assistance
 - SF-424A – Budget Information Non-Construction Program
 - SF-LLL – Disclosure of Lobbying Activities
- **Project Narrative**
 - Project Narrative – upload the project narrative **and** work plan for the upcoming budget year
 - Budget Narrative – upload the (1) detailed budget and budget narrative for the upcoming budget year, (2) estimated unobligated balance through June 30, 2024, and (3) carry over request (if applicable)

- **Additional Information to be Submitted (Appendix)** – upload the updated logic model, if applicable, and any additional documents needed to support the non-competing continuation application

Submitted non-competing continuation applications must contain all online forms, the program narrative (work plan), and the budget narrative (detailed budget and budget narrative) to be considered complete. Applications will not be considered valid until all application components are received.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide you with a confirmation page indicating the date and time (Eastern Standard Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission. As items are received by the OASH Grants and Acquisitions Management Division, the electronic non-competing application status will be updated to reflect receipt of the items. Recipients should monitor the status of their application in GrantSolutions to ensure all items are received.

If you encounter any difficulties submitting your NCC application through GrantSolutions.gov, please contact the GrantSolutions helpdesk at (866) 577-0771 or help@grantsolutions.gov prior to the submission deadline. If you need further information, contact your GMS. For programmatic information, please contact your PO.

EXHIBIT 3



Advancing Equity through Replication of EBPs and Services (TPP23 Tier 1)

Expectations

Introduction

This document provides a deep dive into each of the expectations of this grant program. The purpose is to provide a clear blueprint to recipients support them in achieving the overall goal of the program which is to:

Improve sexual and reproductive health outcomes, promote positive youth development and advance positive overall health for adolescents, their families and communities through the replication of medically accurate and age-appropriate evidence-based teen pregnancy prevention programs (EBPs) and services.

Expectation	Overview
<i>Project Management</i>	• Have a clear project management plan for managing the overall program, including managing all partners and sub-recipients which includes monitoring and tracking progress, completion, and quality of all program objectives and activities. • Recruit and retain highly qualified staff that understand the community/population. • Ensure all staff responsible for executing the project, including partner staff, are actively engaged, well-trained, and prepared to successfully fulfill their roles and responsibilities, this includes not only being trained on the EBP(s), but also on the skills and competencies needed to meet the overall goals and objectives of the project. • Utilize performance measures and other relevant data, including youth and stakeholder feedback, to develop, implement, and maintain a training and technical assistance plan for the professional development and capacity building of staff and subawardees/partners. • Have a plan for sustaining the impact of your project on adolescent sexual and reproductive health outcomes and positive youth development in your community and among the population of focus. • Have a communication and dissemination plan that ensures effective communication with stakeholders (including partner organizations) and builds trust and empowers the community to serve as active agents of change.
<i>Focus on Areas of Greatest Need</i>	• Focus project on a community(ies) and population(s) that are is disproportionately affected by unintended teen pregnancy and STIs. • Have a defined community(ies), with clear geographic boundaries and a clearly identified population of focus ◦ Primary participants to receive programming for this project are adolescents and youth (i.e., individuals between the ages of 10-24).

Expectation	Overview
	- Continuously assess (at least on an annual basis) the needs and resources of the community and population of focus through the collection and analysis of qualitative and quantitative data to: - Maintain an understanding of what the specific needs and resources are, who the key stakeholders are, and the relationship between all these components that may be driving poor health outcomes within the community; and - Ensure efforts are being targeted to community(ies) and populations with greatest need. - Engage key stakeholders, community members and partners in data collection, interpretation of findings, and refining priorities.
<i>Replicate to Scale Evidence-Based Teen Pregnancy Prevention Programs with Fidelity and Quality</i>	Identifying EBPs - Ensure selected EBPs are a good fit for the needs of the community and population(s) of focus. - Programs to be replicated are those that meet the following criteria <i>Study Quality</i> - Meets the criteria for the quality of an evaluation study per the criteria established in the HHS TPP Evidence Review (TPPER) protocol, version 6.0. <i>Evidence of Effectiveness on Sexual Risk Behaviors</i> - At a minimum, one of the identified EBPs to be implemented must demonstrate impact on sexual risk behaviors using the evidence of effectiveness as outlined in the HHS TPP Evidence Review (TPPER) protocol, version 6.0. [OPTIONAL] <i>Evidence of Effectiveness on Behavioral Risk Factors Underlying Teenage Pregnancy or Other Associated Risk Factors</i> - In addition to implementing at least one EBP with evidence of effectiveness on sexual risk behaviors, recipients may also implement EBPs that demonstrate impact on non-sexual behavioral risk factors underlying teenage pregnancy. - If replicating such a program, the recipient must clearly demonstrate how the outcomes are related to preventing teen pregnancy and address the needs of the community and population of focus. - OPA must review and approve selected EBPs prior to piloting Implementing EBPs - Implement EBPs with fidelity and quality - Minor adaptations may be made to the program if they improve the fit and relevancy of the program to the community and population of focus - OPA must review and approve all proposed adaptations Scaling EBPs - Replicate EBPs to scale in 3 or more settings - Settings should clearly connect with the need of the focus population as well as the various physical and social environments where youth live, learn, work, play, and worship. - Adopt strategies to implement and scale the selected EBP to expand the reach of programs and serve greater number of youths, their families, and other key stakeholders with EBPs - Implement several EBPs to align with the needs of the community and population of focus. EBPs should:

Expectation	Overview
	- o Lay the foundation for developmentally appropriate behavioral skills related to improving sexual and reproductive health outcomes and promoting positive youth development • Be offered to youth over the course of their adolescence and should be sequential, consistent, and reinforcing.
<i>Adolescent Friendly Supportive Services</i>	• Identify, actively engage, collaborate with, and maintain a network of diverse, multi-sector partners in order to increase awareness of, access to, and utilization of adolescent friendly services which address the needs of the population of focus. - o Develop a robust network of diverse, multi-sector partners with specific processes and protocols for connecting youth and their families to supportive services; - o Ensure partners address the various needs of the community and population of focus while also complementing the implementation of EBPs, to include but not limited to, sexual and reproductive health serves and mental health services. • Utilize your needs assessment to assess the extent to which the community and population are aware of, able to access, and utilize available resources; specifically engage youth and their families to understand what unique barriers prevent them from accessing services. • Implement strategies to build the capacity of youth and their families to independently navigate systems and be able to advocate for high quality, adolescent-friendly care • Assist health providers and health care settings in offering adolescent-friendly healthcare services.
<i>Materials Review</i>	• Ensure all materials used and information disseminated within the project and in the replication of the EBPs are: - o Age appropriate - o Medically accurate - o Culturally and linguistically appropriate - o Trauma informed • Inform OPA of the review process, findings, and plans to address any issues identified - o Utilize subject-matter experts (e.g., age appropriateness, medical accuracy, etc.) to review all materials used and information disseminated within the funded project and in the replication of EBPs. - o Make any necessary changes prior to implementation with OPA approval • You may not begin implementation of EBPs or use and disseminate materials without approval from OPA • Continuously assess materials, at least annually, to ensure they remain culturally appropriate, age appropriate, medically accurate, and trauma-informed. <i>*OPA may require you to submit your program materials for a medical accuracy review.</i>

Expectation	Overview
<i>Meaningful Youth Engagement</i>	• Meaningfully engage youth, as respected and equal partners, in the design, implementation, and monitoring of the project. • Develop and implement a strategy that honors and amplifies youth perspective and expertise and fosters meaningful adult-youth partnerships in an environment where youth feel safe, respected, engaged, and valued for who they are and their contributions to the project and their community.
<i>Parent/Caregiver Engagement</i>	• Develop and implement a strategy for parents/caregivers that supports them through guidance and education to: - o Respect the developing agency of adolescents - o Develop and maintain positive relationships and reinforce positive, healthy decision-making
<i>Overall Community Engagement</i>	• Develop and implement a strategy for engaging key stakeholders, community organizations and leaders throughout the project, including in the design, implementation, and monitoring of the project. - o Engagement strategy should build trust; enlist new resources and allies; enhance communication; and empower community members and organizations in their roles as active agents of change. - o Approach is tailored to the community with the goal of having a sustained impact on adolescent sexual and reproductive health outcomes and positive youth development. • Develop and/or leverage partnerships and/or coalitions to help mobilize resources, influence systems, and serve as catalysts for changing policies, programs, and practices within the community. • Key stakeholders, community organizations, and leaders should be reflective of the community and population served and include youth, parents/caregivers, youth-serving professionals, and other youth-identified trusted adults.
<i>Monitor and Improve</i>	• Have a Monitoring and Improvement Plan (MIP) that ensures programs and services offered are accessible and of the highest quality and best fit for the community(ies) and population (s) served. The MIP should: - o Have established procedures that ensures you are monitoring progress throughout the project to include: ▪ Assessing how well the project is reaching its population of focus ▪ Identifying issues/problems and strengths of the project ▪ Making adjustments and improvements that will support reaching project goals and objectives. - o Clearly demonstrate how performance measures will be collected and reported to OPA to ensure complete and accurate data is reported on a semi-annual basis. - o Demonstrate how you use performance measures and other relevant data, including youth and stakeholder feedback, to: ▪ Monitor progress ▪ Inform professional development and capacity building of staff and partners

Expectation	Overview
	- o Have a Fidelity Monitoring plan that ensures that at least 5% of EBP implementations and 100% of facilitators are observed on an annual basis for fidelity and quality - o Monitor the extent to which: ▪ Youth, parents/caregivers, and the community are meaningfully engaged throughout the project ▪ Components of the project, including the EBPs, are implemented in a safe and supportive environment ▪ Project approach is increasing awareness of, access to, and utilization of adolescent-friendly supportive services. - o Foster collaboration and data-sharing between implementation staff, evaluation staff, and other partners (if applicable) to reflect a team approach. <i>* You should not allocate more than ten percent of requested federal funds to the collection and analysis of data related to the project.</i>

EXHIBIT 4

OFFICE OF POPULATION AFFAIRS

GUIDANCE FOR PREPARING A NON-COMPETING CONTINUATION AWARD APPLICATION

***Teen Pregnancy Prevention (TPP) Program Recipients
(AH-TP1-23-001)***



**Applications Due:
April 15, 2025, 6:00 PM Eastern Time**

Updated January 2025

Office of Population Affairs

GUIDANCE FOR PREPARING A NON-COMPETING CONTINUATION AWARD APPLICATION –
TEEN PREGNANCY PREVENTION RECIPIENTS (TPP23 COHORTS)

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PART ONE: GENERAL INSTRUCTIONS

Applicability

These instructions are applicable to Office of Population Affairs (OPA) Teen Pregnancy Prevention (TPP) Program recipients in the TPP23 grant cohort and provide guidance on the preparation and submission of your non-competing continuation (NCC) award application.

Purpose

Recipients are required to submit a non-competing continuation application, which serves as the recipient's official request to OPA for continued funding for the upcoming budget year.

The OPA *Guidance for Preparing a Non-Competing Continuation Award Application* prescribes the content, information, and requirements for the OPA NCC award application. This guidance should be used in conjunction with the Notice of Funding Opportunity (NOFO) under which the competing award was initially funded. The NOFO provides information and guidance for recipients for the entire project period.

Ensure the application is complete, accurate, and responsive to this guidance prior to submission. Detailed information on your progress in accomplishing goals and objectives, TPP performance measure data, and any other progress reporting should **not** be included in the NCC award application. This information should be included in your next progress report.

NCC award applications will be reviewed by the Office of the Assistant Secretary for Health (OASH), including the OPA Project Officer (PO) and the Grants and Acquisitions (GAM) Division Grants Management Specialist (GMS). The PO and GMS will review NCC award applications to ensure the following:

- NOFO expectations are being met;
- Budget and budget narrative is detailed, reasonable, adequate, cost efficient, and clearly aligned with the proposed work plan; and
- Compliance with grant terms and conditions.

The Grants Management Officer (GMO) will issue a notice of award (NoA) if funding has been approved for another budget period. The GMO or PO may contact individual recipients to address concerns or clarify in the NCC award application. Your application and any resulting award may be delayed pending adequate clarification. Your PO will also complete a technical review of your NCC award application to which you will have 30 days upon notification to provide a response to any items noted in the review. More instructions on this process will be provided upon receipt of the NoA.

Note that HHS awards are currently subject to 45 C.F.R. part 75, with the exception of a limited number of provisions in 2 C.F.R. part 200 became effective October 1, 2024, as noted in the [Interim Final Rule](#) describing the HHS bifurcated approach to transitioning to 2 C.F.R. part 200. The remaining provisions will become effective October 1, 2025 with HHS-specific material to be codified at 2 C.F.R. part 300. Furthermore, the HHS Grants Policy Statement (GPS) has been updated effective October 1, 2024.

Provisions effective October 1, 2024	
2 CFR part 200 citation	Replaces 45 CFR part 75 citation
2 CFR § 200.1. Definitions, " <i>Modified Total Direct Cost</i> "	45 CFR § 75.2. Definitions, " <i>Modified Total Direct Cost</i> "
2 CFR § 200.1. Definitions, " <i>Equipment</i> "	45 CFR § 75.2. Definitions, " <i>Equipment</i> "
2 CFR § 200.1. Definitions, " <i>Supplies</i> "	45 CFR § 75.2. Definitions, " <i>Supplies</i> "
2 CFR § 200.313(e). Equipment, <i>Disposition</i>	45 CFR § 75.320(e). Equipment, <i>Disposition</i>
2 CFR § 200.314(a). Supplies	45 CFR § 75.321(a). Supplies
2 CFR § 200.320. Procurement methods	45 CFR § 75.329. Procurement procedures
2 CFR § 200.333. Fixed amount subawards	45 CFR § 75.353. Fixed amount subawards
2 CFR § 200.344. Closeout	45 CFR § 75.381. Closeout
2 CFR § 200.414(f). Indirect costs, <i>De Minimis Rate</i>	45 CFR § 75.414(f). Indirect (F&A) costs, (f)
2 CFR § 200.501. Audit requirements	45 CFR § 75.501. Audit requirements

Citations below have been updated to reflect the effective changes.

PART TWO: APPLICATION CONTENT

The NCC award application should only include:

- I. Required OASH forms,
- II. Brief project narrative and work plan for the upcoming budget year,
- III. Detailed budget and a budget narrative for the upcoming budget year, and
- IV. Appendices (as applicable)

I. REQUIRED FORMS

Below is the list of required forms that recipients must submit within this section of the NCC application. All forms can be found in the NCC applications kit at [GrantSolutions.gov](https://www.grantsolutions.gov).

- SF-424 – Application for Federal Assistance
- SF-424A – Budget Information Non-Construction Program
- SF-424B, Assurances Non-Construction Program
- SF-LLL – Disclosure of Lobbying Activities

II. PROJECT NARRATIVE AND WORK PLAN FOR THE UPCOMING BUDGET YEAR

Project Narrative

Within the project narrative, recipients should include a summary of their most recent community needs and resource assessment. The summary should include a brief description of the assessment process, major findings (e.g., identified needs and resources available), and brief paragraph about how the information has been used to guide the development of the work plan. The PO will use this information to assess your work plan and the extent to which your plan clearly demonstrates that efforts are focused on addressing the needs and leveraging the resources within your community(ies). Please see NOFO

expectation *Focus on Areas of Greatest Need and Facing Significant Disparities* for more information on what is expected from a community assessment.

The project narrative should also include a *very brief* summary of any proposed changes to the project work plan from the previous budget year. Recipients should consult with their PO and GMS to discuss any substantial changes (e.g., change in geographic location, change in population of focus, bringing on or parting ways with major partners, etc.). Changes in scope from the currently approved project should be clearly highlighted and justified in your application. See [HHS Grants Policy Statement](#) for explanation of change of scope.

Work Plan

The main component of this section is the work plan for the upcoming budget year. The work plan should address all the expectations outlined in the original NOFO. To ensure that recipient work plans are aligned with NOFO expectations, OPA has developed a consolidated list of expectations based on the information included in the NOFO (see Table 1 below). The work plan should include long-term goals that span the life of the project, as well as the objectives and activities that will be completed during the upcoming budget period to assist in achieving the long-term goals. The work plan should also clearly demonstrate that the needs identified in the most recent needs assessment are being addressed.

Goal(s)

A goal is a broad statement that describes the purpose of your project and the expected long-term impact you hope to achieve as a result of your project. OPA recommends focusing on 1-2 goals for your project.

Objectives

An objective is a statement describing the results to be achieved and the manner in which these results will be achieved. All objectives should be SMART (specific, measurable, achievable, realistic, and timely).

For each objective:

- Provide a rationale for the objective that includes the corresponding NOFO expectation(s) the objective is aligned with (see Table 1 for a consolidated list);
- List the activities that will be implemented to accomplish the objective;
- Provide a specific timeline, including specific dates, for accomplishing each activity;
- Identify the person/agency responsible for completing each activity; and
- Identify how you will assess the achievement of the activity.

While recipients may have as many objectives as necessary to accomplish the long-term goal(s) of the project, they should carefully review and streamline their work plan objectives. For example, recipients should carefully review objectives to identify any that may be duplicative or may be combined, any that would be better listed as activities under another objective; and any that are no longer necessary.

In addition, while not all objectives may be aligned with specific OPA expectations, OPA expects that each expectation will be aligned with at least one work plan objective. Please note that if the work plan does not already include an objective and corresponding activities for one or more of the OPA

expectations, OPA expects that you will create a new objective with corresponding activities for that expectation.

Activities

For each objective, the work plan should include the activities that are most critical to accomplishing the objective in the upcoming budget period. OPA asks that recipients focus activities on those that are most critical and refrain from including activities that may be important but are less critical to report to OPA (e.g., reviewing newsletters from national organizations, attending information sharing meetings).

Table 1 – Overall OPA Expectations for TPP23 Grantees

TPP23 Tier 1 Expectations*	
1.	Project Management
2.	Focus on Areas of Greatest Need and Facing Significant Disparities
3.	Ensure Equitable, Safe, Supportive, and Inclusive Environments
4.	Replicate to Scale Evidence-Based Teen Pregnancy Prevention Programs with Fidelity and Quality
5.	Adolescent Friendly Supportive Services
6.	Materials Review
7.	Meaningful Youth Engagement
8.	Parent/Caregiver Engagement
9.	Overall Community Engagement
10.	Monitor and Improve
<i>*See TPP23 Tier 1 Expectations for a detailed description of each expectation.</i>	

III. BUDGET and BUDGET NARRATIVE GUIDANCE

A complete budget package consists of the required standard form “Budget Information Non-Construction” (SF-424A) and a budget narrative with detailed justification. You should include supporting documentation for your budget (e.g., a copy of your approved indirect cost rate) as part of the budget package, not as part of your appendices.

1. Standard Form SF-424A

You must enter the project budget according to the directions provided with this standard form.

You must provide an object class category budget for the next budget period (typically 12 months) of the proposed project using Section B, box 6 of SF-424A.

"Federal resources" refers only to the funds for which you are applying under this NCC application.

"Non-federal resources" are all other resources (federal and non-federal).

Do not include costs beyond the next budget period in the object class budget in box 6 of SF-424A or box 18 of SF-424; the amounts entered in these sections should only reflect the budget period covered by this application.

2. Budget Narrative and Justification

The budget narrative must include a detailed line-item budget that includes calculations for all costs and activities by the "object class categories" identified on SF-424A and a justification for the costs. The object class budget organizes your proposed costs into a set of defined categories.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Proposed costs must adhere to the cost principles described in 45 C.F.R. [§§75.400-75.477](#). We have provided additional information on the most common cost categories for applications for OASH awards below.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. Carefully review the NOFO (Section D.7 Funding Restrictions) for specific information regarding allowable, unallowable, and restricted costs.

For each proposed cost for the requested budget period, provide a budget justification, which includes explanatory text and line-item detail. The budget narrative should describe how you derived the categorical costs. Discuss the necessity and reasonableness of the proposed costs you propose.

For categories or items that differ significantly from the previous budget period, provide a detailed justification explaining these changes. Funding for all approved budget periods after the first is generally the same as the initial award amount subject to offset with funds unused in the previous budget period.

Preparing the Budget Narrative

Use the guidelines below for preparing the detailed object class budget. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Sample Budget Table

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Describing Federal and Non-federal Share

Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying under this NOFO. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources.

If matching or cost sharing is required or offered voluntarily, you must include a detailed listing of any funding sources identified in box 18 of SF-424 (Application for Federal Assistance).

Selecting an Indirect Cost Method

You must state the method you are selecting for your indirect cost rate. See Indirect Costs below for further information.

If you are providing in-kind contributions of any type or value, including costs otherwise covered by your indirect cost rate, you must identify those costs, and you should, as appropriate, include the value of the in-kind contribution as proposed cost-sharing (voluntary or required) (45 C.F.R. § 75.306).

If you are using a negotiated indirect cost rate, you should submit your negotiated agreement with your budget narrative. We may require a copy of your agreement prior to making any award to you.

Subrecipient/contract and consultant activities must be described in sufficient detail to describe accurately the project activities that each will conduct.

All subrecipient/contract and consultant detailed costs should be included in their respective line items and not broken out in the overall project object class line items. For example, subrecipient/contract travel should be included in the Contractual line item not in Travel. See Section H.3 for more information.

A. OBJECT CLASS DESCRIPTIONS AND REQUIRED JUSTIFICATION

Personnel

Description

Costs of employee salaries and wages, excluding benefits.

Does NOT include consultants, subrecipient personnel costs, personnel costs outside of your organization. 45 C.F.R. § 75.459.

Justification

Clearly identify the PD/PI. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary.

No salary rate may exceed the statutory limitation in effect at the time you submit your application. As of January 2023, the Executive Level II salary is \$212,100. This amount is typically updated each January. This amount reflects an individual's base salary exclusive of

fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization.

Sample Personnel Table

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

Fringe Benefits

Description

Costs of personnel fringe benefits, unless treated as part of an approved indirect cost rate.

Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel

Description

Costs of travel by staff of the applicant organization only.

Does NOT include travel costs for subrecipients or contractors under this object class.

Justification

For each trip proposed for your organization employees only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

Equipment

Description

Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non-Federal entity's regular accounting practices. See 45 C.F.R. § 75.2 for additional information.

Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends.

If your organization uses its own definition for equipment you should include in the budget narrative a copy of the policy, or section of your policy, that includes the equipment definition. Reference the policy in your justification. Do not include this policy in your appendices.

Supplies

Description

Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual

Description

Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc.

Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

This line item is not for individual consultants.

Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 C.F.R. § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134 and currently set at \$250,000. In some cases, HHS/OASH may require recipients make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available.

Transferring a substantive part of the project effort to another entity (including non-employee individuals) requires a detailed budget and budget narrative for each subrecipient/contractor, by title/name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient/contractor.

Other

Description

Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

Justification

Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Costs

Description

This category has one of two methods that you may select. You may only select one and must clearly identify that selection in your submitted budget.

Negotiated Indirect Cost Rate

Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file.

If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

De minimis Rate

Per 45 C.F.R. § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

The de minimis rate method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

Indirect costs on Federal awards for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000 (45 C.F.R. § 75.414 (c)(1)(i)).

Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

Program Income

Description

Program income means gross income earned by your organization that is directly generated by e awarded project except as provided in 45 C.F.R. § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award.

Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 C.F.R. § 75.307 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

Justification

Describe and estimate the sources and amounts of program income that this project may generate. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities.

Any program income earned must be used under the addition/additive method unless otherwise specified in Section C.2. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources (Cost Share or Match)

Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 C.F.R. § 75.306.

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period even if the justification exceeds the amount required.

For awards resulting from an application where you voluntarily propose cost sharing, we will include this voluntary cost sharing in the approved project budget and you will be held accountable for it as shown in the Notice of Award (NOA).

Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you must report cost sharing or matching funds on your quarterly Federal Financial Reports.

Justification

You must provide detailed budget information in your budget narrative (not your appendices) for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424.

You must fully identify and document the specific costs or contributions you propose as part of your required or voluntary cost sharing requirement. You must provide documentation in your application on the sources of funding or contribution(s).

For in-kind contributions, you must include how the stated valuation was determined. Matching or cost sharing must be documented by budget period.

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include in your budget narrative a copy of your negotiated cost

rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See 45 C.F.R. § 75.306(c)).

If your application does not include the required supporting documentation for cost-sharing or matching, review of the application and any award that may result may be delayed.

B. ESTIMATED UNOBLIGATED BALANCE

You must provide an estimated unobligated balance as of June 30, 2025, separate from your proposed budget at the amount provided by in this guidance. The reported unobligated balance should not include any unliquidated expense associated with the current budget period. The reported estimated unobligated balance remaining at the end of the current budget period may be used as carryover or offset by the federal government. An offset is the use of the unobligated funds to fund a future budget period partially or fully. It is best practice to explain why an unobligated balance exists.

If you do not provide an estimated unobligated balance with your application, we may calculate an estimate based on your cash drawdown history for the award.

If you are requesting the carryover of an unobligated balance along with your continuation budget, you must:

- Explain the reason the unobligated balance exists, including any activities that were not completed during the budget period.
- Indicate how you will separately use the unobligated funds to complete activities necessary for project completion.
- Provide a separate and revised budget and budget narrative for these funds; and
- Indicate the impact on the project if the funds are used to offset funding rather than add to funding.

The detailed budget and budget narrative should be uploaded in the Budget Narrative section of the application kit in GrantSolutions.

IV. APPENDICES

Supporting documents that add value or clarity to the information presented in the work plan should be included in the appendices of your continuation application. Recipients should revisit their logic model to ensure it aligns with the work plan proposed for the upcoming budget year. If the logic model is revised, it should be included as an appendix. Materials included in the appendices should present information clearly and succinctly. Extensive appendices are not required.

V. OTHER REQUIREMENTS

Federal Financial Report (SF – 425) (FFR)

Ensure you have submitted and your Grants Management Specialist has accepted your latest required FFR. Check the Federal Financial Report Cycle on your NOA for due dates.

Special Terms or Conditions

Ensure you have completed requirements for any special terms or conditions placed on your award during the project period.

Other Awards

If you have other awards with OASH or elsewhere in HHS, ensure you have met the terms and conditions and reporting requirements of those awards. Awards may be delayed until overdue progress reports, financial reports, or closeout documentation have been received.

PART THREE: APPLICATION SUBMISSION THROUGH GRANTSOLUTIONS

You must submit the non-competing continuation application electronically via GrantSolutions.gov.

Any applications submitted via hard copy or any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

You should submit your application as soon as possible but no later than **April 15, 2024**. Recipients are encouraged to initiate electronic applications early in the application development process, and to submit early on or before the due date. You should ensure your application is complete, accurate, and responsive to this guidance.

You may find your non-competing continuation application kit in GrantSolutions.gov. The application kit includes the following pre-determined fields:

- **Grantee NCC Guidance**
- **GrantSolutions Forms**
 - SF-424 – Application for Federal Assistance
 - SF-424A – Budget Information Non-Construction Program
 - SF-LLL – Disclosure of Lobbying Activities
- **Project Narrative**
 - Project Narrative – upload the project narrative **and** work plan for the upcoming budget year
 - Budget Narrative – upload the (1) detailed budget and budget narrative for the upcoming budget year, (2) estimated unobligated balance through June 30, 2024, and (3) carry over request (if applicable)
- **Additional Information to be Submitted (Appendix)** – upload the updated logic model, if applicable, and any additional documents needed to support the non-competing continuation application

Submitted non-competing continuation applications must contain all online forms, the program narrative (work plan), and the budget narrative (detailed budget and budget narrative) to be considered complete. Applications will not be considered valid until all application components are received.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide you with a confirmation page indicating the date and time (Eastern Standard Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission. As items are received by the OASH Grants and Acquisitions Management Division, the electronic non-competing application status will be updated to reflect receipt of the items. Recipients should monitor the status of their application in GrantSolutions to ensure all items are received.

If you encounter any difficulties submitting your NCC application through GrantSolutions.gov, please contact the GrantSolutions helpdesk at (866) 577-0771 or help@grantsolutions.gov prior to the submission deadline. If you need further information, contact your GMS. For programmatic information, please contact your PO.

EXHIBIT 5

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

PLANNED PARENTHOOD OF	)	
GREATER NEW YORK <i>et al.</i>	)	Civil Action No. 1:25-cv-1334-TJK
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
U.S. DEPARTMENT OF HEALTH AND	)	
HUMAN SERVICES, <i>et al.</i>	)	
	)	
Defendants.	)	
	)	

**DECLARATION OF LESLIE M. KANTOR, PhD, MPH IN SUPPORT OF PLAINTIFFS’
MOTION FOR PRELIMINARY INJUNCTION**

I, Leslie M. Kantor, PhD, MPH, declare as follows:

1. I am the Chair of the Department of Urban-Global Public Health at the School of Public Health at Rutgers, The State University of New Jersey, a position I have held since April 2018, after 12 years as an Assistant Professor of Clinical Population and Family Health at the Mailman School of Public Health at Columbia University. I received a Masters of Public Health from the Department of Population and Family Health at Columbia’s Mailman School of Public Health in 1992 and a PhD from Columbia’s School of Social Work in 2015 with a concentration in Social Policy and Administration.
2. In addition to my faculty appointments, I have also served on the staff of various health care and policy organizations, including SIECUS (Sexuality Information and Education Council of the United States) from 1992 to 1996, Planned Parenthood of New York City from 1996 to 2003, and the Planned Parenthood Federation of America, where I served as the Vice President of Education, from 2010 to 2018.

3. From 2017-2023, I served on the Board of Directors of ETR Associates, a national non-profit organization that develops, implements, evaluates, and disseminates science-based resources to advance health and opportunities for youth, adults, and communities.
4. I am a member of the American Public Health Association and the Society for Family Planning, among other professional associations.
5. I have over three decades of experience in the field of public health, prevention research, and evidence-based health education. I have extensive research and programmatic experience in sex education and adolescent health, including studying and evaluating various approaches to teen pregnancy and sexually transmitted disease (STD) prevention. I am the author of more than seventeen peer-reviewed, scientific articles as well as numerous book chapters and monographs on topics related to teen pregnancy prevention and effective interventions. Several of my articles outline the policy and funding history for various approaches to teen pregnancy and STD prevention in the United States. I was the co-editor of a special issue of the peer-reviewed, scientific journal *Sexuality Research and Social Policy* focused on abstinence-only-until-marriage programs and have studied and written extensively about those programs.
6. I have been a principal investigator/researcher for over \$4 million in grants for over a dozen research projects on several topics related to teen pregnancy prevention and sex education, including identifying best practices in sex education, conducting preliminary research in order to design technology-based approaches to sex education, and rigorously evaluating teen pregnancy prevention interventions.

7. I have studied and spoken extensively about the U.S. Department of Health and Human Services' (HHS) Teen Pregnancy Prevention Program (TPP Program), which is at issue in this litigation.
8. A copy of my curriculum vitae with a complete listing of my professional background, experience, and publications is attached hereto as Exhibit A. The opinions I express herein are my own and not those of the institutions with which I am affiliated. Based on my years of training and experience in these substantive areas as well as my familiarity with the scientific literature related to teen pregnancy prevention efforts and strategies, including the TPP Program, it is my opinion that (1) the terms used by Congress in funding the TPP Program have settled meanings within the fields of prevention research and sex education that have long been understood as such; (2) the 2025 OPA Guidance for Preparing a Non-Competing Continuation Award Application (hereafter "2025 Notice") requires current grantees to shift the content and delivery of their current programs mid-way through a grant program; (3) the 2025 Notice requires alignment with new Executive Orders which are not designed for meeting the goals of teen pregnancy prevention programs; (4) adjustments to evidence-based teen pregnancy programs which have previously been rigorously tested and found to work may render those programs ineffective and may create harms for particular participants and (5) making these non-evidence-based adjustments at this point in the program conflicts with public health priorities and wastes limited resources.
9. I am not being compensated for my testimony in this matter.

Public Health Need in the United States for a Federal Program to Prevent Teen Pregnancy

10. The United States has historically had much higher teen pregnancy and sexually transmitted disease rates than other high-income countries. Rates of teen pregnancy, birth, and abortion to teens in the United States have declined in recent years but remain higher than in comparable countries.¹
11. Adolescent pregnancy has negative sequelae for individuals, families and society. Teen pregnancy interferes with young people's ability to complete education which may have lifelong implications. Teen parents are 70% less likely than non-parenting teens to obtain a high school diploma or GED² and teen parents obtain fewer years of education overall compared to people who do not become parents as teenagers.³
12. Societally, the costs of teen pregnancy are high. At the time the Teen Pregnancy Prevention Program was passed by Congress, estimates of the economic costs of teen pregnancy were \$9.4 billion annually.⁴ These costs included direct costs of supporting perinatal and infant healthcare as well as costs related to public assistance, foster care and other services needed by teen parents and their children.
13. Sexually transmitted diseases (STDs) among adolescents in the United States are also public health and economic concerns. In 2023 (the most recent year for which a complete year of data is available), the Centers for Disease control reported that there were 2.4

¹ Gilda Sedgh et al., *Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends*, 56 J. Adolescent Health 223 (2015).

² Jennifer Manlove et al., *Subsequent Fertility Among Teen Mothers: Longitudinal Analyses of Recent National Data*, 62 J. Marriage & Fam. 430 (2000).

³ Jennifer B. Kane et al., *The Educational Consequences of Teen Childbearing*, 50 Demography 2129 (2013).

⁴ Patricia M. Herman et al., *Cost Analysis of a Randomized Trial of Getting to Outcomes Implementation Support for a Teen Pregnancy Prevention Program Offered in Boys and Girls Clubs in Alabama and Georgia*, 21 Prevention Sci. 1114 (2020).

million cases of reportable sexually transmitted diseases in the United States and that close to half of those cases were among 15-24 year olds, consistent with data showing that young people have a disproportionate share of STDs.⁵

14. STDs have individual and societal costs. Certain STDs are associated with long term, chronic health issues including infertility.⁶ The economic costs of STDs are estimated to be \$16 billion annually.⁷

15. Until 2009, the United States government's support for teen pregnancy prevention initiatives was mainly for abstinence-only-until-marriage programs. Abstinence-only-until-marriage programs are those that exclusively promote no sex until marriage.⁸

16. Congress's funding for abstinence-only-until-marriage programs included support for evaluations of these programs.⁹ Those evaluations and others showed no effects of abstinence-only programs on altering teen behavior, including no impact of these programs on helping teens abstain from sexual activity and no differences in rates of birth control and condom use.¹⁰

⁵ *National Overview of STIs in 2023*, Ctrs. for Disease Control & Prevention (Nov. 12, 2024), <https://www.cdc.gov/sti-statistics/annual/summary.html>.

⁶ *Sexually Transmitted Infections (STIs)*, World Health Org. (May 21, 2024), [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)).

⁷ *Sexually Transmitted Infections Prevalence, Incidence, and Cost Estimates in the United States*, Ctrs. for Disease Control & Prevention (Apr. 3, 2024), <https://www.cdc.gov/sti/php/communication-resources/prevalence-incidence-and-cost-estimates.html>.

⁸ John S. Santelli et al., *Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact*, 61 J. Adolescent Health 273, 274–275 (2017).

⁹ *Id.* at 275.

¹⁰ *Id.* at 276.

The Evidence-Based Model of the Teen Pregnancy Prevention Program

17. In response to the growing body of literature showing no effects of abstinence-only-until-marriage programs on behavior and a growing body of evidence showing that teen pregnancy and HIV prevention programs with specific characteristics did work to promote healthy behaviors,¹¹ Congress in 2009 shifted most of the federal dollars for teen pregnancy prevention and sex education away from abstinence-only-until-marriage programs and toward a new funding stream focused on evidence-based approaches to teen pregnancy prevention, the TPP Program.¹²
18. The terms that Congress chose in funding the TPP Program—“medically accurate” and “replicating programs that have been proven effective through rigorous evaluation”—have well-established and longstanding meanings within public health and evidence-based policymaking, and more broadly in the scientific and research community and literature.
19. For example, the Society for Prevention Research (SPR) is a leading multi-disciplinary organization within the public health field of prevention research. In 2004, SPR appointed a task force of researchers from institutions including Columbia University,

¹¹ Douglas Kirby, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy (Summary)*, 32 Am. J. Health Educ. 348 (2001).

¹² Congress appropriated \$110,000,000 for grants to fund “medically accurate and age-appropriate programs to reduce teen pregnancy,” with not less than \$75,000,000 directed to “replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors,” which was implemented as “Tier 1.” Congress directed that a smaller portion of funds, not less than \$25,000,000, go to “research and demonstration grants to develop, replicate, refine and test additional models and innovative strategies for preventing teenage pregnancy,” which was implemented as “Tier 2.” Consolidated Appropriations Act, 2010, Pub. L. No. 111-117, 123 Stat. 3034, 3253 (2009). On an annual basis, Congress has reauthorized this program on the same terms in amounts ranging from \$98,000,000 to \$110,000,000. Adrienne L. Fernandes-Alcantara, Cong. Rsch. Serv., R45183, *Teen Pregnancy: Federal Prevention Programs* 6 (2018).

University of Pennsylvania, Duke University, and the National Institute of Mental Health at the National Institutes of Health to determine the “most appropriate criteria for prevention programs and policies to be judged efficacious, effective, or ready for dissemination.”¹³ The task force generated guidelines intended to define the most effective ways to evaluate public health prevention programs, including criteria for describing and replicating programs as well as criteria for evaluating their efficacy.¹⁴ These guidelines are widely followed and generally recognized as objective and authoritative throughout public health fields.

20. The 2005 SPR guidelines and other literature in the general fields of public health and prevention research as well as literature specific to the teen pregnancy context define the terms used by Congress in creating the TPP Program as follows:

- a. *Program*: A program is a planned, coordinated group of activities, processes, and procedures designed to achieve a specific purpose. A program should have specified goals, objectives, and structured components (e.g., a defined curriculum, an explicit number of treatment or service hours, and an optimal length of treatment) to ensure the program is implemented with fidelity to its model.¹⁵ The SPR publishes the peer-reviewed scientific journal *Prevention Science* and is

¹³ Brian R. Flay et al., Standards of Evidence: Criteria for Efficacy, Effectiveness and Dissemination, 6 *Prevention Sci.* 151, 152 (2005).

¹⁴ See generally *id.* at 151–75.

¹⁵ See Douglas Kirby, *Emergency Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, Nat’l Campaign to Prevent Teen and Unplanned Pregnancy 13 (Nov. 2007), <https://powertodecide.org/sites/default/files/resources/primary-download/emerging-answers.pdf>; Douglas Kirby et al., *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs*, Healthy Teen Network 65 (Feb. 2007), <https://www.wisetoolkit.org/sites/default/files/Tool%20to%20Assess%20the%20Characteristics%20of%20Effective%20Sex%20and%20STD%20HIV%20Education%20Programs.pdf> (“A program is a set of activities packaged in a purposeful way with the goal of preventing a problem, treating a problem, and/or supporting an individual or a group.”).

committed to promoting the highest quality science needed to effectively scale up evidence-based programs, practices and policies to combat public health problems.¹⁶ SPR guidelines note that a program should be “described at a level that would allow others to implement/replicate it” and that “[m]anuals and, as appropriate, training and technical support must be readily available.”¹⁷

- b. *Replication*: Replication of a program means providing the program the way it was conducted when it was researched and found to be effective.¹⁸ Replication with fidelity means adhering very closely to the way the program was conducted when it was researched and found to be effective. SPR notes that “scientific replication” means delivering the same intervention on a new, similar population and ensuring that the intervention is delivered in the same way with the same training as in the original study.¹⁹
- c. *Rigorous Evaluation*: There are well-established standards of evidence that guide the research methods that must be used to demonstrate whether a prevention program has been responsible for the outcomes that were measured.²⁰ The SPR guidelines include a number of research characteristics that must be in place in order to be able to say that a program worked. For example, rigorous evaluation requires that there be one group that receives the program and another group that does not receive the program (e.g., a control group). The most rigorous design includes randomly assigning individual participants to either the

¹⁶ *About SPR*, Soc’y for Prevention Rsch., <https://preventionresearch.org/about-spr/> (last visited Apr. 28, 2025); *Mission, Vision, Values, and Strategic Plan*, Soc’y for Prevention Rsch., <http://preventionresearch.org/about-spr/mission-statement/> (last visited Apr. 28, 2025).

¹⁷ Flay et al., *supra* note 13, at 154, 163.

¹⁸ *Id.* at 162.

¹⁹ *Id.* at 162.

²⁰ *Id.* at 162.

program/intervention group or the control group—a randomized control trial or RCT.²¹

- d. *Proven Effective*: In general, if there is a rigorous research design and a statistically significant difference is found on the outcome(s) of interest between the program/intervention group and the control group, the program would be considered to be effective. There must be findings on the main outcomes of interest (e.g., for prevention programs, those are usually behavioral outcomes rather than only knowledge or attitude outcomes) and the measures and statistical procedures used must adhere to scientific standards.²²
- e. *Medically Accurate*: Information is medically accurate if it is supported by the weight of scientific evidence that is conducted consistent with generally recognized scientific theory and under accepted scientific methods. Such evidence also must be published in peer-reviewed scientific journals and recognized as accurate and objective by mainstream professional organizations (such as American Medical Association, American Public Health Association); government agencies (such as the Centers for Disease Control and Prevention, Food and Drug Administration); or scientific advisory groups (such as the National Academies of Science, Engineering, and Medicine).²³

21. The creation of the TPP Program as an evidence-based model coincided with a larger movement across the federal government to engage in evidence-based policymaking, which sought to ensure that public funds were appropriated for approaches backed by

²¹ See generally *id.* at 151–75.

²² *Id.* at 170.

²³ John S. Santelli, *Medical Accuracy in Sexuality Education: Ideology and the Scientific Process*, 98 Am. J. Pub. Health 1786 (2008).

evidence and that investments were made in evaluations to help build out the evidence base related to solving particular problems.²⁴ In shifting the balance of teen pregnancy prevention funding to an evidence-based model, Congress likewise dedicated federal funds to those programs that had demonstrated evidence of success, rather than those that were unproven.²⁵ With an emphasis on rigorous evaluation, Congress intended to build the scientific evidence on what works to prevent teen pregnancy and associated risk factors.

22. A critical goal of prevention research and evidence-based policymaking is to expand the evidence portfolio to determine which programs work, for which populations, and under which circumstances. Equally important, for replication studies in particular, is the aim to report on null or negative findings, as each such study adds to the development of the body of evidence in important ways.²⁶ The TPP Program embodied this goal by providing for both the development and evaluation of previously unevaluated programs (Tier 2) and the replication of programs that had been proven effective in at least one rigorous evaluation (Tier 1) to determine their effectiveness among other populations and in other settings. There have been 4 sets of grants made as part of the TPP Program. Program periods took place from 2010–2015, 2015–2020, 2020–2025 and 2023–2028, which is the program period for current grantees.²⁷

²⁴ Evelyn M. Kappeler et al., *Historical Context for the Creation of the Office of Adolescent Health and the Teen Pregnancy Prevention Program*, 54 J. Adolescent Health S3, S3–S4 (2014); Comm’n on Evidence-Based Policymaking, *The Promise of Evidence-Based Policymaking* 15–16 (Sept. 2017).

²⁵ Kappeler et al., *supra* note 24, at S3–S6; Comm’n on Evidence-Based Policymaking, *supra* note 24, at 94; Ron Haskins & Greg Margolis, *Show Me the Evidence: Obama’s Fight for Rigor and Results in Social Policy* 67–101 (Brookings Inst. Press 2014).

²⁶ Flay et al., *supra* note 13, at 151–75.

²⁷ *Current Teen Pregnancy Prevention Grant Recipients*, Off. Population Affs., <https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program/tpp-grant-recipients/current-tpp-grant-recipients> (last visited May 7, 2025).

23. Tier 1 grantees of the TPP Program have been required to replicate programs for which strong evidence of efficacy (e.g. positive behavioral outcomes) already exists. Tier 1 grantees must choose a program which is part of an evidence review developed and maintained by the Department of Health and Human Services (DHHS) and replicate that program with fidelity. Many grantees also received funds to undertake additional evaluation studies as part of their grants to assess whether their programs continue to have the same positive outcomes in the settings and with the participants for whom they are implementing their programs.²⁸ This is because programs may work in one setting but not another or may work for some groups of people but not for others.

Evaluation Evidence of the Public Health Impacts of the TPP Program

24. A large number of new evaluation studies have been published based on the results of Tier 1 replication studies. These findings are published in peer-reviewed, scientific literature and are used to update the DHHS evidence review. That evidence review typically resides on the Office of Population Affairs website. However, it has since been removed from that website.²⁹

25. Articles summarizing results of these TPP Program replication studies have been published in scientific publications such as a special issue of the *American Journal of Public Health* in 2016.³⁰ Another large summary of the evaluations of TPP Program-funded programs examined all forty-four replication studies of curricula that are

²⁸ *Teen Pregnancy Prevention (TPP) Program Evaluations*, DHHS, <https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-program-evaluations> (last visited May 7, 2025).

²⁹ The evidence review as it was included on the Office of Population Affairs website as of January 18, 2025 is archived. See *Welcome to the Teen Pregnancy Prevention Evidence Review*, Youth.gov, <https://web.archive.org/web/20250118112947/https://youth.gov/evidence-innovation/tpper> (last visited May 8, 2025).

³⁰ Amy Feldman Farb & Amy L. Margolis, *The Teen Pregnancy Prevention Program (2010–2015): Synthesis of Impact Findings*, 106(S1) Am. J. Pub. Health S9 (2016).

part of the evidence review and was published by Juras et al in 2019 in the *American Journal of Public Health*.³¹ That review noted that: “These evaluations provided a unique opportunity to generate evidence on what works and for whom because of their rigor (grantees received intensive technical assistance by a federal evaluation contractor), consistently reported outcomes (a common core of survey items and behavioral outcomes was used in all of the evaluations), transparency (the agency agreed to release evaluation findings regardless of their results), and quality and fidelity of implementation (92% of all sessions observed by an independent facilitator were rated as very high or high quality, and 95% were implemented with high fidelity to the specified program model).” Thus, the Teen Pregnancy Prevention Program has successfully served the dual purposes of providing direct educational services to youth and helping to expand the body of evidence of what types of programs work, in what settings, with which participants.

OPA Notice for Preparing a Non-Competing Continuation Award Application

26. The current TPP Program grantees that have been awarded grants to replicate evidence-based programs are referred to on the Office of Population Affairs website as TPP23 Tier 1. On March 31, 2025, these current TPP23 Tier 1 grantees received a new Notice which: “prescribes the content, information, and requirements for the OPA NCC award application.” Rather than providing typical guidance for continuing grants as part of multi-year awards, the new Notice focuses on aligning the current grants, which are mid-way through the five-year award period, with recent Executive Orders issued by the Trump Administration.

³¹ Randall Juras et al., *Adolescent Pregnancy Prevention: Meta-Analysis of Federally Funded Program Evaluations*, 109 Am. J. Pub. Health e1 (2019).

27. The 2025 OPA Guidance document specifically points grantees towards aligning with a sub-set of Executive Orders:

- *Executive Order 14168 Defending Women From Gender Ideology Extremism and Restoring Biological Truths to the Federal Government*
- *Executive Order 14190 Ending Radical Indoctrination in K-12 Schooling*
- *Executive Order 14187 Protecting Children From Chemical and Surgical Mutilation*
- *Executive Order 14151 Ending Radical and Wasteful Government DEI Programs and Preferencing*
- *Executive Order 14173 Ending Illegal Discrimination and Restoring Merit-Based Opportunity*

28. Fidelity to programs that have been found to work is essential to helping to ensure that the same positive outcomes take place. Adaptations need to be carefully thought out. In the past, any adaptations that were made to evidence-based teen pregnancy programs were closely overseen by the Office of Population Affairs. Indeed, there are very specific guidelines about the types of adaptations that could be made. The *Documenting Adaptations Tip Sheet* from the Office of Population Affairs includes guidance and cautions about adapting evidence-based programs.³² The publication defines an adaptation as: “a change to a program’s content, delivery, or core components.”³³ The types of adaptations that have been defined as “minor adaptations” are “changes to the program that make it a better fit for the population served, more current, or more engaging, but they do not significantly change the program’s core components or compromise program fidelity.”³⁴ Examples provided by the Office of Population Affairs of minor adaptations include: “[u]pdating examples for the target audience”,

³² S. Chan & L. Scher, *Documenting Adaptations Tip Sheet*, OPA (2020), <https://opa.hhs.gov/sites/default/files/2021-03/documenting-adaptations-tip-sheet-2020.pdf>.

³³ *Id.* at 1.

³⁴ *Id.*

“[c]ustomizing role-play activities”, “[m]odifying language to make it more culturally appropriate”, “[a]dding icebreakers and energizers to make the program’s activities more interactive” and “[e]xtending the length of sessions to provide more time for group activities or group processing.”³⁵

29. Major adaptations are defined as: “changes to the program that alter the program’s core components. A major adaptation could compromise fidelity of the program and might reduce the impact of the program on intended outcomes. As an implementer, you should be extremely cautious about making major adaptations to a program with an existing evidence base.”³⁶ Further, the Office of Population Affairs suggests checking with program developers (e.g. the authors of the programs) before making any adaptations. The 2025 Notice does not require any conferring with program developers prior to proposing changes to align with the Executive Orders. Indeed, grantees may make changes which program developers would object to.

30. The evidence-based programs on the DHHS list are utilized by other DHHS departments including the Family and Youth Services Bureau (FYSB). The FYSB has also issued a tip sheet on adaptations which lists five steps needed to make adaptations: Assess, Know the Selected Program, Identify Adaptation Challenges, Select and Plan Adaptations, and Pilot and Monitor Adaptations.³⁷ In my opinion, the 2025 Notice, which requires programs to submit adaptations which have to be newly created given the recency of the Executive Orders, would not adhere to these steps.

³⁵ *Id.*

³⁶ *Id.*

³⁷ *Making Adaptations Tip Sheet*, FYSB, at 3–4 (Nov. 24, 2020), https://acf.gov/sites/default/files/documents/prep-making-adaptations-ts_0.pdf.

31. The FYSB guidance describes adaptations to evidence-based programs using a “green light, yellow light, red light” schema to help program implementers think about whether an adaptation is likely to interfere with the effectiveness of a program.³⁸ Green light adaptation examples provided in their tip sheet include items such as updating statistics and changing the names of characters in role plays to align with the names of students from a given community where a program is being done. Yellow light adaptations include items such as changing the order of sessions or using new videos. Red light adaptations include “contradicting, competing with or diluting the program’s goals.”³⁹
32. In my opinion, attempting to add content from the Executive Orders to evidence-based teen pregnancy programs, which are generally programs of short duration, would inherently dilute the program’s goals, which are to give young people the information and skills they need to delay sex until they are ready and to use protection when they do engage in sex. Those pregnancy prevention goals are not directly addressed in any way by the Executive Orders, so aligning with those statements by definition goes beyond the boundaries of the current evidence-based programs.
33. Historically, these yellow or red light adaptations or any major adaptation would be vetted by program officers in the Office of Population Affairs and with the programs’ developers. Indeed, the Teen Pregnancy Prevention Program often required brand new evaluations of programs that significantly adapted or added or dropped lessons to ensure that the programs still had positive outcomes. For example, the original 2010–2015 Tier 2 program tested “major adaptations” to seven existing evidence-based programs.⁴⁰

³⁸ *Id.* at 4–6.

³⁹ *Id.* at 5.

⁴⁰ Feldman Farb & Margolis, *supra* note 27 at S10.

34. More recently, work has been done to identify core and non-core components of evidence-based teen pregnancy prevention programs based on the growing body of evaluations of these programs. As noted in an HHS Office of Population Affairs publication *Core Components of Teen Pregnancy Prevention Programs*: “Some TPP program developers provide adaptation guidance which can be used by program implementers and funders alike to maintain program integrity when making adaptations. Core and noncore components can be thought of through this same lens; if a developer designates a program component as core, then any adaptation of this component is probably not permissible and likely considered a major adaptation. (These major adaptations might constitute an implementation that lacks fidelity to the model.)”⁴¹
35. In my opinion, the new 2025 Notice contemplates making major adaptations to evidence-based programs in order to achieve “alignment” with the Executive Orders that are not in any way designed to help guide health programming for youth. No adaptation guidance has been provided to current grantees from program developers or by the Office of Population Affairs that would guide how to adapt these programs in a way that maintains integrity to the core components while “aligning” them to the new Executive Orders.
36. Indeed, the 2025 Notice dilutes or contradicts the focus of the Teen Pregnancy Prevention Program Tier 1 original purpose, which is to deliver previously evaluated, effective interventions to help youth delay sexual activity or use contraception and other protective methods to avoid pregnancy. The 2025 Notice requires grantees to make up ways to

⁴¹ Emily Forrester & Russell Cole, *Core Components of Teen Pregnancy Prevention Programs*, OPA, at 4 (Apr. 20, 2023), https://rhntc.org/sites/default/files/resources/opa_tpp_program_components_brief_4-20-2023.pdf

implement recent Executive Orders in the context of funded pregnancy prevention programs.

37. For example, the 2025 Notice states that: “Examples of changes that recipients may make to align their projects include, but are not limited to, selecting a different evidence-based program for implementation, making adaptations to existing curriculum, and updating policies, staffing, and training, etc.”⁴² However, no examples of adaptations are provided that would align with the Executive Orders, leaving grantees in the difficult position of guessing at ways to make programs reflect these new policies. Further, in my opinion, any adaptations that would seem to align are certainly in the major adaptation category as defined by the Office of Population Affairs and would likely interfere with the effectiveness of the programs.

38. The 2023 Notice of Funding Opportunity (NOFO) includes requirements that programs adhere to a set of program requirements that reflect a body of evidence related to youth with particular needs for pregnancy prevention programs and program characteristics that have demonstrated efficacy in promoting healthy behaviors. In particular, the Teen Pregnancy Prevention Program has incorporated guidance over time to ensure that programs meet the needs of youth and communities that have continued to have elevated rates of teen pregnancy. Among these requirements are that programs are “trauma-informed” and that programs are “culturally and linguistically appropriate.” In the NOFO, these important aspects of program curricula and implementation are defined as follows:

⁴² 2025 Notice at 5.

- a. Trauma-informed approach⁴³ – “Refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. It is an approach that: (1) realizes the widespread impact of trauma and potential paths for recovery; (2) recognizes the signs and symptoms of trauma in youth, families, staff, and others; (3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to actively resist re-traumatization.”
 - b. Culturally and linguistically appropriate⁴⁴ – “Assures that materials and language used are respectful of and responsive to the cultural and linguistic needs of the population being served. This includes being respectful and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs.”
39. There is extensive scientific literature demonstrating that youth that have experienced trauma are at higher risk of engaging in health risk behaviors. The key measure of trauma is Adverse Childhood Experiences (ACES) which are measured through a validated scale. In a nationally representative sample of high school students, “[t]hree in four students experienced one or more ACE and nearly one in five students experienced four or more ACEs.”⁴⁵ The relevance to sexual behavior, and thus to pregnancy prevention, has been demonstrated by studies such as Song and Qian which found that: “Adolescents

⁴³ Dep’t of Health & Hum. Servs., *Notice of Funding Opportunity: Advancing Equity in Adolescent Health Through Evidence-Based Teen Pregnancy Prevention Programs and Services* (Feb. 14, 2023), <https://apply07.grants.gov/apply/opportunities/instructions/PKG00279882-instructions.pdf>.

⁴⁴ *Id.*

⁴⁵ Elizabeth A. Swedo et al., *Adverse Childhood Experiences and Health Conditions and Risk Behaviors Among High School Students—Youth Risk Behavior Survey, United States, 2023*, 73 *Morbidity & Mortality Wkly. Rep. Supplements* 39, 46 (2024).

who reported each category of ACEs were more likely to initiate sex, have multiple sex partners, engage in unprotected sex, and be involved in pregnancy.”⁴⁶ This high prevalence shows that programs for youth in the United States must take trauma into account.

40. Cultural and linguistic appropriateness is essential to ensure that programs meet the needs of youth who, in a country as large and varied as the United States, come from different settings (e.g. rural, suburban and urban), cultural backgrounds, and may or may not speak English as a first language. The NOFO for this program refers grant applicants to the National CLAS Standards.⁴⁷ Among these standards is: “[p]rovide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”⁴⁸

41. Professionals in the youth development, adolescent health, and health education fields have been incorporating these concepts into programs for at least a decade. Keeping the attention of adolescents and ensuring that information about health is incorporated necessitates that programs be relevant to the particular backgrounds of youth participating in programs. If programs are not tailored in these ways, the programs are less likely to work.

42. The 2025 Notice also notes that grantees should:

[p]rovide a brief summary of any proposed substantial changes to the project work plan from the previous budget year, including any proposed changes in scope to align the project with Presidential Executive Orders, such as change in

⁴⁶ Wei Song & Xueqin Qian, *Adverse Childhood Experiences and Teen Sexual Behaviors: The Role of Self-Regulation and School-Related Factors*, 90 J. Sch. Health 830, 830 (2020).

⁴⁷ National CLAS Standards, HHS, <https://thinkculturalhealth.hhs.gov/clas/standards> (last visited May 7, 2025).

⁴⁸ *Id.*

geographic location, change in population of focus, bringing on or parting ways with major partners, etc.⁴⁹

43. In my opinion, a change mid-way through a program period, especially in the location or population of focus, would invalidate any evaluation that is in process. Any data on the program and whether it is having the intended outcomes, such as improving knowledge or helping participants to create intentions to protect their health or learning skills for navigating relationships, would be discontinued. Further, the remaining program years would not provide sufficient time to collect data from new participants and learn whether the program is working. Thus, a shift in geography or population would be an inefficient and expensive interruption that interferes with the overall programmatic purpose of the Teen Pregnancy Prevention Program and wastes government resources.

DHHS Approved Evidence-Based Programs

44. The evidence based-teen pregnancy programs that are part of the DHHS evidence review from which grantees choose programs for replication are all programs that were developed by authors with expertise in adolescent development and curriculum development, were developed over several years, and have at least one rigorous evaluation showing that the program has specific, behavioral impacts on program participants. This is a high bar for programs.

45. The Teen Pregnancy Prevention Evidence Review (TPPER) is maintained by DHHS and currently includes fifty-two programs meeting this high bar.⁵⁰

⁴⁹ 2025 Notice at 5.

⁵⁰ Information about the criteria and timeline for expansion of this list of evidence-based teen pregnancy prevention programs is available on the Office of Population Affairs website. *Updated Findings from the HHS Teen Pregnancy Prevention Evidence Review (TPPER)*, Off. Population Affs., <https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-program-evaluations/tpp-evidence-review> (last visited May 8, 2025).

46. Examples of programs being utilized by current grantees of the program include both curricula developed prior to the existence of federal government funding for the development of pregnancy prevention programs and programs that were originally developed as part of the Tier 2 innovative funding stream from DHHS. Many of the Tier 2 programs were developed to fill gaps in available programs for populations that have been shown to have higher rates of teen pregnancy such as youth in foster care or youth who identify as LGBTQ. For example, a literature review on rates of pregnancy among youth in foster care showed that these youth had not experienced the same drops in teen pregnancy rates as youth not in care settings.⁵¹ Eastman et al. notes that their review found that: “[o]verall, these studies found pregnancy was common among girls in care, early parenthood was associated with negative outcomes for mother and child, and families were in need of a variety of supportive services.”⁵² Among LGBTQ youth, “[m]ultiple studies have documented elevated risk of both teen pregnancy and sexual risk behaviors among sexual minority girls and young women compared with sexual majority girls and young women.”⁵³ For these reasons, specific Tier 2 Teen Pregnancy Prevention Program grants were awarded in past years to implement and evaluate programs to address these higher risk, vulnerable groups.

47. Descriptions of the sub-set of programs chosen from the DHHS evidence-based list for implementation by the Plaintiffs have been copied from program developer or distributor

⁵¹ Andrea Lane Eastman et al., *Pregnant and Parenting Youth in Care and Their Children: A Literature Review*, 36 Child & Adolescent Soc. Work J. 571 (2019).

⁵² *Id.* at 578.

⁵³ Bethany G. Everett et al., *Sexual Orientation Disparities in Pregnancy Risk Behaviors and Pregnancy Among Sexually Active Teenage Girls: Updates from the Youth Risk Behavior Survey*, 6 LGBT Health 342, 342 (2019).

websites and are included below to provide the goals and number of sessions in each program:

- a. *Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STD Prevention* is an “8-module curriculum that provides adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STIs), HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex. The intervention is based on cognitive-behavioral theories, focus groups and the authors’ extensive experience working with youth. *Making Proud Choices!* is an adaptation and extension of the original *Be Proud! Be Responsible!* curriculum that integrates teen pregnancy prevention along with HIV/STI prevention.”⁵⁴
- b. *Be Proud! Be Responsible!* is a “multi-media, 6-module curriculum that provides adolescents with the knowledge, motivation and skills to change their behaviors in ways that will reduce their risk of contracting HIV. Although not specifically pregnancy prevention oriented, many of the communication and condom skills taught will also help participants avoid unintended pregnancy and other STDs.”⁵⁵
- c. *Draw the Line/Respect the Line* is a “3-year evidence-based curriculum that promotes abstinence by providing students in grades 6, 7 and 8 with the knowledge and skills to prevent HIV, other STD and pregnancy. Using an interactive approach, the program shows students how to set personal limits and

⁵⁴ Loretta Sweet Jemmott et al., *Making Proud Choices!*, Educ. Training Rsch., <https://www.etr.org/ebi/programs/making-proud-choices/> (last visited May 7, 2025).

⁵⁵ Loretta Sweet Jemmott et al., *Be Proud! Be Responsible!*, Educ. Training Rsch., <https://www.etr.org/ebi/programs/be-proud-be-responsible/> (last visited May 7, 2025).

meet challenges to those limits. Lessons also include the importance of respecting others' personal limits.”⁵⁶

- d. *Get Real* “emphasizes social and emotional skills as a key component of healthy relationships and responsible decision making. It promotes abstinence from sex as a safe and healthy choice for adolescents; provides a comprehensive understanding of sexual health, sexuality and protection methods; and supports parents and other caring adults as the primary sexuality educators of their children through family activities that encourage dialogue between students and the caring adults in their lives about sexual health topics.”⁵⁷
- e. *Power Through Choices: My Life, My Choices* (4th Edition) is a “10-session evidence-based prevention curriculum specifically designed for adolescents ages 13–18 in systems of care...*Power Through Choices* was the first sexuality education curriculum developed for youth who are involved in a child welfare or juvenile justice system to help them prevent pregnancy, HIV, and other sexually transmitted infections (STIs).”⁵⁸
- f. *Love Notes*: “For a growing number of adolescents and young adults, unplanned pregnancy, single parenting, and troubled relationships derail personal goals. *Love Notes* was created for this vulnerable audience, some already pregnant or parenting. In 13 lessons, they discover—often for the first time—how to make

⁵⁶ Karin K. Coyle, *Draw the Line/Respect the Line*, Educ. Training Rsch., <https://www.etr.org/ebi/programs/draw-the-line/> (last visited May 7, 2025).

⁵⁷ Planned Parenthood League of Mass., *Get Real*, Educ. Training Rsch., <https://www.etr.org/ebi/programs/get-real/> (last visited May 7, 2025).

⁵⁸ Deborah Chilcoat et al., *Featured Project: The Only Proven Effective Sexual Health Program Designed With and For Youth in Systems of Care*, Healthy Teen Network, <https://www.healthyteennetwork.org/project/power-through-choices/> (last visited May 7, 2025).

wise choices about relationships, sexual activity, pregnancy, partnering, and more.”⁵⁹

- g. *Plan A* is an “engaging, brief, entertainment-education video intervention designed to reduce unplanned pregnancies and sexually transmitted infections (STIs) among young people.”⁶⁰
- h. *Positive Prevention PLUS* is a “14-lesson curriculum that addresses risk factors and behaviors associated with unplanned teen pregnancy by increasing adolescent’s ability to use risk-reduction skills including contraceptive use, resistance and negotiation skills, and accessing reproductive health services. The program seeks to teach adolescents to either delay/abstain from sexual activity or use birth control consistently and correctly when engaging in sexual activity.”⁶¹
- i. *Linking Families and Teens* (LiFT) is a “family connection program which was developed to help adults harness their superpower and support families to share their values, build their family bond, and talk about the tough stuff—including sexual health and healthy relationships. LiFT includes an engaging and interactive 6-hour workshop, one follow-up phone call, and 12 weekly text messages for both teens between the ages of 13–19 and their supportive adult.”⁶²
- j. *IN·cluded* is a “program that aims to lower teen pregnancy rates and STD rates among LGBTQ youth ages 14–19. The IN·cluded Program takes a dual approach to address the unjust sexual health outcomes for LGBTQ young people: (1) a

⁵⁹ Marline E. Pearson, *Love Notes*, The Dibble Inst., <https://dibbleinstitute.org/our-programs/love-notes-4-0/> (last visited May 7, 2025).

⁶⁰ *Plan A*, Plan A, <https://www.myplana.org/> (last visited May 7, 2025).

⁶¹ *Research*, Positive Prevention Plus, <https://positivepreventionplus.com/research/> (last visited May 7, 2025).

⁶² *LiFT Linking Families & Teens*, SparkED, <https://sparked.net/wp-content/uploads/2025/02/LiFT-One-Pager-2025.pdf> (last visited May 7, 2025).

three-hour workshop for LGBTQ youth on sexual health and accessing healthcare, and (2) two 90-minute, youth-led workshops for healthcare providers and clinic staff on best practices for providing care to LGBTQ young people. This combination has the outcome of youth seeking and receiving sexual health services on a more consistent basis.”⁶³

The Potential Impact of Attempted “Alignment” with Executive Orders

48. In my opinion, alignment with executive orders violates the guidelines for program implementation, requires dissemination of medical inaccuracy and fails to meet the needs of vulnerable youth.

49. These evidence-based programs are required to deliver information in a small number of sessions that will help young people to navigate the complexities of relationships and result in either effectively negotiating to postpone sexual activity or to use pregnancy and STD prevention methods when they do engage in such activity. Burdening these programs with trying to fulfill the goals of the Executive Orders, which in no way are designed to help advance the goal of assisting youth with learning about or engaging in healthy behaviors, is a major departure from the Congressional intent of the program.

50. Further, the 2025 Notice conflicts with the original Congressional intent of the TPP Program by requiring alignment with Executive Orders that are not medically accurate. *Executive Order 14168 Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* states that: “It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable

⁶³ Planned Parenthood of the Great Nw. & the Hawaiian Islands & Annika Shore, *IN·clued*, Educ. Training Rsch., <https://www.etr.org/ebi/programs/in-clued/> (last visited May 7, 2025).

and are grounded in fundamental and incontrovertible reality.”⁶⁴ This assertion in the Executive Order does not align with a large scientific literature on the biological basis of sex which concludes that there is significant variation within the category of biological sex. While a full review of the literature on the areas of biological sex and gender as both a social construct and a factor that can influence biology is beyond the scope of this statement, scientists with deep expertise on these topics have noted, for example: “Importantly, the sexually dimorphic brain, similar to most sex differences, does not fall into a hard binary readout—but rather is on a continuum or spectrum with each cell and each brain region comprised of varying degrees of ‘male’ and ‘female.’ This is because the influences from very early neurodevelopmental time points, and perhaps even earlier than fertilization, are complex and multifaceted and frequently depend on the sex chromosome compliment of the individual or the sex of the parent contributing a given gene.”⁶⁵ Bale and Epperson further note that: “Also, critical to the discussion of sex and gender in the human laboratory is the interaction between an individual’s experiences, based upon society’s concept of their gender, and the developing central nervous system.”⁶⁶

51. In addition to biological evidence that there is a spectrum of biological sex rather than just two sexes, there are individuals who are transgender, and mainstream medical and psychological organizations in the United States and internationally recognize that people’s gender identity does not always align with their chromosomal or biologically

⁶⁴ The White House, *Executive Order 14168 Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* (Jan. 20, 2025), <https://www.whitehouse.gov/presidential-actions/2025/01/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal-government/>.

⁶⁵ Tracy L. Bale & C. Neill Epperson, *Sex as a Biological Variable: Who, What, When, Why, and How*, 42 *Neuropsychopharmacology* 386, 386 (2017).

⁶⁶ *Id.* at 387.

defined sex. As the American Psychological Association notes, transgender people have always existed and “[t]ransgender persons have been documented in many indigenous, Western, and Eastern cultures and societies from antiquity until the present day. However, the meaning of gender nonconformity may vary from culture to culture.”⁶⁷ The American Academy of Pediatrics, in their policy statement passed in 2018 and reaffirmed in 2023, notes that clinicians are increasingly seeing young patients that identify as transgender and that clinicians should provide appropriate care and support to these patients and their families.⁶⁸

52. *Executive Order 14168 Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* states that:

‘Gender ideology’ replaces the biological category of sex with an ever-shifting concept of self-assessed gender identity, permitting the false claim that males can identify as and thus become women and vice versa, and requiring all institutions of society to regard this false claim as true. Gender ideology includes the idea that there is a vast spectrum of genders that are disconnected from one’s sex. Gender ideology is internally inconsistent, in that it diminishes sex as an identifiable or useful category but nevertheless maintains that it is possible for a person to be born in the wrong sexed body.⁶⁹

53. While my opinion, informed by decades of experience as a health educator, program implementer and researcher, is that this description is a misrepresentation of how gender is taught in the context of teen pregnancy prevention, a reasonable interpretation of “alignment” with this Executive Order would be to teach that there are only 2 sexes and to disallow lesson plans or language that are inclusive of students who believe that their gender identity is different than their biological sex.

⁶⁷ Am. Psych. Ass’n, *Understanding Transgender People, Gender Identity and Gender Expression* (July 8, 2024),

<https://www.apa.org/topics/lgbtq/transgender-people-gender-identity-gender-expression>.

⁶⁸ Jason Rafferty et al., *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 *Pediatrics* 1 (2018).

⁶⁹ *Executive Order 14168 Defending Women from Gender Ideology*, *supra* note 56.

54. Youth who identify as transgender are a particularly vulnerable group in the United States. Johns et al. note that: “Transgender youths (those whose gender identity does not align with their sex) experience disparities in violence victimization, substance use, suicide risk, and sexual risk compared with their cisgender peers (those whose gender identity does align with their sex)”.⁷⁰ In an analysis of data from the national Youth Risk Behavior Survey, the 1.8% of youth who identified as transgender were at higher risk of teen pregnancy for many reasons: “Transgender students were more likely than cisgender students to report first sexual intercourse before age 13 years, sexual intercourse with four or more persons than were cisgender students, and no method to prevent pregnancy at last sexual intercourse.”⁷¹ In my opinion, to suggest that teen pregnancy prevention programs should not even acknowledge this group of young people and address their needs for education to reduce their risks conflicts with the intended purpose of the Teen Pregnancy Prevention Program.

55. Further, the prohibition on discussing gender at all disallows important content from some of the evidence-based programs. Examining how gender roles and expectations may influence how adolescents engage in relationships is a very important component of pregnancy prevention.

56. For example, in the evidence-based program *Get Real*, one of the lessons is “Gender, Sex and Shared Responsibility.” The three objectives of this lesson are: “Identify stereotypes as harmful. Explain why both partners are responsible for the possible consequences of unprotected sex. Identify ways in which both partners can take responsibility in a

⁷⁰ Michelle M. Johns et al., *Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students – 19 States and Large Urban School Districts, 2017*, 68 *Morbidity and Mortality Weekly Report* 67, 67 (2019).

⁷¹ *Id.* at 68.

relationship.”⁷² The Executive Order, by prohibiting discussions of gender, would disallow discussions about gender roles which are essential to helping young people learn to communicate, negotiate and refuse unprotected sexual activity.

57. The Executive Order *Protecting Children From Chemical and Surgical Mutilation* is completely unrelated to any of the types of programs receiving funding. The Tier 1 Teen Pregnancy Prevention Programs are curriculum-based programs that are educational in nature and designed to give young people the information and skills they need to make and implement healthy choices related to relationships and sex. If there is information about health services provided to students, it is informational in nature and health services are not provided within the context of the teen pregnancy prevention programs so it is unclear how any funded program would align with this priority.

58. As a longtime health educator who previously taught pregnancy prevention programs to youth, I can attest that students always have questions based on issues they are hearing about in their communities, from entertainment, and in social and traditional media. The Executive Orders and other recent actions make questions about gender much more likely to come up in the context of teen pregnancy prevention programs. Current program implementers are now placed in a challenging situation for which no clear guidance has been provided. If program implementers adhere to the idea that 2 sexes are all that exists as stated in the Executive Orders, they are in a position to do harm to students who hold identities other than male or female as well as to students who may have family members or friends who have those identities. Further, they will be disseminating information that is medically inaccurate.

⁷² Get Real: Comprehensive Sex Education That Works, *Lesson 9.3: Gender, Sex, and Shared Responsibility* (last visited May 7, 2025), <https://www.etr.org/get-real/lessons/high-school/lesson-9-3-gender-sex-and-shared-responsibility/>.

59. Given the risks of undermining the effectiveness of evidence-based teen pregnancy prevention programs by adapting existing evidence-based programs in a manner that has never before been tested, the lack of guidance about what those adaptations should consist of, and the potential dissemination of medical misinformation that is required to strictly implement the Executive Order on sex and gender, the 2025 Notice does not align with the Congressional intent or funding purpose of the Teen Pregnancy Prevention Program. Shifting programs mid-way through the program implementation period will be disruptive to programs that are in process and will waste the resources that have already been invested in program implementation and evaluation. In my opinion, all of these actions directly conflict with the intended purpose of the TPP Program which is to replicate evidence-based programs with fidelity.

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that the foregoing is true and correct.

Date: May 9, 2025

/s/ Leslie Kantor

Leslie M. Kantor, PhD, MPH

EXHIBIT A

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EDUCATION

BA, English, 1989
Barnard College, New York, New York

MPH, Department of Population & Family Health, 1992
Mailman School of Public Health, Columbia University

PhD, School of Social Work, 2015
Graduate School of Arts and Sciences, Columbia University

PROFESSIONAL EXPERIENCE

Academic Appointments

**Department of Urban-Global Public Health, School of Public Health
Rutgers University**

Professor, Urban-Global Public Health, 2018-Present
Chair, Department of Urban-Global Public Health, 2018-Present
Director, Urban Public Health Concentration and Certificate, 2018-Present

- Launched new department which currently has 16 FT faculty, 2 post-docs, 6 research and administrative staff and over 300 master's and doctoral students.
- Generates new funding from public and private sources and spearheads expansion of extramural grant submissions resulting in large year over year increases in funding. In the latest fiscal year, UGPH faculty submitted 35 grants, received 19 grants (17 extramural), \$12.73 million in funding.
- Developed a new University-wide initiative, Advancing Urban Public Health: An Equity and Social Justice Approach, which was chosen as one of 12 centerpieces of the Rutgers University capital campaign. (additional information [link](#)).

- Recruits, mentors, promotes and champions a diverse faculty with a shared commitment to community engaged research methods, underserved populations, and programmatic and policy impact.
- Created new academic offerings including a DrPH program, urban public health concentration and certificate, nutrition public health concentration and certificate, LGBT health concentration and certificate and a new online MPH in global public health as well as a joint MSW/MPH and expansion of articulated degree programs.
- Advances public health through media interviews, authoring OpEds and cultivating relationships with journalists.
- Serves on the leadership team responsible for the overall management and sustainability of the School of Public Health and the development and implementation of its strategic plan.
- Leads a research program focused on sexual, reproductive and maternal health with a current focus on improving Black and Latina maternal health in New Jersey.

Heilbrunn Department of Population & Family Health, Mailman School of Public Health Columbia University

Assistant Professor, Clinical Population & Family Health, 2006-2018

Director, Planning and Special Projects, 2008-2010

Director, Reproductive and Family Health Track, 2009-2010

- Partnered closely with department chair to strengthen faculty recruitment and retention, research infrastructure, fundraising, partnerships, and administrative structure and processes.
- Coordinated the largest academic track in the department, including admitting and supporting students, developing the scope and sequence of the curriculum, and working with faculty to strengthen pedagogy.
- Strengthened program management for the Averting Maternal Death and Disability Program (AMDD) and the Reproductive Health Access Information and Services in Emergencies (RAISE) global programs.
- Developed and taught courses on Pedagogy of Sexuality Education, Program Planning, and Management of Healthcare Organizations.
- Obtained competitive extramural funding for research on sexual and reproductive health in both US and global contexts.

Other Professional Experience

Planned Parenthood Federation of America

Vice President of Education | 2011 - 2018

National Director of Education | 2010 - 2011

- Developed the vision and direction for Planned Parenthood's national education initiatives, partnering with the organization's 100 + affiliates to improve the health and well-being of children, adolescents, families and communities.
- Created strategic partnerships with university-based researchers, media outlets, technology companies, and other nonprofit and advocacy organizations to advance the mission.
- Created innovative approaches to education and services including technology-based solutions. Highlights include scaling and evaluating Planned Parenthood's national chat/text program, partnering with LGBTQ organizations to create a new digital support center for youth and a

national call to action for LGBTQ inclusive education, and integrating behavioral science into social media and website content.

- Directed rigorous research of program interventions including randomized controlled trials resulting in the development of two evidence-based interventions that improved healthcare-seeking and use of contraception.
- Secured funding and ensured programmatic sustainability through new and ongoing relationships with supporters.
- Led national and state policy efforts related to sex education, contraceptive access, LGBT and adolescent health.
- Served as a national media spokesperson and public speaker.

Kantor Consulting

Principal | 2004 - 2006

- Launched highly regarded consulting practice focused on improving public health in underserved communities.
- Developed initiatives to improve child health by reducing lead poisoning in New Jersey.
- Partnered with HIV/AIDS and LGBTQ+ organizations to implement intervention evaluations.
- Created new instruments for measuring the success of homelessness programs and services.
- Adapted evidence-based HIV/AIDS curricula for key populations.

Partnership for the Homeless, Inc.

Senior Vice President of Programs and Advocacy | 2003 - 2004

- Directed program and advocacy initiatives for a division of 80 full-time professionals and 1,000 volunteers.
- Worked closely with the Board of Directors and President to determine future directions for the agency; led five-year strategic planning process.
- Generated new revenue sources to expand programs including attracting new funders and increasing current gifts.
- Ensured that organizational infrastructure was sufficient to support excellence in programming.

Planned Parenthood of New York City, Inc.

Vice President of Education and Training | 1996 - 2003

- Provided overall vision and direction to the newly formed education department, served on the leadership team for the organization, and developed strong partnerships throughout New York City including with school districts and community-based organizations.
- Created evidence-informed programming to reduce adolescent pregnancy and improve sexual health, which received local, state and national recognition.
- Successfully secured numerous multi-year grants from national, state, and local funders and both public and private sources.
- Partnered closely with the Board of Directors.

SIECUS (Sexuality Information and Education Council of the United States)

Director, Planning and Special Projects | 1994 - 1996

Director, Community Advocacy | 1992 - 1994

- Developed a new national initiative to promote sex education.
- Successfully garnered funding for programmatic and general support from national, state and local funders.
- Worked closely with national, state, and local organizations to educate policy makers and organize effectively to improve sexuality education for young people.
- Offered in-depth technical assistance to over 250 communities in 47 states.
- Worked closely with the Board of Directors.

Columbia University Health Services

Coordinator, Health Education Programs | 1989-1992

HONORS AND AWARDS

Rutgers College Class of 1962 Presidential Public Service Award

Honors members of the faculty, student body, or staff in recognition of distinguished and non-compensated service to government bodies, professional or scholarly organizations, and/or the general public, such as voluntary community leadership, or personal acts of heroism (2023)

Allan Rosenfield Alumni Award for Excellence

To recognize a graduate's exceptional contributions to the Mailman School community and distinguished leadership in the field of public health.

Columbia Mailman School of Public Health (2020)

Lloyd M. Felmly Award

For outstanding contributions through media to public health

New Jersey Public Health Association (2019)

Millicent Carey McIntosh Award for Feminism

Barnard College (2019)

Carl S. Shultz Award for Lifetime Achievement

Sexual and Reproductive Health Section

American Public Health Association (2018)

Douglas Kirby Award for Advancing Research in Sex Education

Association of Planned Parenthood Leaders in Education (2018)

Golden APPLE Award for Outstanding Leadership

Association of Planned Parenthood Leaders in Education (2011)

Early Career Award for Excellence

Population, Family Planning and Reproductive Health Section

American Public Health Association (2003)

Jay S. Drotman Memorial Award

For challenging public health practice in a creative and positive manner

American Public Health Association (1996)

UNIVERSITY SERVICE

Search Committee, Dean, Bloustein School of Planning and Public Policy, Rutgers University
(October 2022-May 2023)

Search Committee, Director, Rutgers University Institute for Health (August 2022-February 2023)

Search Committee, Executive Vice President for Academic Affairs, Rutgers University
(June 2020-September 2020)

Search Committee, Dean of Rutgers University School of Nursing (October 2019-June 2020)

Executive Committee, Rutgers Global Health Institute (August 2018-Present)

Planetary Health Task Force, Rutgers University (April 2018-February 2020)

Columbia University Gender-Based Misconduct Prevention Task Force (2015-2016)

Columbia University Program Planning Committee, Sexual Respect Initiative (2014-2015)

SCHOOL OF PUBLIC HEALTH SERVICE

PhD Admissions Committee (2021-Present)

DrPH Admissions Committee (January 2020-Present)

Rutgers School of Public Health Leadership Committee (April 2018-Present)

DrPH Program Development Committee (April 2018- September 2020)

School of Public Health Strategic Planning Committee (April 2018-March 2020)

Rutgers School of Public Health MPH Admissions Committee (April 2018-January 2020)

Global Programs Workgroup (April 2018-December 2019)

LGBT Concentration Workgroup (April 2018-September 2019)

Nutrition Public Health Concentration and Certificate Workgroup
(April 2018-September 2019)

PROFESSIONAL SERVICE AND ENGAGEMENT

Boards of Directors and Trustees Positions

Robert Wood Johnson Foundation

Jegna Council (2021-Present). Invited advisory group that provides guidance and counsel to RWJF's New Jersey grantmaking team on equity. [link](#)

Orange Orphan Society (OOS)

Board of Trustees (2021-Present)

ETR Associates

Advisory Council Member, National Technical Assistance and Professional Development (2024-present)

Member, Board of Directors (2017-2023)

Board Secretary (2019-2021)

Board Chair (2021-2023)

Mexican American Legal Defense Education Fund (MALDEF)

Member, Board of Directors (2003-2010)

Chair, Community Education and Leadership Development Committee (2005-2010)

Member, Executive Committee, Board of Directors (2005-2010)

Member, Management Property and Management Council (2010-2016)

Answer (formerly Network for Family Life Education)

Member, National Advisory Board (2000-2007)

Chair, National Advisory Board (2003-2006)

National Campaign to Prevent Teen and Unplanned Pregnancy (Power to Decide)

Member, State and Local Task Force (1996-2001)

Member, Board of Directors (1998-2001)

Co-chair, Leadership Task Force on State and Local Action (1998-2001)

Memberships, Offices and Committee Assignments in Professional Societies

Sigma Xi, The Scientific Research Honor Society

Member, 2024-Present

Society for Family Planning

Member, 2018-Present

International Academy of Sex Research

Member, 2015-present

Society for Adolescent Health and Medicine

Member 2006-Present

American Public Health Association

Member, 1993-Present

Chair, Sexuality Task Force, American Public Health Association 1995-1998

Elected Representative, Governing Council, Population, Family Planning and Reproductive Health

Section, American Public Health Association

2001-2004

Society for the Scientific Study of Sex

Member 1993-2006

American Association of Sexuality Educators, Counselors and Therapists

Member, 1993-2006

Service to Journals

Current Reviewer, *Contraception*, *Journal of Adolescent Health*, *BMC Public Health*, *Journal of Religion and Health*, *International Journal of General Medicine*, *Psychology in the Schools Children*

Senior Associate Editor, *Annals of LGBTQ Public and Population Health* (2020-2022)

Editorial Board Member, *Sex Education* (2018-present)

Guest Editor, *Sex Education*, *Special Issue: Celebrating Doug Kirby's Contributions to Sex Education* (2014)

Guest Editor, *Sexuality Research and Social Policy* (2008)

COMMUNITY SERVICE

Member, Women's Reproductive Health Clinical Advisory Group, Greater Newark Healthcare Coalition (02/2020-12/2023)

Member, Believe in a Healthy Newark Steering Committee (12/2019-12/2023)

Developer and Lead Trainer, Newark Vaccine Initiative. Rapid creation and implementation of a joint training for public health students and community ambassadors who undertook street outreach to provide education and vaccine access (08/2021-10/2021)

Principal Investigator, Newark City-Wide Analysis of Key Public Health Indicators (01/2019-12/2021) and Update (01/2021-05/2021)

Member, Newark Guaranteed Income Task Force and Program Development Workgroup (07/2019-03/2020)

Member, Atlantic City Health Task Force (11/2018-03/2020)

Principal Investigator, Key Indicators of Public Health in Atlantic City, NJ (04/2018-10/2019)

TEACHING AND COURSE/PROGRAM DEVELOPMENT

2025

Course developer and instructor: Rutgers University, School of Public Health, Leadership and Management of Organizations Contributing to Public Health III (DrPH)

Guest Lecture: Rutgers University, School of Public Health. "Maternal Health in the USA. New Jersey as a Case Study." Public Health in the Caribbean.

Guest Lecture: Rutgers University, School of Public Health. Continuing Education session for St. Lucia health practitioners. Public Health in the Caribbean.

2024

Course developer and instructor: Rutgers University, School of Public Health, Leadership and Management of Organizations Contributing to Public Health III (DrPH)

Course developer and instructor: Rutgers University, School of Public Health, Leadership and Management of Organizations Contributing to Public Health I (DrPH)

2023

Course developer and instructor: Rutgers University, School of Public Health, Leadership and Management of Organizations Contributing to Public Health III (DrPH)

Course developer and instructor: Rutgers University, School of Public Health, Leadership and Management of Organizations Contributing to Public Health I (DrPH)

Guest lecture: Rutgers University, New Jersey Medical School. Presentation with community researchers; Christiana Adams, Cherriece Battle, Olanike Salimon, "Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ"

Guest lecture: Rutgers University, School of Public Health "Skills For Talking About Public Health In The Media" for Leadership and Management of Organizations Contributing to Public Health II (DrPH)

2022

Course developer and instructor: Rutgers University, School of Public Health, Leadership and Management of Organizations Contributing to Public Health III (DrPH)

Course developer and instructor: Rutgers University, School of Public Health, Leadership and Management of Organizations Contributing to Public Health I (DrPH)

Guest lecture: Rutgers University, School of Public Health "Skills For Talking About Public Health In The Media" for Leadership and Management of Organizations Contributing to Public Health II (DrPH)

2021

Course developer and instructor: Rutgers University, School of Public Health, Leadership and Management of Organizations Contributing to Public Health I (DrPH)

Grand Rounds: Rutgers University, New Jersey Medical School "Behavioral and Communication Science and COVID 19: The Missing Ingredients"

Guest lecture: Rutgers University, School of Public Health "Skills For Talking About Public Health In The Media" for Leadership and Management of Organizations Contributing to Public Health II

Guest lecture: Rutgers University, New Jersey Medical School "Centering the Community in Partnerships to Improve Maternal Health and Address COVID 19" for Robert Wood Johnson Medical School

Guest lectures: Rutgers University, School of Public Health "Sex Education: Policy, Practice and Implications for Adolescent Health", Introduction to Global Public Health (fall and spring terms)

Guest lecture: Rutgers University, School of Public Health "Innovative Interventions, PPFA ChatText Program" for Creating Innovation for Impact

2020

Course developer and instructor: Rutgers University, School of Public Health, Leadership and Management of Organizations Contributing to Public Health I (DrPH)

Course developer and instructor: Rutgers University, School of Public Health, Public Health Essentials (MPH)

Course Instructor: Rutgers University, School of Public Health, Program Planning and Evaluation (MPH)

Grand Rounds: Rutgers University, New Jersey Medical School “Media and Public Communications about Health”

Guest lecture: Rutgers University, School of Public Health “Sex Education: Policy, Practice and Implications for Adolescent Health” for Introduction to Global Public Health

Guest lecture: Rutgers University, School of Public Health “Planned Parenthood's Chat/Text Program: The Development of Interventions With Efficacy” for Creating Interventions for Impact

2019

Course developer and instructor: Rutgers University, School of Public Health, Public Health Essentials (MPH)

Guest lecture: Rutgers University, School of Public Health “Health and Public Policy: Focus on Sexual and Reproductive Health” for Health Systems and Policy

Guest lecture: Rutgers University, School of Public Health “Contraception, Abortion and Best Practices for Contraceptive Counseling” for Reproductive and Perinatal Epidemiology

Guest lecture: Rutgers University, School of Public Health “The State of Sexual and Reproductive Health Policy and Rights in the United States: Implications for Public Health” for Foundations of Maternal and Child Health

Guest lecture: Rutgers University, School of Public Health “Sex Education: Policy, Practice and Implications for Adolescent Health” for Introduction to Global Public Health

Grand Rounds: Rutgers University, New Jersey Medical School “Topics in Maternal Child Health and Sexual Reproductive Health”

2018

Guest lecture: Rutgers University, School of Public Health “Using Social Media to Advance Public Health” for Public Health Communication

Guest lecture: Rutgers University, School of Public Health “Health and Public Policy: Sexual and Reproductive Health” for Health Systems and Policy

Guest lecture: Rutgers University, School of Public Health “Contraception and Abortion’s Role in Maternal Child Health” for Foundations of Maternal and Child Health

Guest lecture: Rutgers University, School of Public Health “Sex Education Across the Globe” for Introduction to Global Public Health

2008-2017

Course Developer and Instructor: Mailman School of Public Health, Columbia University Pedagogy of Sexuality Education

2005-2007

Course Developer and Instructor: Mailman School of Public Health, Columbia University, Management of Healthcare Organizations

1998-2010

Course Developer and Instructor: Mailman School of Public Health, Columbia University, Program Planning for Sexual and Reproductive and Other Public Health Programs

MENTORSHIP

Sponsorship of candidates for graduate degrees

<u>Student/Trainee Name</u>	<u>Role</u>	<u>Year</u>
Alexandra Osberg	Chair, DrPH Doctoral Dissertation Committee	2024-present
Melanie Shefchik	Chair, DrPH Doctoral Dissertation Committee	2023-present
Rebecca Ofrane	Chair, DrPH Doctoral Dissertation Committee	2022-2024
Kathryna Corpuz	RBHS Population Health Fellowship Committee	2023-2024
Uzo Achebe	MPH Capstone Advisor	2022
Ryan Borg	DrPH Advisor	2022
Nasima Camp	DrPH Advisor	2022
Elena Cromeyer	DrPH Advisor	2022
Jamie Fueva	DrPH Advisor	2022
Lisa Gulla	DrPH Advisor	2022
Yudilyn Jaramillo	DrPH Advisor	2022
Rebecca Ofrane	DrPH Advisor	2022
Allison Rabinowitz	DrPH Advisor	2022
Karen Shapiro	DrPH Advisor	2022
Elizabeth Yarly	DrPH Advisor	2022
Alba Lucia Guevara	MPH Capstone Advisor	2022
Daina Potter	MPH Capstone Advisor	2022
Naomi Cruz	PhD Mentor	2021-2022
Eric Asencio	MPH Capstone Advisor	2021-2022
Camilla Comer-Carruthers	PHD Doctoral Committee	2021-2022
Brianna Morgan	MPH Capstone Advisor	2021-2022
Raquel Olivo-Salcedo	MPH Capstone Advisor	2021-2022
Lesley Gentles	MPH Capstone Advisor	2021
Archanah Ragunath	MPH Capstone Advisor	2020-2021
Kristen Krause	PhD Doctoral Committee	2019-2020
Alexander Pugliese	MPH Capstone Advisor	2019-2020
Yuku Chen	MPH Capstone Advisor	2020
Lynly Jeanlouis	MPH Capstone Advisor	2020
Nneka Nwaogwugwu	MPH Capstone Advisor	2020
Ruchi Mehta	MPH Capstone Advisor	2018
Elizabeth Jarpe-Ratner	PhD Policy Mentor	2015-2018
Sherine Powell	MPH Capstone Advisor	2014
Blake Johnson	MPH Capstone Advisor	2014
Bergen Cooper	MPH Capstone Advisor	2013
Amelia Holstrom	MPH Capstone Advisor	2013
Julia Scheinbeim	MPH Capstone Advisor	2012
Corey Westover	MPH Capstone Advisor	2012
Nicole Cushman	MPH Capstone Advisor	2011
Syeda Ali	MPH Capstone Advisor	2010
Vivian Cortes	MPH Capstone Advisor	2010
Robin Mangini	MPH Capstone Advisor	2010
AJ Melinkas	MPH Capstone Advisor	2009
Sang Hee Won	MPH Capstone Advisor	2008
Alexa Prussin	MPH Capstone Advisor	2008
Assumpta Galang	MPH Capstone Advisor	2008

Mary Finalborgo	MPH Capstone Advisor	2007
Katie Gifford	MPH Capstone Advisor	2007
Anju Ganti	MPH Capstone Advisor	2007

Formal Mentorship of Rutgers Faculty

Racquel Kohler, PhD	Dept. of Health Behavior Society and Policy	2019-present

GRANT FUNDING

Principal Investigator
New Jersey Department of Human Services

Evaluation of Nurture New Jersey

Develop and implement an innovative mixed-methods research project to investigate the impact of New Jersey's efforts to improve maternal health, with a focus on increasing equity for Black and Latina women.

9/1/23-12/31/25

Principal Investigator
Burke Foundation

CenteringPregnancy in New Jersey

Create and implement a multi-site evaluation of CenteringPregnancy among patients, providers and sites including an analysis of maternal and infant outcomes.

Phase 1: 04/01/2023-12/31/2023

Phase 2: 01/01/2024-12/31/2024

Co-Investigator (PI: Ashley Grosso)
Office of Population Affairs (PHEPA000009)

Teen Pregnancy Prevention Evaluation and Research Grant

Evaluating the effects of state-level school-based sex education policies and practices on teenage pregnancy prevention.

09/30/2022-09/29/2024

Co-Investigator (PI: Slawa Rokicki)
New Jersey Department of Health (CDC funding)

Community Health Workers for COVID Response and Resilient Communities (CCR) Evaluation

09/2021-08/2024

Co-Investigator (PI: Slawa Rokicki)
Burke Foundation

Funding to Develop Sustainability Assessment Tool for Doula Programs

8/01/2021-8/31/2024

Completed Grants

MPI (with Ann Nguyen)

New Jersey Department of Human Services and the Office of the First Lady

Analysis of the size, composition, geographic distribution and engagement of New Jersey's perinatal workforce

Undertake a comprehensive review and analysis of the current perinatal workforce in New Jersey.
04/2023 – 12/2023

Co-Investigator (PI: Laura Lindberg)

New Jersey Family Planning League

Abortion Need and Availability in New Jersey Now and in The Future (ANA-NJ)

Conduct a landscape analysis to determine the supply of providers and services, the current demand for abortion services, the demand for post-abortion contraception, and potential changes to both supply and demand in the next three years.

12/2022-12/2023

Principal Investigator

Greater Newark Health Care Coalition

Reducing Severe Maternal Morbidity and Mortality in Newark: A Plan for Action

Conduct community based participatory research to investigate contributors to higher maternal morbidity and mortality among Black women, strengthen surveillance of maternal mortality and severe maternal morbidity, and partner with hospitals to improve maternal health care.

09/2019-06/2023

Principal Investigator

Camden Coalition

Impact of Safer Childbirth Cities in Camden, NJ (Phase 1)

Implement a first phase of an evaluation to determine the impact of a new intervention actively connecting pregnant women seeking emergency department services with healthcare and social services.

04/2023-06/2023

Co-Investigator (PD: Kohler)

NIH/NCI P30CA072720-21S2 Administrative Supplement for Cancer Center

Support Grant to investigate vaccine hesitancy related to uptake of the HPV vaccine in regions with low adolescent HPV vaccination rates

9/2020-2/2022

Principal Investigator

Nicholson Foundation

Program Refinement, Monitoring and Evaluation: Measuring Progress and Building Capacity for Resilient Community Grantees

01/2020-12/2021

Principal Investigator (Co-PI, Slawa Rockicki)

Turrell Fund

COVID 19 Prevalence and Outcomes in Pregnant Women in Newark

07/2020-06/2021

Principal Investigator

University Hospital, Newark NJ

An Evaluation of the Pilot Phase of University Hospital's Familiar Faces Program

11/2019-06/2021

Principal Investigator

Answer-Environmental Scan

Summary of Stakeholder Interviews, Review of Evaluations, and Recommendations

03/2019-05/2019

Co-Principal Investigator (Co-PI Hannah Simons)

Anonymous Donor

Replication of Evidence Based Contraceptive Counseling and Women's Experiences with Reproductive Health in the United States

08/2015-04/2018

Principal Investigator

Peirels Foundation

Policy Approaches to Teen Pregnancy Prevention

09/2017-04/2018

Co-Investigator (MPIs, James Jaccard and Vincent Guilamo-Ramos)

Greene Foundation

Chat/Text Efficacy Trial

01/2014-10/2016

Principal Investigator

DeWitt-Wallace Foundation

National Knowledge and Attitudes about Sexual Assault and Consent

09/2015-10/2016

Investigator

Office of Population Affairs

Improving Contraceptive Counseling in the United States

09/2012-02/2016

Principal Investigator

Zelda Segal Fund

Parent-Teen Communication and Monitoring/Supervision Related to Sexuality

01/2014-05/2015

Principal Investigator

Ford Foundation

Qualitative Research with LGBTQ Youth

10/2014-09/2015

Principal Investigator

Ford Foundation

Digital Approaches to Meeting the Sexual and Reproductive Health Needs of Underserved Youth

07/2011-07/2013

Principal Investigator

Answer/Rutgers University/Ford Foundation

Identifying Emerging Best Practices in Sexuality Education

2010-2011

Project Director and Investigator (PI: John Santelli)

William and Flora Hewlett Foundation

Improving Research in Family Planning and Reproductive Health

2006-2011

Investigator (PI: Lynn Freedman)

Bill and Melinda Gates Foundation

Averting Maternal Death and Disability

2006-2010

PUBLICATIONS

Refereed original articles in a journal

1. Ofrane, R., Rokicki, S., **Kantor, L.**, Blumenfeld, J. (2025). Financial Barriers to Expanded Birth Center Access in New Jersey: A Qualitative Thematic Analysis. *Journal of Midwifery & Women's Health*. [link](#)
2. Kohler, R. E., Wagner, R. B., Vega, J., Rivera, Y. M., **Kantor, L.**, & Greene, K. (2024). HPV Vaccination Information Access, Needs, and Preferences Among Black and Hispanic Mothers. *Journal of Health Communication*, 29(9), 566–579. [link](#)
3. Kohler, R. E., Wagner, R. B., Careaga, K., Btoush, R., Greene, K., & **Kantor, L.** (2023). Mothers' perceptions and attitudes about HPV vaccination initiation among 9-and 10-year-olds. *Human Vaccines & Immunotherapeutics*, 19(3), 2270842. [link](#)
4. **Kantor, L.**, Cruz, C.*, Adams, C., Akhimien, C., Abdulkadir, F. A., Battle, C., Oluwayemi, M., Salimon, O., Won, S.H., Niraula, S.*, Lassiter, T. (2023). Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, New Jersey. *Behavioral Medicine*. [link](#)
5. Cruz, N.*, Adams, C., Akhimien, C., Abdulkadir, F. A., Battle, C., Oluwayemi, M., Salimon, O., Lassiter, T., **Kantor, L.** (2023). Keeping the 'C' in CBPR: Exploring Community Researchers' Experiences with Human Subjects Protection Training Requirements. *Behavioral Medicine*. [link](#)

6. Kohler, R. E., Wagner, R. B., Careaga, K., Vega, J., Btoush, R., Greene, K., & **Kantor, L.** (2023). Parents' intentions, concerns and information needs about COVID-19 vaccination in New Jersey: A qualitative analysis. *Vaccines*, 11(6), 1096. [link](#)
7. Lindberg, L., & **Kantor, L.** (2022). Adolescents' receipt of sex education in a nationally representative sample, 2011-2019. 69(6). *Journal of Adolescent Health* [link](#)
8. **Kantor, L.** (2021). Expanding evidence-based sexual health programs in the U.S.: new findings on a parent-teen program for rural families. *Journal of Adolescent Health*. 69(3), 359-360. [link](#)
9. Rokicki, S., Nguyen, P., Sharpe, A., Taylor, D., Spernal, S., Raghunath, A.*, **Kantor, L.** (2021). Racial disparities in prevalence, determinants, and impacts of COVID-19 in pregnancy: Protocol for a study using data from New Jersey hospitals. *medRxiv* /2021/257672. [link](#)
10. **Kantor, L.**, Lindberg, L., Tashkandi, Y.*, Hirsch, J., Santelli, J. (2021). Sex education: broadening the definition of relevant outcomes. *Journal of Adolescent Health*. 68(1), 7-8. [link](#)
11. Lindberg, L.D., Bell D.L., **Kantor, L.** (2020). The sexual and reproductive health of adolescents and young adults during the COVID-19 pandemic. *Perspectives in Sexual and Reproductive Health*, (52)2. [link](#)
12. **Kantor, L.**, & Lindberg, L. (2020). Pleasure and sex education: The need for broadening both content and measurement. *American Journal of Public Health*, 110(2), 145-148. [link](#)
13. Simons, H. R., Leon-Atkins, J., Kohn, J. E., Spector, H., Hillery, J. F., Fager, G., & **Kantor, L.** (2019). Contraceptive counseling practices and patient experience: results from a cluster randomized controlled trial at Planned Parenthood. *Contraception*, 101(1), 14-20. [link](#)
14. **Kantor, L.**, Levitz, N. and Holstrom, A. (2019). Support for sex education and teenage pregnancy prevention programmes in the USA: results from a national survey of likely voters. *Sex Education*. 20(2), 239-251. [link](#)
15. Santelli, J., Grilo, S., Lindberg, L. and **Kantor, L.** (2019). Ideology or evidence? examining the population-level impact of US government funding to prevent adolescent pregnancy. *American Journal of Public Health*, 109(3), 356-357. [link](#)
16. Levitz N., Wood E., **Kantor, L.** (2018). The influence of technology delivery mode on intervention outcomes: analysis of a theory-based sexual health program. *Journal of Medical Internet Research*, 20(8), e10398. [link](#)
17. **Kantor, L.** & Levitz N. (2017). Parents' views on sex education in schools: how much do democrats and republicans agree? *PLoS ONE*, 12(7). [link](#)
18. Santelli, J., **Kantor, L.**, Grilo, S., Speizer, I., Lindberg, L., Heitel, J., Schalet, A., Lyon, M., Mason-Jones, A., McGovern, T., Heck, C., Rogers, J., & Ott, M. (2017). Abstinence-only-until-marriage: an updated review of U.S. policies and programs and their impact. *Journal of Adolescent Health*, 61(3), 273-280. [link](#)
19. Santelli, J., Grilo, S., Lindberg, L., Speizer, I., Schalet, A., Heitel, J., **Kantor, L.**, Ott, M., Lyon, M., Rogers, J., Heck, C., Mason-Jones, A. (2017). Abstinence-only-until-marriage policies and programs: An updated position paper of the society for adolescent health and medicine. *Journal of Adolescent Health*, 61(3), 400-403. [link](#)

20. Steinke, J.*, Root-Bowman, M.*, Estabrook, S., Levine, D., & **Kantor, L.** (2017). Meeting the needs of sexual and gender minority youth: formative research on potential digital health interventions. *Journal of Adolescent Health*. 60(5), 541-548. [link](#)
21. Simons, H. R., Leon-Atkins, J., Spector, H., Fager, G., **Kantor, L.**, & Kohn, J. E. (2017). Associations between contraceptive counseling practices and patient satisfaction. *Contraception*, 96 (4), 285-286. [link](#)
22. Guilamo-Ramos, V., Lee, J., **Kantor, L.**, Levine, D.S., Baum, S., & Johnsen, J. (2015). Potential for using online and mobile education with parents and adolescents to impact sexual and reproductive health. *Prevention Science*, 16(1), 53-60. [link](#)
23. **Kantor, L.** (2015). Parental influence on adolescent sexual behavior: A current look at the role of communication and monitoring and supervision. Dissertation, Columbia University. [link](#)
24. Friedman, A., Brookmeyer, K., Kachur, R., Ford, J., Hogben, M., Habel, M., **Kantor, L.**, Clark, E., Sabatini, J., & McFarlane, M. (2014). An assessment of the GYT: get yourself tested campaign: an integrated approach to STD prevention communication. *Sexually Transmitted Diseases*, 41(3), 151-7. [link](#)
25. Cushman, N.*, **Kantor, L.**, Schroeder, E., Eicher, L., & Gambone, G.* (2014). Sexuality education: findings and recommendations from an analysis of 10 United States programmes. *Sex Education*, 14(5), 481-496. [link](#)
26. **Kantor, L.**, Rolleri, L., & Kolios, K. (2014). Doug Kirby's contributions to the field of sex education. *Sex Education*, 14(5), 473-480. [link](#)
27. Giorgio, M., **Kantor, L.**, Levine, D., & Arons, W. (2013). Using chat and text technologies to answer sexual and reproductive health questions: Planned Parenthood pilot study. *Journal of Medical Internet Research*, 15(9). [link](#)
28. **Kantor, L.** (2008). Abstinence-only education: violating students' rights to health information. *Human Rights*, 35(3).
29. Santelli, J.S., & **Kantor, L.M.** (2008). Human rights, cultural, and scientific aspects of abstinence-only policies and programs. *Sexuality Research & Social Policy*, 5(3). [link](#)
30. Raymond, M.*, Bogdanovich, L.*, Brahmi, D.*, Cardinal, L.J.*, Fager, G.L.*, Frattarelli, L.C.*, Hecker, G.*, Jarpe, E.A.*, Viera, A.*, **Kantor, L.**, & Santelli, J.S. (2008). State refusal of funding for abstinence-only programs. *Sexuality Research and Social Policy*, 5(3). [link](#)
31. **Kantor, L.**, Santelli, J., Teitler, J., & Balmer, R. (2008). Abstinence-only policies and programs: an overview. *Sexuality Research and Social Policy*, 5(3). [link](#)
32. **Kantor, L.**, & Bacon, W. (2002). abstinence-only programs implemented under welfare reform are incompatible with research on effective sexuality education. *Journal of the American Medical Women's Association*, 57(1), 38-40.
33. **Kantor, L.**, & Haffner, D. (1996). Opposing opinions on abstinence programs for adolescents. abstinence-only: negative position. *Journal of Pediatric and Adolescent Gynecology*, 9(3), 166-168. [link](#)

Books, Monographs and Chapters

1. Rokicki, S. Lindberg, L. Dogbey-Smith, M.C., **Kantor, L.** (2024) "Nurture NJ: Progress in Increasing Access to Paid Family Leave in New Jersey, An Evidence-Based Strategy for Improving Maternal and Infant Health". (Policy Brief). Rutgers School of Public Health.
2. **Kantor L.**, Nguyen A., Lindberg L., Won S., Koller M. The (2024). *Perinatal Workforce in NJ: Current Composition and Recommendations*. New Brunswick, NJ: Rutgers University.
3. **Kantor, L.**, Pugliese, A.*, Boahemaa, O., Jones, L.* and Halperin, W. (2018). Key Indicators of Public Health in Atlantic City, NJ in *Atlantic City: Building A Foundation for A Shared Prosperity*. Report to Governor Phil Murphy by James Johnson.
4. **Kantor, L.**, Melchiono, M., & Santelli, J. (2018). Adolescent Sexuality and Sexuality Education. In Emans, S., Laufer, M., & Goldstein, D. (Eds). *Pediatric and Adolescent Gynecology, Seventh Edition*. Philadelphia, PA: Lippincott Williams & Wilkins.
5. **Kantor, L.**, & Gambone, G.* (2013). Sexuality and Sexual and Reproductive Health. In Senie, R. (Ed.), *Epidemiology of Women's Health* (111–124). Burlington, MA: Jones & Bartlett Learning.
6. **Kantor, L.**, Melchiono, M., & Santelli, J. (2012). Adolescent Sexuality and Sexuality Education. In Emans, S., Laufer, M., & Goldstein, D. (Eds). *Pediatric and Adolescent Gynecology, Sixth Edition*. Philadelphia, PA: Lippincott Williams & Wilkins.
7. **Kantor, L.** (2009). Does Sexuality Education 'Work'? An Overview of the Research. In Schroeder, E and Kuriansky, J (Eds). *Sexuality Education: Past, Present, and Future* (125–149). Westport, CT: Praeger.
8. **Kantor, L.**, & Shults, K. (2007). Paving the Way in a Virtual Vacuum: Successes and Lessons Learned from New York City's Internet Based Interventions Advisory Group. New York City Department of Health and Mental Hygiene.
9. **Kantor, L.** (1999). "Tailoring Pregnancy Prevention Programs to Stages of Adolescent Development" and "Developing Pregnancy Prevention Programs for Girls and Young Women." *Get Organized: A Guide to Preventing Teen Pregnancy*. The National Campaign to Prevent Teen Pregnancy, Washington, DC.

*Indicates student author

INVITED PRESENTATIONS

Statewide

- **Kantor, L.** (2024) *Proposed Evaluation of Nurture New Jersey*. Presentation to the Interagency Working Group on Maternal Health and First Lady Tammy Murphy.
- **Kantor, L.**, Adams, C., Akhimien, C., Allibay Abdulkadir, F., Battle, C., Lassiter, T., Oluwayemi, M., Salimon, O. (2023). *Policy implications of Black Women's Maternal Health: Insights from Community Based Participatory Research*. Presentation New Jersey Department of Children & Families
- Lassiter, T., Adams, C., Akhimien, C., Allibay Abdulkadir, F., Battle, C., Oluwayemi, M., Salimon, O., **Kantor, L.** (2023). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ Results*. Annual Conference of the New Jersey Public Health Association

- **Kantor, L.**, et al. (2023). *Policy implications of Black Women's Maternal Health: Insights from Community Based Participatory Research*. Horizon Blue Cross Blue Shield of NJ (2 invited presentations)
- **Kantor, L.**, et al. (2023). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ Results*. The Partnership for Maternal & Child Health of Northern New Jersey
- **Kantor, L.**, et al. (2023). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ Results*. Presentation for New Jersey stakeholders including the New Jersey Department of Human Services, Department of Health and Office of the First Lady
- **Kantor, L.**, et al. (2023). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ Results*. New Jersey Birth Equity Funders
- **Kantor, L.**, et al. (2023). *Black Women's Maternal Health: Our Research Process and Outcomes*. Maternal Health Awareness Week. Facebook live [link](#)
- **Kantor, L.**, et al. (2023). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ Results*. Presentation hosted by the Preventive Medicine Department New Jersey Medical School with participation from New Jersey funders and additional maternal-child health stakeholders
- **Kantor, L.**, et al. (2023). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ Results*. Confidential forum for study participants sharing the findings
- **Kantor, L.**, et al. (2023). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ: Preliminary Results*. Greater Newark Health Care Coalition Board of Directors
- **Kantor, L.**, et al. (2022). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ Preliminary Results*. Greater Newark Health Care Coalition, Women's Reproductive Health Clinical Advisory Group
- **Kantor, L.** (2022). *MONKEYPOX: A Conversation with Scientists, Clinicians, and Community Leaders*. Rutgers School of Public Health [link](#)
- **Kantor, L.** (2022). *How Do I Talk To My Child(ren) About Gender and Sexuality?* The Dalton School, New York, NY.
- **Kantor, L.** and Weiss-Wolf, J. (2021). *Period Inequality Project*. Douglass College at Rutgers University
- **Kantor, L.** (2021). *Utilizing Behavioral Science in Conversations with Patients about COVID 19 Vaccines*. New Jersey Medical Association
- **Kantor, L.** (2020). *Maternal Health and Family Planning in New Jersey: Working Toward Better Outcomes*. NJ Spotlight News [link](#)
- **Kantor, L.** (2020). *The Adverse Impacts of COVID-19, Racism and a Changing World on Physical Well-Being*. COVID 19 Update. 4th Annual Believe in a Healthy Newark Conference
- **Kantor, L.** (2020). *Philip Roth's Nemesis and the COVID 19 Pandemic*. Panelist. Newark Public Library [link](#)
- **Kantor, L.** (2019). *Women's Leadership Coalition Panel*. Edward J. Bloustein School, Rutgers University. New Brunswick, NJ
- **Kantor, L.** and Halkitis P. (2019). *The Urban Public Health Paradigm*. *Big Ideas Symposium*. Rutgers University. New Brunswick, NJ

- **Kantor, L.** (2018). *The Importance of Community Based Participatory Research*. Annual Believe in a Healthy Newark conference. Newark, NJ
- **Kantor, L.** (2017). *The Best of Both Worlds: Using Public Health Strategies to Create Digital Sexual & Reproductive Health Interventions*. Rutgers School of Public Health. Piscataway and Newark, NJ

National

- **Kantor, L.** (2025). *Comprehensive Sexuality Education*. Adolescent Health course, Mailman School of Public Health, Columbia University
- **Kantor, L.** (2025). *Comprehensive Sexuality Education in the U.S.: Policy, Public Support, and Practice*. Introduction to Sexuality Development Across the Lifespan Course. University of Illinois Chicago School of Public Health
- **Kantor, L.** (2025). *Maternal Health Inequity in the United States: New Jersey as a Case Study with Dr. Leslie Kantor '89 BC*. Columbia Alumni, Washington DC
- **Kantor, L.** (2024). *Comprehensive Sexuality Education: New Research, Policy, Practice and Trends*. Adolescent Health course, Mailman School of Public Health, Columbia University
- **Kantor, L., et al.** (2023). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ Results*. National Healthy Start Association - The Alliance for Innovation on Maternal Health Community Care Initiative. National Maternal Safety Committee Meeting
- **Kantor, L.** (2023). *Challenges in Conducting Community Based Participatory Research: Insights from Research on Black Women's Maternal Health in NJ*. Psychosocial Workshop, Population Association of America pre-conference. New Orleans, Louisiana
- **Kantor, L.** (2023). *Comprehensive Sexuality Education: New Research, Policy, Practice and Trends*. Adolescent Health course, Mailman School of Public Health, Columbia University
- **Kantor, L., et al.** (2023). *Black Women's Maternal Health: Insights from Community Based Participatory Research in Newark, NJ Results*. National Healthy Start Association
- **Kantor, L.** (2022). *Need for Pleasure Measures of Sex Education*. Annual Meeting of the American Public Health Association Conference. Boston, MA
- **Kantor, L.** (2022). *Sexual Health Education Roundtable*. Annual Meeting of the American Public Health Association Conference. Boston, MA
- **Kantor, L.** (2022). *Comprehensive Sexuality Education*. Adolescent Health course, Mailman School of Public Health, Columbia University
- **Kantor, L.** (2022). *Working with Parents and Young Children*. Pedagogy of Sexuality Education course, Mailman School of Public Health, Columbia University
- **Kantor, L.** (2022). *BMS Summer Series: Health Equity*. Bristol Myers Squibb
- **Kantor, L.** (2022). *CBPR Adventures in the Academy*. Population Association of America, Psychosocial Workshop
- **Kantor, L.** (2021). *Sex Education and Adolescent Health*. Adolescent Health Course, Mailman School of Public Health, Columbia University
- **Kantor, L.** (2021). *Working with Parents and Young Children*. Pedagogy of Sexuality Education course, Mailman School of Public Health, Columbia University
- **Kantor, L.** (2021). *Racial Justice and Equity Intensive and Pitch Competition. With and for the Community: Designing Innovative Partnerships to Address Health Equity*. Coalition of Urban Serving Universities

- **Kantor, L.** (2021). *Roundtable: Mitigation Strategies for a Pandemic*. Centers of Excellence Summit. U.S. Department of Homeland Security [link](#)
- **Kantor, L.** (2021). *Maternal Mortality and Severe Maternal Mortality Update and Current COVID 19 Vaccination Recommendations for Pregnant Women*. American College of Nurse Midwives New Jersey Affiliate Meeting
- **Kantor, L.** (2020). *Communicating Public Health Science in a Polarized Climate*. UCLA Fielding School of Public Health
- **Kantor, L.** (2020). *Trends in Sexual and Reproductive Health in the US*. UCLA Fielding School of Public Health
- **Kantor, L.** (2020). *Sexuality in United States*. Adolescent Health course, Mailman School of Public Health, Columbia University
- **Kantor, L.** (2020). *Working with Parents and Young Children*. Pedagogy of Sexuality Education course, Mailman School of Public Health, Columbia University
- **Kantor, L.** and Halkitis, P. (2020). *An Equity and Social Justice Approach to Advancing Urban Public Health*. Bristol Myers Squibb
- **Kantor, L.** (2020). *COVID 19 Update for Employees. Refuse to Lose Speaker Series*. ConAgra
- **Kantor, L.** and Johnson, J. (2019). *Leveraging public health data analysis to mobilize multi-sectoral stakeholders: A case study of Atlantic City, NJ*. Annual Meeting of the American Public Health Association Conference. Philadelphia, PA [link](#)
- **Kantor, L.** (2020). *Public Health Week. COVID 19 and Reproductive Health: What we know so far*. Delta Omega Chapters at Drexel University Dornsife School of Public Health and Rutgers School of Public Health [link](#)
- **Kantor, L.** (2020). *Trends in Sexual and Reproductive Health in the U.S. and the Challenges of Communicating Scientific Evidence*. UCLA Fielding School of Public Health
- **Kantor, L.** (2020). *Communicating Public Health Science in a Polarized Climate*. UCLA Fielding School of Public Health
- **Kantor, L.** (2019). *Sex Education*. Adolescent Health course, Mailman School of Public Health, Columbia University
- **Kantor, L.** (2019). *Lessons for Parents and Young Children*. Pedagogy of Sexuality Education course, Mailman School of Public Health, Columbia University
- **Kantor, L.** (2019). *Choosing a Career in Sexual Health*. University of Minnesota School of Public Health
- **Kantor, L.** and L. Lindberg (2019). *Need for Pleasure Measures of Sex Education*. Annual Meeting of the American Public Health Association Conference. Philadelphia, PA
- **Kantor, L.** (2019). *Sex Education in the United States*. Education Writers of America/ Health Journalists of America pre-conference workshop. Baltimore, MD, Liang, L. and **Kantor, L.** (2019). *Addressing CEPH Leadership Competencies in Graduate Public Health Education*. Association for Prevention Teaching and Research Annual Meeting. Cleveland, OH
- **Kantor, L.** (2019). *The State of Sexual and Reproductive Health Policy and Rights in the United States: Implications for Public Health*. State of the Public's Health Conference, University of Georgia
- **Kantor, L.** (2019). *The State of Sex Education in the United States and the Role of Policy Making*. Columbia Population Research Center
- Simons, H., Kohn, J., Leon-Atkins, J., Hillery, J., Spector, H., & **Kantor, L.** (2018). *Adoption of Contraceptive Counseling Practices and Patient Experience with Counseling and*

Contraceptive Use: Results from a Cluster Randomized Controlled Trial. Annual Meeting of the American Public Health Association. San Diego, CA

- Hillery, J. & **Kantor, L.** (2018). *10 Best Practices for Contraceptive Counseling: Translating an Evidence-Based Model from Individual Trainings to a Training of Trainers.* Annual Meeting of the American Public Health Association. San Diego, CA
- **Kantor, L.** & Holstrom, A. (2017). *Gaps in Knowledge and Barriers to Preventative Screening for Women.* Annual Meeting of the American Public Health Association. Atlanta, GA
- **Kantor, L.** (2017). *Digital Sex Education: The Current Landscape—Approaches, Efficacy and Reach.* Annual Meeting of the American Public Health Association. Atlanta, GA
- **Kantor, L.** (2017). *Adventures at the Intersection of Policy, Program and Research.* Psychosocial Convening, Population Association of America Annual Meeting. Chicago, IL
- Simons, H. R., Leon-Atkins, J., Spector, H., Fager, G., **Kantor, L.**, & Kohn, J. E. (2017). Associations between contraceptive counseling practices and patient satisfaction. *Contraception*, 96(4), 285-286
- **Kantor, L.** (2017). *The Best of Both Worlds: Preventing HIV and Pregnancy with Dual Use.* Behavioral Science Section, Division of HIV/AIDS, National Institutes of Health
- **Kantor, L.** (2017). *Meeting the Healthcare Needs of LGBTQ Women.* Tegan and Sara Foundation Inaugural Convening
- **Kantor, L.** (2017). *Research to Advance Policy in Sensitive Topics.* The Doris Duke Fellowship Annual Meeting
- **Kantor, L.**, Marchesano, K., (2016). *LGBTQ+-Inclusive Sex Education.* Annual Meeting of the American Public Health Association Conference. Denver, CO
- **Kantor, L.**, Holstrom, A. (2016). *Consent and Sexual Assault: Results from a National Survey of Knowledge and Attitudes.* Annual Meeting of the American Public Health Association Conference. Denver, CO
- **Kantor, L.**, Holstrom, A. (2016). *Chat/Text Program: Efficacy Trial Results.* Annual Meeting of the American Public Health Association Conference. Denver, CO
- **Kantor, L.** (2016). *Implementing the National HIV/AIDS Strategy: Advances, Accomplishments, and Future Actions for Women.* Office of National AIDS Policy Event, United State of Women. Washington, DC
- **Kantor, L.** (2016). *What is the Need for LGBTQ-inclusive Sex Education?* Trust for America's Health Convening on Sex Education. Washington, DC
- **Kantor, L.** (2015). *Planned Parenthood of Columbia Willamette Annual Fundraiser.* Portland, OR
- **Kantor, L.**, Jaccard, J., Levitz, N., and Levine, D. (2015). *Intervention vs treatment As Usual: Are We Doing Counseling Differently and Does It Improve Overall Satisfaction With the Health Centers?* Annual Meeting of the American Public Health Association. Chicago, IL
- **Kantor, L.** (2015). *Out of the Shadows: HIV and Violence Against Women and Girls.* Office of National AIDS Policy, Office of the Vice President and White House Council on Women and Girls. The White House, Washington, DC
- **Kantor, L.**, Guilamo-Ramos, V., Jaccard, J. (2014). *Planned Parenthood's Chat/Text Program: Reaching Adolescents with Urgent Sexual and Reproductive Health Questions.* Annual Meeting of the American Public Health Association. New Orleans, LA

- Silk, J., Williams, M., & **Kantor, L.** (2014). Formative research for the development of patient education strategies to increase dual method use among adolescents and young adults. *Contraception*, 3(90), 350
- **Kantor, L.** (2013). *National Survey Examining Parent/Adolescent Communication about Sexuality*. American Association of Sexuality Educators, Counselors and Therapists Conference
- **Kantor, L.**, & Johnsen, J. (2013). *Support for Sex Education among Parents and their Adolescents: Findings from a New National Survey*. Annual Meeting of the American Public Health Association. Boston, MA
- Arons W., Levine D., & **Kantor, L.** (2013). *Using Technology to Reach Adolescents with Urgent Sexual and Reproductive Health Questions*. Annual Meeting of the American Public Health Association. Boston, MA
- Cushman, N., & **Kantor, L.** (2013). *Building Support for and Responding to Controversy over Teen Pregnancy Prevention Programs*. Teen Pregnancy Prevention Grantee Conference. National Harbor, MD
- **Kantor, L.** (2012). *The Future of Sex Education*. Planned Parenthood Health Systems Annual Board Meeting
- **Kantor, L.** (2011). *Creating the Healthiest Generation Ever*. Annual Fundraising Gala for Planned Parenthood of the Southern Finger Lakes
- **Kantor, L.** (2011). *Sexuality Education: Past Present and Future. Presidential Address*. Annual Meeting of the Society for the Scientific Study of Sex. Houston, TX
- **Kantor, L.** (2009). *Turning Girls into Sexually Healthy Adults*. Girls Conference of Southwestern Pennsylvania
- **Kantor, L.** (2005). *Teen Pregnancy and Poverty: The Power of Prevention*. Annual Conference of the Pennsylvania Coalition to Prevent Teen Pregnancy
- **Kantor, L.**, & Bacon, W. (2002). *Engaging the Public in the Debate over Abstinence-Only-Until-Marriage Programs: New Research and Messages*. American Public Health Association Annual Meeting. Philadelphia, PA
- **Kantor, L.** (2002). *Overview of Federal Funding for Abstinence Education*. Congressional Briefing. Washington, DC
- **Kantor, L.** (2002). *Public Support for Sex Education*. Senate Briefing. Washington, DC.
- Bacon, W., Davis, C., & **Kantor, L.** (2001). *Generating Buy-in for a Comprehensive Sexuality Education Program in an Urban Public School System*. Annual Meeting of the American Public Health Association. Atlanta, GA
- **Kantor, L.** (1997). *Socio-Cultural Barriers to Family Planning Use for Teens*. Annual Meeting of the American Public Health Association. Indianapolis, IN

International

- **Kantor, L.** (2022). *Evidence Based Comprehensive Sexual Education*. XII SOGIA Congress. Chilean Society of Pediatric and Adolescent Gynecology and Obstetrics
- **Kantor, L.** and Hirsch, J. (2020). *Integration of Sexual Violence Prevention Education with Relationship and Sexuality Education*. Family Planning New Zealand
- **Kantor, L.** (2019). *Sex Education: Policy, Practice and Implications for Adolescent Health*. Jilin University. Changchun, China
- **Kantor, L.** (2019). *Maternal Mortality in the United States*. University of Dodoma. Dodoma, Tanzania

- **Kantor, L.** (2018). *Sexuality Education in the United States*. Green Beans Books. Beijing, China
- **Kantor, L.** and Haffner, D. (2018) Skills for Designing and Conducting Sex Education Programming for Parents. 2.5-day workshops conducted in Beijing, China and Shenzhen, China
- **Kantor, L.** (2018). *Sexuality Education: A Global Update*. New Zealand Family Planning Stakeholder meeting. Wellington, New Zealand
- **Kantor, L.** (2018) *Global Support and Best Practices for Sex Education to Improve Adolescent Health*. Forum for Members of Parliament, Wellington, New Zealand
- **Kantor, L.** (2018) Training of trainers in evidence-based contraceptive counseling and sex education. Workshop for New Zealand Family Planning staff
- **Kantor, L.** (2003). *Human Rights and Sexuality Education in the US*. World Association of Sexology Conference. Havana, Cuba

SELECT MEDIA (Since joining Rutgers University)

Television/video appearances

- Leinz, Kailey. RFK Jr. courts republicans in effort to secure top health job. (December 17, 2024). *Balance of Power on Bloomberg TV and Radio*. [link](#)
- Kekatos, Mary. Panic over birth control access rising since Trump elected. (November 14, 2024). *Good Morning America*. [link](#), *ABC News Digital*. [link](#), *Yahoo*. [link](#)
- Kekatos, Mary. Despite concerns about ACA and reproductive rights, health care was not a voting issue: Experts. Supporters of abortion rights ballot initiatives also voted for Trump. (November 8, 2024). *ABC News Digital*. [link](#)
- Balance of Power on Bloomberg TV and Radio with David Westin National television appearances (live) Available at [link](#)
 - o Ongoing Covid-19 pandemic and Ebola (October 11, 2022)
 - o CDC director lays out agency overhaul (August 18, 2022)
 - o Covid and Public Health Messaging (July 29, 2022)
 - o Covid and Paxlovid rebound (June 7, 2022)
 - o Potential fall/winter Covid wave and need for additional federal resources (May 10, 2022)
 - o Overturn of CDC mask mandates (April 20, 2022)
- Flanagan, Brenda. Should CDC recommend more tests, longer isolation for COVID-19 patients? (August 2, 2022). *NJ Spotlight News* [link](#)
- Ritter, Bill. Abortion Inequities. (June 30, 2022). *LIVE The Countdown, Eyewitness News ABC 7, New York*. [link](#)
- Stanton, Lilo H. NJ has strong abortion law, but not necessarily easy access. (May 4, 2022). *NJ Spotlight News* [link](#)
- What does it mean for abortion rights in New Jersey if Roe v. Wade is overturned? (May 03, 2022) *News 12 NJ* [link](#)
- Vannozzi, Briana. New COVID-19 guidelines for K-12 schools prompt varied reactions. (February 24, 2022). *NJ Spotlight News*. [link](#)

- Flanagan, Brenda. Many seek fourth vaccination as omicron cases spike. (January 4, 2022). *NJ Spotlight News* [link](#)
- Cooper, Melissa Rose. Mixed reaction to CDC's new COVID-19 guidelines. (December 30, 2021). *NJ Spotlight News* [link](#)
- Flanagan, Brenda. COVID-19 boosters: more than 1 million in NJ now eligible under new CDC rules. (September 24, 2021). *NJ Spotlight News* [link](#)
- Gaggis, Joanna. Health experts are alert for potential twindemic of flu and COVID-(September 23, 2021). *NJ Spotlight News* [link](#)
- Dr Leslie Kantor: mild flu seasons makes future vaccine matching tricky. (December 18, 2021). *AJMC* [link](#)
- Dr Leslie Kantor on communicating importance of receiving both flu, COVID-19 vaccines. (November 12, 2021) *AJMC News* [link](#)
- Gaggis, Joanna. Experts advise COVID-19 care during holidays, winter. (October 18, 2021). *NJ Spotlight News* [link](#)
- Pontual, Jorge. Globos at Play. Does sexual abstinence policy work? TV appearance. (February 20, 2020). *News Sem Fronteiras GLOBOSATPLAY Brazilian Globosatplay* [link](#)

Additional Media

- Ministry of health hosts Rutgers University school of public health. (March 25, 2025). *St. Kitts and Nevis Observer* [link](#)
- Gantz, Sarah and Whelan, Aubrey. Measles vaccine rates among Philly-area kindergartners drop below 'community immunity' threshold. (March 14, 2025). *The Philadelphia Inquirer*. [link](#)
- Watson, Spencer. Insights on the impact of the presidential election on sexual and reproductive health. (February 18, 2025). *Out In NJ*. [link](#)
- Venkat, Surina. Legislators are targeting sex education post-'Roe.' Advocates say it will worsen children's health outcomes. (Dec 23, 2024). *Rewire News Group*. [link](#)
- Rutgers Public Health Research Illustrates Rise in Use of Paid Family Leave in New Jersey. (December 5, 2024). *Rutgers Today*. [link](#)
- Kekatos, Mary. Panic over birth control access rising since Trump elected. Google Search data has shown that searches for "birth control" and "Plan B" doubled between Nov. 2 and Nov. 7. (November 14, 2024). *95 One The Wolf*. [link](#), *Cenla's Talk Radio KSYL*. [link](#), *HitsFM*. [link](#)
- Cruz, Melissa. (November 13, 2024). Women who have relied on IVF concerned about future of care under a second Trump presidency. *USA TODAY*. [link](#), *Savannah Morning News*. [link](#)
- McKay, Magnolia. (July 31, 2024). 30 years later, the evangelical purity movement still impacts sex education. *NPR Morning Edition WNYC* [link](#)
- Mitragotri, Suhanee. Over-the-counter birth control is here. Young people should be able to learn about it. (May 7, 2024). *Bucks County Beacon* [link](#)
- ROI-NJ Staff. Rutgers to study impact of CenteringPregnancy, innovative model to improve maternal/infant health. (February 22, 2024). *ROI-NJ.com* [link](#)
- Barkon, Conner. CDC to consider changing COVID isolation period. (February 15, 2024). *KYW Newsradio*. [link](#)
- Posts misrepresent WHO document on sex education standards. (January 17, 2024). *AFP USA/AFP Fact Check*. [link](#), *RTL Today*. [link](#)
- Butrymowicz, Sarah and Preston, C. 'They just tried to scare us': How anti-abortion centers teach sex ed inside public schools. The groups work in dozens of school districts across

Texas, but some public health experts say their curricula are misleading and biased.

(October 2, 2023). The Hechinger Report. [link](#), [ynews link](#), [The Texas Tribune link](#)

- Sacharow, Fredda. What Is on Your Summer Reading List? (June 9, 2023). *Rutgers Today*. [link](#)
- Clarey, Brendan. When should we teach sex ed to students? (April 3, 2023). *Chalk Board Review* [link](#)
- Flammia, Dino. Racism's influence on health less noticeable to NJ residents with greater privilege. (December 1, 2022). *NJ101.5* [link](#)
- Lake, Lydie and Quealy, Rory. COVID limited number of health care providers in abortion services: study. (November 14, 2022). *The GW Hatchet* [link](#)
- Akpan, Nsikan and Lewis, Caroline. Is monkey pox an STI? Why the answer matters for slowing New York's outbreaks. (August 9, 2022). *Gothamist* [link](#)
- Branigin, Anne. Miami-Dade rejects sex-ed textbook in test of state's anti-LGBTQ law. (July 22, 2022). *The Washington Post* [link](#)
- Wong, Aliaa and Yancey-Bragg, N'dea. 'Set them up for failure': Sex education not required in many states where abortion is or will be banned. (July 2, 2022). *USA TODAY* [link](#)
- Sanchez, Dana. Fact check: Obama had chance to codify Roe v. Wade but chose not to prioritize it. (May 05, 2022). *Moguldom Nation* [link](#)
- Pizarro, Max. New Jersey women, allies take to the streets after Roe v. Wade decision leaks. (May 3, 2022). *Insider NJ* [link](#)
- Difilippo, Dana. Governor Murphy urges Congress to protect abortion access in advance of Supreme Court ruling. A leaked opinion appears to signal the high court will rule against Roe. (May 3, 2022). *New Jersey Monitor* [link](#)
- Doctor-Loeb, Hannah. Putting the sexy in safe sex. Experts have long been calling for education programs to include the pleasures of sex. A new meta-analysis looks at the effects of doing so. (February 14, 2022). *Slate* [link](#)
- Delgado, Carla. Will you need a fourth COVID-19 vaccine dose? (February 14, 2022). *VeryWellHealth* [link](#)
- Mock, Jillian. When states ban books about sex, what should physicians do? (January 20, 2022). *Medscape* [link](#)
- Morabito, Charlotte. Unplanned pregnancies cost the U.S. over \$5.5 billion in 2018 but sex education still leaves students with questions. Here's why. (December 21, 2021). *CNBC*. [link](#)
- Blakemore, Erin. Teens aren't receiving enough sex education, study says. (November 30, 2021). *The Washington Post* [link](#)
- Only half of teens receive minimum standards for sex education. (November 24, 2021). *EndocrinologyAdvisor Health Day News* [link](#)
- U.S. adolescents getting less sex education now than 25 years ago, study finds. (November 9, 2021). *Health News News*. [link](#)
- Weintraub, Arlene. Should you worry about breakthrough infections if you're vaccinated? Some precautions might be wise. (August 24, 2021). *Market Watch nextavenue.org* [link](#)
- Schumann, Megan. Improving vaccination rates in vulnerable communities. (August 3, 2021). *Rutgers Today* [link](#)
- Loiaconi, Stephen. 'We're not crying wolf here': CDC releases data, defends new mask guidance. (July 30, 2021). *ABC 6* [link](#)
- Kunzmann, Kevin. Is there risk of flu outbreaks in the 2021-22 season? (July 29, 2021). *ContagionLive* [link](#)

- Berger, Stephanie. COVID-19 affects adolescent and young adults sexual and reproductive health. (June 18, 2021). *Columbia University Mailman School of Public Health, Public Health Now* [link](#)
- Yates, Riley. Where in N.J. residents say they are least likely to get vaccinated against COVID-19. (April 17, 2021). *NJ.com* [link](#)
- Fassett, Caroline. Here's the latest on how to schedule a COVID vaccine and where you can find help. (April 16, 2021). *NJ.com* [link](#)
- Miller, Janel. FDA waives mifepristone's in-person dispensing requirement. (April 13, 2021). *Healio.com* [link](#)
- Kausch, Katie. Only 54% of older N.J. residents are vaccinated. Here's how each county is doing. (April 11, 2021). *NJ.com* [link](#)
- Loiaconi, Stephen. As more states ease restrictions, experts urge continued caution. (March 10, 2021). *ABC 6* [link](#)
- Fassett, Caroline. Every N.J. COVID vaccine site handles appointments differently. Here's how to register in every county. (January, 26, 2021). *NJ.com* [link](#)
- Ruiz-Goiriena, Romina. Federal government wants Americans to buy groceries online, but most people on SNAP can't. (January 24, 2021). *USA Today* [link](#)
- Edelstein, Michelle. Faculty receives prestigious alumni award. (December 22, 2020). *Patch.com New Brunswick NJ* [link](#)
- Yates, Riley. We asked health experts to debunk 5 common coronavirus myths. Here's what they said. (December 20, 2020). *NJ.com* [link](#)
- Kent, Spencer. The worst pandemic in a century has ravaged Newark and its Black community. (December 10, 2020). *Star-Ledger NJ.com* [link](#)
- Verbanas, Patti. During covid, older adults should avoid the grocery store. (December 3, 2020). *Futurity* [link](#)
- Loiaconi, Stephen. As infections surge, Thanksgiving tests public tolerance for coronavirus restrictions. (November 24, 2020). *ABC 6* [link](#)
- Politi, S. (November 22, 2020). How the hell did we let this happen again, New Jersey? *Star-Ledger, The: Web Edition Articles (Newark, NJ). NewsBank* [link](#)
- Dickinson, Grace. These are the questions you should ask before going on a date during the pandemic. (November 11, 2020). *Philadelphia Inquirer* [link](#)
- Williams, Joseph. Saving sex ed during COVID-19. With the pandemic-fueled pivot to online education, experts are hoping sex ed won't get lost in the fray. (October 29, 2020). *USA Today* [link](#)
- Barfield Berry, Deborah and Stanley, Kameel. In New Jersey's most segregated county, racism and coronavirus made a 'vicious circle'. (October 12, 2020). *USA Today* [link](#)
- Shekaran, Gopna. Rutgers professor discusses abortion medication controversy. (September 26, 2020). *The Daily Targum* [link](#)
- Ao, Bethany. How to practice healthy relationship skills during the pandemic. (August 11, 2020). *The Philadelphia Inquirer* [link](#)
- Matthau, David. Telemedicine has become the new normal in NJ. (August 9, 2020). *NJ 101.5*. [link](#)
- Kuperinsky, Amy. Women in masks, men in denial: Why some say they won't cover up to fight COVID-19. (August 9, 2020). *NJ.com True Jersey* [link](#)
- Loiaconi, Stephen. Fauci says 'diversity of response' undermined US efforts to contain coronavirus. (July 31, 2020). *ABC News* [link](#)

- Ursillo, Jen. The pandemic is a big problem for young people's sexual health. (July 13, 2020). *New Jersey 101.5* [link](#)
- Miller, Janel. Doctors dismayed over supreme court ruling restricting birth control access. (July 10, 2020). *Healio Special Report: Health Care and Politics* [link](#)
- Star-Ledger Editorial Board. The Supreme Court just defied Trump on abortion. Will it do so again? A Q&A with Dr. Leslie Kantor. (July 6, 2020). *Star-Ledger, New Jersey Newspaper* [link](#)
- Shanes, Alexis. In a pandemic, young people lose access to birth control and vaccines against STDs. (July 3, 2020). *New Jersey Herald* [link](#)
- Miller, Janel. Health experts welcome Supreme Court's decision preserving abortion access. (June 30, 2020). *Healio Special Report: Health Care and Politics* [link](#)
- Flammia, Dino. Access to contraceptive care in NJ impacted by COVID-19 crisis. (June 24, 2020). *NJ 101.5* [link](#)
- Loiaconi, Stephen. Public health officials grapple with threats, protests as they fight to contain outbreak. (June 23, 2020). *ABC News* [link](#)
- COVID-19 affects adolescent and young adults sexual and reproductive health. (June 18, 2020). *Advancement of Science (AAAS), EurekAlert* [link](#) (also appeared in ScienceDaily.com, Rutgers.edu, newswise.com, outlookindia.com, medicalxpress.com)
- Henderson, Emily. (June 18, 2020). COVID-19 pandemic affects sexual and reproductive health of young people. *News Medical life Sciences* [link](#)
- Tripathi, Namrata. Children should be taught about 'sexual pleasure', say comprehensive sex education proponents. (May 28, 2020). *Meaww.com* [link](#)
- Loiaconi, Stephen. Mask requirements spur threats, violence as tensions rise over coronavirus restrictions. (May 4, 2020). *WSYX - ABC6 On Your Side* [link](#)
- Barro, Argemino. How Trump's 'America First' put the world on a plate for China (and the coronavirus). (April 16, 2020). *El Confidencial* [link](#)
- Gaskin, Corey. America's sex ed sucks. Sex tech is trying to fill the void. (February 1, 2020). *The Manual* [link](#)
- Casada, Leticia and Londoño, Ernesto. Brazil under Bolsonaro has message for teenagers: save sex for marriage. (January 26, 2020). *The New York Times* [link](#)
- Schweich, Cindy. Want your kids to get factual, age-appropriate info about sex? There are apps for that. (January 22, 2020). *The Record* [link](#)
- Annex, Rachel. Public health professors assist with family planning project in underdeveloped countries. (January 21, 2020). *The GW Hachet* [link](#)
- Alobawone, Maud. Both Democrat and republican likely voters strongly support sex education in schools. (October 15, 2019). *Reddit.com* [link](#)
- Han, Daniel. Rutgers study stresses sex education in schools. (October 14, 2019). *The Daily Targum* [link](#)
- Biryukov, Nikita. Almost all Americans want sex ed, polls say. (October 14, 2019). *New Jersey Globe* [link](#)
- Aleshire, Peter. Local teen pregnancy rates well above state and national average. (October 11, 2019). *The White Mountain Independent* [link](#)
- Votaw, Ann. 3 ways to discuss the consequences of sexting with your teens. (August 2, 2019). *Family Circle*
- Mantel, Barbara. Sexually transmitted diseases. Does the surge in cases spell a crisis? (February 22, 2019). *CQ Researcher* [link](#)
- Rodriguez, Victoria. 3 texting services that help teens when sex ed can't. (February 22, 2019). *Mashable* [link](#)

- Ragupathi, Aparna. Leslie Kantor discusses her role in public health, sex education. (February 5, 2019). *The Daily Targum* [link](#)
- Klass, Perri. Why is children's masturbation such a secret? (December 10, 2018). *New York Times* [link](#)
- Garisto Pfaff, Leslie. A leader in sexual and reproductive health poised to influence policy worldwide. (November 19, 2018). *Rutgers Today* [link](#)
- Barry-Jester, Anna Maria. Sex ed is about more than just sex. (September 5, 2018). *FiveThirtyEight* [link](#)
- Aschwanden, Christie. What does science tell us about sex ed? (September 4, 2018). *FiveThirtyEight* [link](#)
- Verbanas, Patti. Rutgers names Leslie Kantor chair of new public health program. (April 23, 2018). *New Brunswick Patch* [link](#)

PUBLISHED OP/EDS

- Weiss-Wolf, Jennifer and Kantor, Leslie. (November 12, 2024). Trump said he'd veto a National abortion ban. Voters should hold him to his word. *Time* [link](#)
- Kantor, Leslie. The case for continued COVID-19 vigilance and protection. (December 19, 2023). *NJ Spotlight*. [link](#)
- Kantor, Leslie and Pemberton, Gisele. Championing the community: What we have learned about bridging research and practice. (August 1, 2023). *The Jegna Council at the Robert Wood Johnson Foundation* www.rwjf.org. [link](#)
- Halkitis, Perry and Kantor, Leslie. A tale of two pandemics: Lesson we haven't learned. (February 17, 2022). *The Asbury Park Press*
- Halkitis, Perry and Kantor, Leslie. Trump, COVID-19 and the human cost of disinformation. (October 4, 2020). *Star-Ledger NJ.com* [link](#)
- Kantor, Leslie. Trump's Supreme Court pick means women's health care is under attack. (October 1, 2020). *Star-Ledger NJ.com* [link](#)
- Kantor, Leslie. A guide to promote behavior change during the COVID-19 pandemic. (April 22, 2020). *Medium* [link](#)
- Lindberg, Laura and Kantor, Leslie. This Valentine's Day, demand better sex education for kids. (February 13, 2020). *Romper.com* [link](#)
- Halkitis, Perry and Kantor, Leslie. STDs are on the rise, thanks to recent laws and policies, 2 Rutgers health experts say. (November 4, 2019). *Star-Ledger and NJ.com* [link](#)
- Kantor, Leslie. Access to abortion is already challenging. It'll be worse with Kavanaugh. (August 26, 2018). *Newark Star-Ledger and NJ.com* [link](#)

EXHIBIT 6

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

PLANNED PARENTHOOD OF	)	
GREATER NEW YORK <i>et al.</i>	)	Civil Action No. 1:25-cv-1334-TJK
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
U.S. DEPARTMENT OF HEALTH AND	)	
HUMAN SERVICES, <i>et al.</i>	)	
	)	
Defendants.	)	
	)	

**DECLARATION OF WENDY STARK ON BEHALF OF PLANNED PARENTHOOD OF
GREATER NEW YORK IN SUPPORT OF PLAINTIFFS' MOTION FOR
PRELIMINARY INJUNCTION**

I, Wendy Stark, hereby declare the following under the penalty of perjury:

1. I am the President and Chief Executive Officer (CEO) at Planned Parenthood of Greater New York ("PPGNY"), a not-for-profit corporation that provides high-quality, affordable sexual and reproductive health care through eighteen health centers in greater New York. Because sex education is an important component of healthy sexuality, PPGNY also serves this mission by conducting workshops and trainings in schools and community organizations across New York. I have worked at PPGNY since October of 2022.
2. As President and CEO, my role is to strengthen PPGNY's position as a leading sexual and reproductive health care provider, educator, and advocate for all New Yorkers and people across the country who turn to PPGNY for information and care. I provide oversight, leadership, and guidance to Chiefs and/or Vice Presidents within PPGNY, including for its Department of Education and Training. I meet regularly with the Vice President of Education and Training, Giokazta Molina-Schneider, who oversees all

Education and Training programs and services, including the OPA award in her role as Project Director.

3. This declaration is based upon my personal knowledge, my review of PPGNY's business records, and the knowledge I have acquired in the course of my duty at PPGNY. If called and sworn as a witness, I could and would testify competently thereto.

PLANNED PARENTHOOD OF GREATER NEW YORK'S MISSION

4. PPGNY is a leading provider of sexual and reproductive health services and information, a fierce advocate, and a committed partner to advance equity and improve health outcomes for all.
5. PPGNY advances its mission by providing clinical care to almost 90,000 patients per year, providing abortion, gender-affirming care, birth control, HIV and sexually transmitted infection testing, cervical and breast cancer screening, PrEP and PEP, urinary tract infection testing and treatment, and more across New York State.
6. We also run several regional programs to serve specific patient populations: Project Street Beat, Survivor Support Services, and Out for Health. Project Street Beat provides confidential, non-judgmental services to individuals who are living with or at risk for HIV or who have chronic health conditions through mobile and in-person services across New York City and Nassau County. Survivor Support Services provides short-term counseling through our 24-hour hotline and support services to survivors of sexual violence and their loved ones. Out for Health provides outreach, education, support, connection to services, and advocacy about the importance of LGBTQ+ inclusivity in care and education.

7. Additionally, PPGNY advocates for policies and legislation that expand access to sexual and reproductive health care and education, and that advance health equity in the communities we serve across New York State.
8. PPGNY also has a Research & Evaluation Department that is separate and distinct from its other programming. PPGNY has a long history of using research and rigorous evaluation methods to advance its educational services. With respect to education and training, PPGNY is committed to using medically accurate, evidence-based and evidence-informed programs and practices to provide the most optimal sexual and reproductive health education possible.
9. PPGNY's Research & Evaluation Department conducts Continuous Quality Improvement assessments with the aim of maintaining the highest level of fidelity and educator effectiveness. The Research and Evaluation Department maintains a database of attendance and demographic information inputted by educators and double checked by their supervisors to ensure the accuracy of program data.
10. PPGNY also has an Department of Education and Training that provides sexual and reproductive health programming across New York State. As discussed further below, PPGNY's TPP project is situated within this department and focuses exclusively on programming in New York City. .
11. In addition to the work of our Research and Evaluation department, supervisors in the Education and Training department conduct Educator observations for fidelity.

TPP PROGRAM GRANTS

12. Since 2010, PPGNY has received multiple awards from the Department of Health and Human Services Office of Adolescent Health under the Teen Pregnancy Prevention

program as a grantee. PPGNY has been involved in the TPP program as an awardee since the TPP program's inception in 2010. Our TPP funding history starting from the most recent cooperative agreement award is below:

- a. TPP Tier 1 Replication award: Supporting Teens' Access and Rights (Project STAR) - \$1,091,185/year for the period 7/1/2023-6/30/2028;
- b. TPP Tier 1 Replication award: Supporting Teens in Queens to Support Sexual Health (Project STIQ) - \$1,169,723/year for the period 7/1/2020-6/30/2023;
- c. TPP Tier 2 Innovation award: Project SHINE (Sexual Health Innovation Network for Equitable Education with Youth with Intellectual Disabilities) \$930,000/year for the period of 7/1/2020-6/30/2023 and a six-month no-cost extension of 7/1/2023-12/31/2023;
- d. TPP Tier 1 Replication supplement award: Queens Youth - Making Proud Choices! -\$262,541 for the period of 9/1/2013-8/31/2014;
- e. TPP Tier 1 Replication award: Making Proud Choices - \$611,823/year for the period 9/1/2010-8/31/2015.

SELECTION AND IMPLEMENTATION OF PPGNY'S CURRENT TPP PROJECT: PROJECT STAR

13. On February 14, 2023, OPA solicited applications for its funding opportunity titled Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services. The NOFO solicited applications for projects to serve communities and populations with the greatest needs and facing significant disparities to advance equity in adolescent health through the replication of evidence-based teen pregnancy prevention programs ("EBPs") and services.
14. PPGNY submitted an application for Tier 1 funding to OPA on April 18, 2023.
15. On June 21, 2023, PPGNY received a Notice of Award from OPA stating that PPGNY would serve as a grantee in the TPP Program, providing educational services to

adolescents with the aim of preventing teen pregnancy and associated risks. A true and correct copy of the 2023 Notice of Award is attached as Exhibit A.

16. The Notice of award provided for a five-year project period, from July 1, 2023 to June 30, 2028. Specifically, OPA awarded PPGNY a five-year Tier 1 TPP Program grant for \$1,091,185.00 for a project called Supporting Teens' Access and Rights (hereinafter "Project STAR"), which aims to advance health equity and to improve the sexual and reproductive health outcomes of youth in New York City.
17. In devising a 5 year plan, OPA required that applicants focus on areas of greatest need and facing significant disparities; engage in a planning period; replicate to scale evidence-based Teen Pregnancy Prevention programs with fidelity and quality; review materials prior to implementation; engage youth, caregivers, and the community throughout the project; connect to a network of adolescent-friendly supportive services; ensure equitable, safe, supportive, and inclusive environments; and monitor and improve the overall project.
18. In accordance with OPA's directive, the target populations that were identified for Project STAR include: youth aged 10-24; youth who identify as LGBTQ+; immigrant and/or English language learners ("ELL"); and youth with intellectual and developmental disabilities ("IDD"). We selected these populations based on clear evidence demonstrating that these groups face significant disparities in access to high-quality, fact-based sexual and reproductive health education. These disparities place them at increased risk for adverse health outcomes. By focusing on these populations, we seek to advance positive health outcomes by ensuring that historically underserved youth receive

the education, resources, and support necessary to make informed, healthy decisions, in alignment with the goals set forth in our application.

19. Through Project STAR, PPGNY developed a Youth Advisory Board (“YAB”) and Community Advisory Board (“CAB”) to create the infrastructure for PPGNY to solicit feedback from community stakeholders. The YAB includes 5-8 young people who meet monthly and are paid a stipend for participation. The CAB includes 2-5 active members who meet monthly and are also paid a stipend for participation. The YAB and CAB provide feedback on selected curricula, insights on adaptations, and recommendations for the types of supportive services to include on resource lists.
20. PPGNY was able to build on the investments made to support Project STIQ to build the Project STAR team and work plan. For example, we carried over the management staffing structure from Project STIQ, retained 2 Sexuality Educators from Project STIQ familiar with the programming for Project STAR, and continued programming in Project STIQ middle school, high school, and community-based organization sites in western Queens.
21. Implementing Project STAR nonetheless required PPGNY to invest significant resources. Project STAR expanded PPGNY’s geographic reach to 15 New York City community districts across Queens, the Bronx, Manhattan, and Brooklyn. PPGNY also worked to identify new partner networks for each of the 3 settings for Project STAR’s programming (residential, community-based organizations, and middle and high schools) to execute memorandums of understanding in the expanded communities. Additionally, PPGNY needed to recruit, interview, hire, and train 2 additional full-time educator staff, an Adult

Role Models program coordinator, and Research & Evaluation Staff to fulfill the demands of Project STAR.

22. Project STAR also expanded its reach beyond the 10-24 year olds we targeted in Project STIQ to include: young people who were English language learners (“ELL”), specifically Spanish-only speakers; young people with intellectual and developmental disabilities (IDD); and to young people who identified as LGBTQ+. This expanded reach required several steps to prepare for Project STAR’s implementation: we conducted a materials review of the curricula, including a medical review by a PPGNY provider, and submitted the review to the Office of the Assistant Secretary for Health (“OASH”); we developed new promotional materials for engaging new partners; we developed a new vetting process for the resource guide to ensure the material was updated accurately; we recruited and interviewed members for the Community Advisory Board/ Youth Advisory Board; we trained staff internally and externally in preparation for implementing Project STAR, including mock facilitations and creating shadowing opportunities for educators; we promoted programming for parents through PPGNY's Adult Role Models parent peer education program; and we provided training opportunities through PPGNY's Training Institute, which is geared to youth-serving professionals.
23. During the first year of Project STAR, PPGNY selected and submitted three evidence-based programs (EBPs) from the pre-approved list provided by HHS, which it implemented throughout its target communities: South Bronx, Brooklyn, Queens, and Upper Manhattan in New York City. PPGNY selected the EBPs Making Proud Choices!, which is designed for youth in middle schools; Be Proud! Be Responsible!, which is designed for youth in high schools; and Project AIM, a program that decreases risk

behavior among middle school age youth. These programs are described on the Education Training Research website, *see* <https://www.etr.org/ebi/programs/>, and the Children's Hospital of Los Angeles website, *see* <https://www.chla.org/aim-service-center/aim-4-teen-moms>.

24. PPGNY also proposed implementing Positive Prevention Plus for Special Populations in Schools or Community Settings, an evidence-informed TPP curricula. This programming is an alternate edition of Positive Prevention Plus, an EBP provided by HHS TPPER, offered by the developer. PPGNY proposed utilizing the alternate, evidence-informed version of this program because it is tailored to IDD/ID youth in grades 7-8, which is one of the communities that Project STAR is designed to reach. *See* Positive Prevention Plus website, <https://positivepreventionplus.com/home/special-education/>. In accordance with the TPP program terms, PPGNY submitted a written justification to OPA outlining why Project STAR proposed to implement this programming and explaining why none of the available EBPs sufficiently spoke to young people with IDD/ID, one of Project STAR's target populations. After discussing with our OPA Project Officer, we received written permission to pilot the evidence-informed curricula in Year 2 of Project STAR with the understanding that we may submit proposed modifications based on feedback gathered from the pilot program for Year 3.

25. PPGNY selected Making Proud Choices! ("MPC") and Be Proud! Be Responsible! ("BPBR") because of our experience with implementing these curricula through Project STIQ. The curricula are aligned with the National Sex Ed standards and have a particular focus on developing communication skills, HIV education, and pregnancy prevention. New York City separately has an HIV education requirement, and both MPC and BPBR

have a number of modules that can be seamlessly implemented based on our partner organizations' existing class schedules to simultaneously satisfy this HIV education requirement. We also selected Project AIM!, which focuses on decision making, because of what we learned from implementing it through Project STIQ. Our partners in the community requested curricula that focused on decision making and we saw success in providing this programming in 6th grade classrooms. We have also had overwhelmingly positive feedback from students and staff at our partner organizations that our selected Project STAR programming is both engaging and age-appropriate, and successfully fosters a safe space for open dialogue.

26. The only changes PPGNY made to these pre-approved, evidence-based programs were “green-light” adaptations—adaptations that OPA has identified as appropriate and are encouraged so that program activities better fit the age, culture, and context of the population targeted. Such adaptations do not compromise the integrity and fidelity of the EBPs, and they serve to enable awardees to better meet the needs of their chosen geographic areas and youth populations. OPA encourages TPP grantees to make these changes to ensure the programming provided is current and relevant to the community.
27. Equity, LGBTQ+-inclusive approaches, and green-light program adaptations help ensure that all youth, including those who have been historically marginalized, receive education that is accurate, affirming, and accessible. By delivering age-appropriate, fact-based, and relatable information, these approaches foster environments where youth feel seen, respected, and empowered. They also address gaps by providing youth with information, skills, and resources necessary to make informed decisions about their health, to seek appropriate medical care, and to advocate for their well-being. Ultimately, these practices

support improved health outcomes and promote greater equity across diverse youth populations. Furthermore, these approaches are consistent with the NOFO released by OPA on February 14, 2023, which is titled ‘Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services,’ and which includes instructions to address equity within TPP programs.

28. PPGNY discussed all modifications made to the EBPs with our OPA Project Officer (“PO”). During our PO meetings, we raised any adaptations we were considering to ensure that our PO also considered the modifications to be minor “green-light” adaptations. Our PO approved all adaptations we have proposed throughout the duration of Project STAR so far. Any major adaptations that would shift the core components of the curriculum would have to be submitted to our PO for approval in a written justification outlining why the proposed adaptation is needed to reach our target population and why we selected to adapt this EBP rather than others available. But none of the modifications we proposed were major changes, which our PO acknowledged in the course of approving them through our meetings..
29. On January 18, 2024, OPA published the 2024 non-competing continuation award application guidance for applications to be submitted by April 15, 2024. PPGNY submitted its application on April 15, 2024. Our NCC application outlined our successes in year 1 and proposed that we continue to provide the EBPs we used throughout year 2.
30. On June 25, 2024, PPGNY received a Notice of Award for FY24 to cover the period from July 1, 2024 to June 30, 2025. A true and correct copy of the 2024 Notice of Award is attached hereto as Exhibit B.

31. Through Project STAR, PPGNY currently offers the same three evidence-based programs (EBPs) that it has offered since the beginning of this grant cycle: Making Proud Choices!, Be Proud! Be Responsible!, and Project AIM. Additionally, we are preparing to implement Positive Prevention Plus for Youth with Disabilities, which is scheduled to be piloted by the end of this grant year.
32. As part of Project STAR's comprehensive approach, we also offer the Adult Role Model program, which provides workshops to equip parents with the skills, information, and resources needed to engage their youth in conversations about reproductive health. Furthermore, we provide professional development sessions for our partner organizations, offering guidance on effective strategies for supporting youth on-site and sustaining reproductive health education efforts within their roles and organizational settings.
33. PPGNY's first two years have been very successful. During the 2023/2024 program year, PPGNY's Project STAR reached 506 youth through 21 cycles of evidence-based sexual and reproductive health programming across communities in Queens and the Bronx. During the 2024/2025 program year (from July 1, 2024 through March 31, 2025), we have completed 35 cycles, reaching 766 youth across the Bronx, Queens, Harlem, and Brooklyn. To strengthen this work, we have established partnerships with 14 organizations, including 10 middle and/or high schools, two residential sites, and two CBOs, allowing us to reach youth in both community and residential settings.
34. PPGNY also successfully transitioned multiple program partners from our previous TPP program (Project STIQ) from the prior grant cycle, to our current TPP Program (Project STAR). Following the conclusion of Project STIQ, we successfully retained and transitioned five partner organizations to Project STAR. To date, these partners continue

collaborating with us, demonstrating our capacity to maintain strong, sustainable partnerships across program transitions and funding cycles.

35. PPGNY has complied with the TPP Program requirements throughout the project period of the grant. Consistent with the program requirements, PPGNY has submitted non-competing continuation applications for each upcoming budget year of the grant, as well as the required progress reports. As a matter of settled practice and understanding, non-competing award applications are always granted whenever the program is meeting the program requirements as outlined in the NOFO and meet the requirements set forth in the applicable non-competing continuation award guidance.
36. OPA's annual reviews acknowledged PPGNY's success in meeting our program objectives, while overcoming challenges and barriers encountered during the program period thus far and never raised any concerns with compliance or failure to meet performance goals. As an example, for the period covered by our Semi-Annual Progress Report (January 1, 2024-June 30, 2024), our Project Officer shared the following about Project STAR's performance: "Experienced some delays with filling vacancies during this reporting period which impacted level of project implementation. Despite these challenges, grantee has since been able to build R&E team, hired 2 new sexuality educators, and an Adult Role Model Coordinator. Staff are adequately trained and provided professional development opportunities."
37. Additional OPA praise of our programming was delivered on July 16, 2024 at the 2024 Teen Pregnancy Prevention (TPP) Grantee Conference, where Project STAR staff had a brief meet and greet in person with our Project Officer, Iana Clarence. She verbally shared that she is impressed with our progress thus far with the number of youths we are

engaging through our evidence based programming and happy with the work we are doing in our communities, particularly with our Youth Advisory and Community Advisory board engagement.

38. Over the remaining years of the 5-year grant period, we plan to expand our work with schools that serve youth with disabilities and strengthen our partnerships with residential sites. We expect to deliver evidence-based programming to approximately 6,300 youth across Bronx, Brooklyn, Queens, and Upper Manhattan neighborhoods in New York City over the 5 years of Project STAR.
39. We will continue to offer parent education workshops and professional development sessions to support parents and partner organizations in promoting youth health and development as outlined in our 2023 application. Youth engagement will remain central to our approach through continued collaboration with our Youth Advisory Board, ensuring that programming reflects youth perspectives and needs. Additionally, we will provide ongoing professional development to our educators to maintain the delivery of high-quality, fact-based instruction with fidelity, guided by evidence-informed best practices.

2025 NON-COMPETE CONTINUATION AWARD NOTICE

40. On January 8, 2025, we received information for preparing a non-competing continuation award application. This resembled the information received from the prior years. We began taking the appropriate steps internally to complete this application.
41. On January 14, 2025, we received updated information. This information did not appear to be much different than previous guidance issued on January 8. We continued to internally prepare to complete the application accordingly.

42. A webinar organized by OPA that was scheduled to take place on January 28, 2025 was canceled on January 27, 2025.
43. On March 31, 2025, via email, we received an additional notice (the “new notice”). While the new notice had substantially changed the requirements, it did not change the date by which the application was due: April 15, 2025 at 6:00 PM Eastern Time.
44. The new notice directed, among other requirements, that Tier 1 TPP grantees review and be aware of current Presidential Executive Orders (EOs) and revise our project scope and work plan, as necessary, to demonstrate that our program is “aligned with” current EOs.
45. Notably, this new notice imposed more burdensome requirements than historical NCC application guidance and requirements. In particular, unlike in the past, we were instructed to modify our work plan to demonstrate “alignment” with all Presidential Executive Orders (EOs), including the hundreds of EOs that have been issued since the Trump Administration took office. As part of this proof of “alignment” with EOs, we were also required to provide scripts of all EBPs.
46. Upon reviewing the new requirements, PPGNY reviewed its existing project scope, work plan, and program materials to evaluate how to respond to the instructions that it “align” its programs with the updated terms.
47. On April 9, 2025, PPGNY had a virtual meeting with Iana Clarence, PPGNY’s TPP Project Officer, to discuss the new requirements. Ms. Clarence shared that OPA was holding individual, virtual meetings with each of its Tier 1 awardees. PPGNY was instructed to submit all EBP materials to show what we teach our participants. PPGNY was advised to be mindful of DEI language and “gender ideology.”

PPGNY'S ASSESSMENT OF THE NEW REQUIREMENTS AND RESULTING CONTINUATION APPLICATION

48. PPGNY carefully reviewed the new notices and the references cited therein. The new guidance directed PPGNY to “align” its program with the Executive Orders. Despite best efforts, PPGNY was unable to determine what the federal government would find to be compliant and noncompliant based on the terms of the new notice.
49. Based on the language of the new notice, PPGNY was unable to discern what is meant by the requirement that it “align” its program with Executive Orders. The notice did not provide information sufficient to explain what orders the government thinks would be relevant to PPGNY’s application and program, and how so. We also found that, while many of these executive orders direct agencies to take specific actions and/or rescind prior agency guidance, they do not impose particular requirements on non-governmental entities like PPGNY. Moreover, the EOs themselves contain numerous vague and ambiguous terms that remain unclear.
50. Nonetheless, PPGNY made minor edits to the Program Narrative, Work Plan, Logic Model, Needs Assessment, and Budget Narrative language to note site types, site names, and site locations, rather than specific populations included in the original application. This review and the edits required extensive efforts from our team, including work outside of staff work hours given the short timeline we had to try to understand the new notice and properly consider possible changes.
51. PPGNY was able to make these minor changes because we determined these changes would not meaningfully impact PPGNY’s ability to continue Project STAR with fidelity. However, it was not clear to PPGNY whether these changes would sufficiently “align” Project STAR with the EOs.

52. By contrast, if PPGNY were to overhaul its TPP Program to cease all services that include DEI activities or “promote gender ideology”-- as best as I understand those terms-- it would defeat the purpose of the Project STAR project, and the Teen Pregnancy Prevention Program as a whole.

53. For example, the removal of references to LGBTQ+ identities, equity, diversity, and trauma- informed practices would materially compromise the program’s mandate to the NOFO to advance equity in adolescent health. Removal of such references diminishes its relevance to the communities it is designed to serve, erodes the original intention of this funding, and significantly impairs its ability to achieve the intended public health outcomes across the 15 New York City Community Districts with significant health disparities. These changes would also directly impact our community partners, including schools, residential sites, community-based organizations, parents, and service providers, who rely on us to deliver medically accurate, current, and high-quality sexual and reproductive health education. Our partners depend on the integrity and inclusiveness of our programming to ensure that their students, participants, and communities receive education that meets the highest professional and public health standards. Undermining the quality and scope of the curricula would weaken these partnerships, reduce community trust, and limit youth and families’ access to critical health information and supportive services.

54. The changes seemingly required by the requirements in the new notice would fundamentally undermine the purpose of the TPP program and meaningfully diminish our program goals. The Executive Orders with which we have been directed to “align” restrict the inclusion of diversity, equity, and inclusion (DEI) language; references to

gender identity, disability, and related components; and “ending illegal discrimination and restoring merit based opportunity.” Removing such elements from our project would significantly and materially impact the program’s scope and delivery—because it would no longer comprehensively address the needs of LGBTQ+ youth, youth with intellectual and developmental disabilities (IDD), immigrant and English Language Learner (ELL) youth, and other historically underserved populations. Project STAR’s goal is to improve the sexual and reproductive health outcomes (lower rates of teen pregnancy, births, and STIs), promote positive youth development, and advance health equity for LGBTQ+ youth, youth with intellectual and developmental disabilities (“IDD”), immigrant/English Language Learner (“ELL”) youth, and other youth through partnerships across 15 New York City Community Districts with health disparities across the Bronx, Brooklyn, Queens, and Upper Manhattan through age-appropriate, medically accurate evidence-based teen pregnancy prevention programs and connection to supportive services provided across young people’s physical and social environments. In other words, the themes of the Executive Orders directly contravene Project Star’s design and goals.

55. PPGNY was placed in an impossible position: walk away from the TPP program or speculate how to revise the program to align with the EOs and risk undermining the impact of the project.

56. PPGNY remains committed to the continued replication of comprehensive, medically accurate, evidence-based sexual education programs that are age appropriate. PPGNY cannot remain committed to these values if it “aligns” itself with the vague terms of the EOs and thus faces a significant competitive disadvantage under the 2025 NCC.

57. PPGNY uses EBPs with curricula that have been implemented for decades, and OPA has consistently maintained that PPGNY has been successful in meeting its project goals. Per updated guidance from OPA regarding EOs, awardees have not yet been asked to limit the EBPs they may use. The EBPs chosen by PPGNY are from an OPA-approved list. To our knowledge, the core content of these EBPs has not been changed. However, a portion of PPGNY's formerly approved green-light adaptations will have to be modified or removed completely in order to align with the EOs. The removal of key content related to inclusivity, equity, trauma-informed practices, or youth identities, is antithetical to the health equity goals of the program and purpose of this funding. These evidence-based programs have long served as a critical resource for our long-term partners, who rely on them to provide comprehensive, medically accurate reproductive and sexual health education for their youth. Any significant changes to the program content would not only disrupt the continuity of services but also undermine the trust and expectations built over years of collaboration, diminishing the quality and accessibility of education and support on which our partners depend.
58. While the EBPs provided do not change from site to site, part of PPGNY's Project STAR strategy is to better serve specific populations that have more negative health outcomes than their peers. These include English Language Learners, LGBTQ+ youth, and IDD youth. We are concerned that to align with the new EOs, we would no longer be able to serve these populations. To do so might be perceived as not being in alignment with EO 14173, because providing instruction specifically to classrooms or afterschool programs with these populations might be perceived as discriminatory.

59. On April 15, 2025, PPGNY uploaded the non-competing continuation award application to our normal online grant portal. In that application, PPGNY stated:

The OPA Guidance for Preparing a Non-Competing Continuation Award Application (March 31, 2025), requires that recipients “[p]rovide information on the changes made by the recipient to align the TPP project with Presidential Executive Orders” and states that “[s]uccessful applications will include ... [a] [d]escription of changes made to align with Executive Orders.”

The Guidance specifically directs recipients to consider EO 14168 (“Defending Women From Gender Ideology Extremism and Restoring Biological Truths to the Federal Government”); EO 14190 (“Ending Radical Indoctrination in K-12 Schooling”); EO 14187 (“Protecting Children from Chemical and Surgical Mutilation”); EO 14151 (“Ending Radical and Wasteful Government DEI Programs and Preferencing”); EO 14173 (“Ending Illegal Discrimination and Restoring Merit-Based Opportunity”) (collectively “EO requirements”).

Planned Parenthood of Greater New York, Inc. Supporting Teens’ Access and Rights (PPGNY Project STAR) asserts that the applicable executive orders, memoranda, and corresponding guidance issued after January 20, 2025, by the Executive Office of the President, the Department of Health and Human Services, and the Office of Population Affairs are unlawful and unconstitutional on their face and/or as applied here. The corresponding terms of the Guidance are arbitrary, capricious, not in accordance with the law, the U.S. Constitution, and in excess of statutory authority. Based on the guidance provided, it is unclear to PPGNY Project STAR what conduct is prescribed by this requirement, and therefore PPGNY Project STAR cannot and will not make modifications in order to comply with terms and conditions that exceed the lawful authority of the issuing agency.

Accordingly, PPGNY Project STAR is completing the Non-Competing Continuation Award Application that includes these unlawful terms and conditions under protest, and in no way certifying alignment with the new “EO requirements” promulgated in the March 2025 update received on March 31, 2025. Applicant’s certification as to SF 424B, including paragraph 18, is subject to the caveats set forth in this disclaimer. Notwithstanding the completion of the Application under protest, PPGNY Project STAR reserves the right to assert claims against the issuing agency and others acting in concert therewith, including but not limited to claims arising under federal laws and regulations, including the United States Constitution and the federal Administrative Procedure Act.

60. PPGNY's application met all other application requirements and is eligible for a continuation award in all respects.
61. PPGNY devoted significant time and resources to preparing this application for TPP Program federal grants. The process, generally, to apply for a TPP Program can be complex and is completed within a short time frame (typically two to three months); for this submission, that period was just over eight weeks. This required significant coordination of organizational resources, including leadership, program, evaluation, and fiscal teams. Preparing the application includes reviewing all federal guidance to ensure compliance, assessing organizational capacity and program readiness, coordinating across departments to gather necessary data, budgets, program design elements, staffing plans, and community partnerships, and aligning proposed activities with evidence-based models and funder expectations. The application development process also involves securing letters of support, developing detailed evaluation plans, ensuring that all proposed programming is culturally and developmentally appropriate, and conducting multiple internal reviews to ensure accuracy, alignment with funding priorities, and adherence to all technical requirements. Dedicated staff time and expertise are essential throughout the process to ensure the application meets the high standards expected for TPP Program funding.
62. Because of the new requirements first imposed by HHS on March 31, 2025, PPGNY was forced to expend limited resources on an application without any understanding as to what was anticipated of them. In response to the new notice, substantial organizational efforts were undertaken to attempt to assess compliance with both the updated federal

requirements and Executive Orders. We conducted a thorough review of the new notice and Executive Orders while engaging our executive, program, development, and research and evaluation teams in ongoing meetings. This process required trying to understand the request to “align” with the EOs, which were not at all clear, while preserving alignment with Project STAR goals and outcomes, as well as our organization’s core values and mission. Staff worked beyond regular business hours to complete the necessary work.

IMPACT FROM LOSS OF TPP FUNDS

63. Because Project Star is fully funded by the federal appropriations we receive through the TPP program, we will have no choice but to drastically reduce our education programming within New York City mid-stream if our funding is discontinued. Project STAR, which comprises around 25-30% of our Education and Training programming across New York state, is only implemented in New York City.
64. Without TPP funding, PPGNY would be unable to sustain the planned and full delivery of high-quality sexual and reproductive health education for youth, serve as a reliable resource for the community, connect young people and families to essential care services, or provide critical support to schools, community-based organizations, and residential sites that rely on these services.
65. PPGNY traditionally works with communities and populations that do not have access to comprehensive, evidence-based sex education because of disparities in resources. Through Project STAR, PPGNY runs a robust training institute that allows PPGNY to reach youth, parents, and professionals that can support this learning and education. Project STAR also works to equip these communities with the training and resources needed to continue educating collectively. Without TPP funding, 200 parents and

caregivers and 50 sex ed professionals, annually, would not have access to medically accurate information to engage with the young people with whom they work.

66. The relationships that PPGNY has successfully built with partners—whether community-based organizations, schools, residential settings, or individuals in the communities we seek to serve—has required significant time and investments from PPGNY. Moreover, we contracted with partners promising to provide services we can only provide with TPP funding. PPGNY contracted with multiple vendors for the EBP training. We contracted with Los Angeles Children’s Hospital to train Project STAR staff on implementing Project AIM. We paid Cardea Training Services Inc., to train Project STAR staff on PPP implementation based on our agreement with our OPA Project Officer that we would pilot the evidence-based programming.
67. The sudden loss of TPP funding would result in distrust from our partners, potential unwillingness to work with us or enter into contracts with PPGNY on other current projects or future projects, and a decline in PPGNY’s reputation as a trusted provider of comprehensive and inclusive sex ed in New York City. This reputational decline could also jeopardize PPGNY’s ability to enter into future agreements with partners to provide services, therefore rendering us less able to obtain additional grant funding to support our work.
68. TPP funding supports staff salaries for 25% of PPGNY’s Education and Training employees and 100% of Research and Evaluation staff, in addition to supplies, travel and conferences.
69. In addition to covering direct costs, PPGNY currently has a negotiated indirect cost rate agreement (“NICRA”), which is made possible by TPP funding. The NICRA is critical

for the infrastructure required to support the TPP program, as it allows us to partially fund staff that indirectly support Project STAR such as grant writers, finance team members who manage grant budgeting, managers, and other team members instrumental to our ability to carry out the TPP funding program. A loss of these funds, in addition to the direct funds that are in jeopardy, would further erode PPGNY's infrastructure which is needed to deliver its Education and Training programming.

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that the foregoing is true and correct.

Date: May 9, 2025



Wendy Stark

EXHIBIT A



Office of the Secretary

Notice of Award

Award# 1 TP1AH000318-01-00

FAIN# TP1AH000318

Federal Award Date: 06/21/2023

Recipient Information

1. Recipient Name

Planned Parenthood of Greater New York, Inc.
26 Bleecker St
Youth Programs
New York, NY 10012-2413
[NO DATA]

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1132621497A1

4. Employer Identification Number (EIN)

132621497

5. Data Universal Numbering System (DUNS)

071008353

6. Recipient's Unique Entity Identifier (UEI)

FKNNNGH6FXKF8

7. Project Director or Principal Investigator

Ms. Giokazta Molina-Schneider
Vice President, Education and Training

8. Authorized Official

Ms. Jonna Heitz
Director of Private and Public Funding

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Miss Deborah Hayes
Grants Management Specialist
deborah.hayes@hhs.gov
240-453-8802

10. Program Official Contact Information

Minju Kim
Public Health Analyst
minju.kim@hhs.gov
240-453-6825

Federal Award Information

11. Award Number

1 TP1AH000318-01-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000318

13. Statutory Authority

Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328)

14. Federal Award Project Title

Supporting Teens' Access and Rights (Project STAR)

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - End Date 06/30/2024

20. Total Amount of Federal Funds Obligated by this Action \$1,091,185.00

20a. Direct Cost Amount \$990,578.00

20b. Indirect Cost Amount \$100,607.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,091,185.00

26. Period of Performance Start Date 07/01/2023 - End Date 06/30/2028

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$1,091,185.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
OASH Grants Management Officer

30. Remarks

This action provides FY 2023 Tier 1 funds in the amount of \$1,091,185.00. See attached Terms and Conditions.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 1 TP1AH000318-01-00

FAIN# TP1AH000318

Federal Award Date: 06/21/2023

Recipient Information**Recipient Name**

Planned Parenthood of Greater New York, Inc.
26 Bleecker St
Youth Programs
New York, NY 10012-2413
[NO DATA]

Congressional District of Recipient

12

Payment Account Number and Type

1132621497A1

Employer Identification Number (EIN) Data

132621497

Universal Numbering System (DUNS)

071008353

Recipient's Unique Entity Identifier (UEI)

FKNNGH6FXKF8

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$716,456.00
b. Fringe Benefits	\$207,649.00
c. Total Personnel Costs	\$924,105.00
d. Equipment	\$3,950.00
e. Supplies	\$39,071.00
f. Travel	\$17,538.00
g. Construction	\$0.00
h. Other	\$1,414.00
i. Contractual	\$4,500.00
j. TOTAL DIRECT COSTS	\$990,578.00
k. INDIRECT COSTS	\$100,607.00
l. TOTAL APPROVED BUDGET	\$1,091,185.00
m. Federal Share	\$1,091,185.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-19999SQ	TP1AH0318A	TPP01	41.51	93.297	\$1,091,185.00	75-23-0120



Office of the Secretary

Award# 1 TP1AH000318-01-00

FAIN# TP1AH000318

Federal Award Date: 06/21/2023

35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Budget Period and Continuation Awards.** The award is for the budget period noted on line 19 with the possibility of subsequent continuation awards of up to 12 months at a time up to the maximum project period described on line 26. As the recipient, you must submit a separate application for review each budget period. OASH must approve the application in order for you to receive continued support for that year. Continuation application instructions will be provided no later than three months before the end of the current budget period. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as project progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.
2. **Addressing Reviewer Comments on Weaknesses.** The recipient must submit as a Grant Note in GrantSolutions a written response to all weaknesses noted in the Review Panel Comments within 30 days of the project start date on this Notice of Award. The response should address the weaknesses in relation to the program expectations as described in the notice of funding opportunity (NOFO). If addressing those weaknesses results in a significant change to the workplan and/or budget, a revised workplan and/or updated budget must be submitted as part of the response. Grants Management Officer prior approval is required for significant changes to become effective.
3. **Submission of MOAs.** The recipient must submit all Memoranda of Agreement (MOAs) for partnerships or collaborations identified in the application within 30 days of the start of the first budget period. MOAs should be on partner letterhead with appropriate signatures of all parties to the agreement and outline specific roles, responsibilities, resources, and contributions to the project of each organization. For new partnerships not identified in the application, the recipient must submit any new MOA as a Grant Note in GrantSolutions within 10 days of its execution.
4. **Paperwork Reduction Act Applicability.** Any collection of information as defined in [5 C.F.R. 1320.3\(c\)](#) may require OMB clearance if it is a requirement of your award to collect that information. The recipient is responsible for preparing the clearance package necessary to obtain Paperwork Reduction Act clearance and submitting it to the project officer. The project officer will notify the recipient when the approval has been received or request additional information.
5. **Institutional Review Board (IRB).** It is the recipient's responsibility to ensure that any activities meeting the definition of human subjects research are appropriately reviewed according to the Common Rule ([45 CFR Part 46](#)). For non-exempt research activities, Institutional Review Board (IRB) approvals must be submitted via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to the recipient's receipt of the IRB approval.

The recipient must have clear procedures in place to determine whether the research is exempt under the Common Rule consistent with the [guidance](#) provided by the Office of Human Research Protections (OHRP). The determination that an exemption applies should be documented and provided as a Grant Note in GrantSolutions.

6. **Substantial Federal Involvement.** The award is a cooperative agreement. Cooperative agreements are a form of assistance that allows for substantial involvement between the awarding agency and the recipient during the period of performance. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, periodic site visits, ongoing review of plans and progress, relevant meetings, provision



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Award# 1 TP1AH000318-01-00

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Federal Award Date: 06/21/2023

of training and technical assistance), substantial programmatic involvement will include:

- + Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.
- + Consulting with the recipient throughout the preparation and dissemination of materials related to the award.
- + Review of recipient progress during the planning period and approval at significant milestones to move forward with full implementation.
- + Review and approval of EBPs selected for replication, EBP implementation plans, and proposed adaptations to EBPs.
- + Consulting on the adaptations proposed to ensure fidelity to EBPs core components.
- + Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.
- + Serving as a programmatic resource during the implementation of the project by participating in the design of the activities and contributing with subject matter expertise.
- + Identification of other organizations with whom the recipient may be asked to develop cooperative and collaborative relationships and partnerships to enhance the effectiveness of the project.
- + Reviewing and approving all program materials prior to use in the project to ensure the materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive.

7. **Non-duplication of efforts.** The recipient must coordinate with all teen pregnancy prevention programs within the same service areas to ensure that services provided under this award will not duplicate services and/or programs that already exist in the focus populations or communities. Within the first 30 days of the project, the recipient must submit documentation as a Grant Note in GrantSolutions outlining the populations, specific settings/locations, and areas of the community in which the project will be implemented and include other organizations implementing teen pregnancy prevention activities. The recipient should outline a plan or strategy how the organizations will work together to avoid duplication.

8. **Replicate EBPs with fidelity and quality.** Recipients must replicate one or more evidence-based programs (EBPs) that meet the criteria outlined in Section A.2.c.2 - Eligibility of Programs to be Replicated and Implemented to Scale of the Notice of Funding Opportunity (AH-TP1-23-001). Recipients are expected to obtain prior approval from OPA for selected EBPs prior to piloting the programs and work with OPA to finalize the plan for implementing evidence-based programs. The recipient must replicate EBPs with fidelity and quality. The recipient is expected to observe 5% of all EBP sessions and 100% of all EBP facilitators for fidelity and quality on an annual basis. Recipients may not significantly change the program's core components or compromise program fidelity. All proposed adaptations must be reviewed by OPA. Major adaptations must be approved by OPA prior to implementation, regardless of guidance provided by the program developer.

9. **Materials Review.** The recipient is required to make all materials used and information disseminated within the funded project age appropriate and medically accurate. OPA expects the recipient to make materials and information culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. Review of materials is required prior to use in the grant. OPA expects the recipient to follow its guidance in conducting its own review. The recipient must correct any medical accuracy issues identified as part of its review prior to implementation, notify OPA that all modifications have been made, and certify that materials are medically accurate prior to use in the project. OPA may require recipients to submit program materials to OPA for a medical accuracy review by OPA.

10. **Evaluation Activities.** No more than ten percent of requested federal funds may be allocated to the collection and analysis of data related to the project. In addition, recipients may not use funds for a rigorous impact evaluation.

Recipients are not required to collect such data as it relates to knowledge, attitudes, and intentions on sex.

The recipient is required, if selected, to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available and must agree to follow all evaluation protocols established by OPA or its designee.



Office of the Secretary

Award# 1 TP1AH000318-01-00

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Federal Award Date: 06/21/2023

11. **TPP Program Performance Measures.** Recipients must collect all OPA performance measures (OMB #0990-0438, Expiration August 31, 2023, pending renewal) and report them on a semi-annual basis. Performance measure data are due at the same time the performance project reports (See Reporting Section below). In collecting performance measures and other project data, recipients must adhere to all relevant state laws, organizational policies, and other administrative procedures prior to collection.
12. **Teen Pregnancy Prevention Program Tier 1 Expectations.** The recipient should conduct the project in such a manner as to address the overall program expectations in the notice of funding opportunity AH-TP1-23-001. Specifically, demonstrate by the end of the planning period, the ability to scale replication of evidence based programs (EBPs) in 3 or more settings in each identified community, including a confirmation of the total number of youth available in each setting and the percentage of them that will receive EBPs;
 - + demonstrate readiness to begin fully executing all expectations of the award by the end of the 6-month planning period;
 - + focus project on a community(ies) and population(s) that are disproportionately affected by unintended teen pregnancy and STIs;
 - + meaningfully engage youth, parents/caregivers, and the community in the design, implementation, and monitoring of the project;
 - + actively engage and collaborate with a network of partners in order to increase awareness of, access to, and utilization of adolescent-friendly services which address the needs of the population of focus;
 - + execute the project in an equitable, safe, supportive, and inclusive environment using trauma informed and positive youth development approaches; and
 - + have a Monitoring and Improvement Plan (MIP) to ensure programs offered are equitable, accessible, and of the highest quality and best fit for the community(ies) and population(s).
13. **Grantee Meetings.** The recipient is encouraged to actively participate in all OPA-supported TPP recipient meetings and recipient conferences, in addition to training and technical assistance (TA) available from the Reproductive Health National Training Center and other OPA-funded TA providers. OPA is planning to conduct one TPP grantee training in Year 1 of the project, a national grantee conference in years 2 and 4, and at least one recipient meeting in years 3 and 5.

STANDARD TERMS

1. **Recipient Responsibilities and Compliance with Requirements.** The recipient of this award has the full responsibility for the conduct of the project or activity supported under this award and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is described in the application for this award subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

Although recipients are encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise, such advice does not diminish the recipient's responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

The recipient accepts the terms and conditions of the award by drawing or otherwise obtaining funds for the award from the grant payment system or office. By accepting this award, the recipient agrees to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications, and to the prudent management of all expenditures and actions affecting the award including the monitoring of subrecipients (if applicable).

The recipient must comply with all terms, conditions, and requirements outlined in this Notice of Award, including:



Office of the Secretary

Award# 1 TP1AH000318-01-00

FAIN# TP1AH000318

Federal Award Date: 06/21/2023

- Award policy terms and conditions contained in the applicable Department of Health and Human Services (HHS) Grant Policy Statement (GPS), (note any references in the GPS to 45 C.F.R. Part 74 or 92 are now replaced by [45 C.F.R. Part 75](#), and the SF-269 is now the SF-425), and its subsequent updates. The HHS Grants Policy Statement is available at <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>.
- All requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable.
- Requirements or limitations in any applicable appropriations acts.
- Compliance with all applicable statutes and regulations included in the Certifications and Representations for the recipient's SAM.gov registration.

2. Grants Management Officer Prior Approval Requirements. Certain changes to the project or its assigned personnel require prior approval from the Grants Management Officer (GMO) ([45 C.F.R. § 75.308](#)).

The recipient's Authorizing Official (AO) and/or Project Director/Principal Investigator (PD/PI) listed on page 1 of the Notice of Award must sign all amendment requests for actions requiring prior approval. The recipient must submit the request through the GrantSolutions Amendment Module. If the AO has changed since OASH issued the award, the recipient must provide notice of the change in AO. A change in PD/PI requires prior approval by the GMO and must be requested by the AO listed on the Notice of Award.

If approved, the GMO will sign the approval, typically by issuing a new Notice of Award. No other signature will constitute a valid approval. If the recipient acts on the basis of a response from any other officials or individuals, the recipient does so at its own risk. Such responses will not be considered binding by or upon any OASH office or HHS component. The GMO is not obligated to provide retroactive approvals.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within GrantSolutions. All correspondence must include the Federal Award Identification Number (FAIN) and signature of the AO and/or the PD/PI to avoid delays.

3. Salary Limitation. The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2023, the Executive Level II salary is \$212,100. This amount is updated annually and posted at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>.

For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

4. Reporting Subawards and Executive Compensation. As the recipient of this award you must comply with the following statutory reporting requirements.

A. Reporting of first-tier subawards.

1) Applicability.

Unless you are exempt as provided in paragraph D of this award term, you must report each action that obligates \$30,000 or more in Federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2) Where and when to report.

You must report each obligating action described in paragraph A.1. of this award term to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FFRS). For subaward information, report no later than the end of the month



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following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3) What to report.

You must report the information about each obligating action as specified in the submission instructions posted at <http://www.fsrs.gov>.

B. Reporting Total Compensation of Recipient Executives.

1) Applicability and what to report.

You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

a) The total Federal funding authorized to date under this award is \$30,000 or more;

b) In the preceding fiscal year, you received—

(1) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

c) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report executive total compensation described in paragraph B.1. of this award term:

a) As part of your registration profile in the System for Award Management (SAM).

b) By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1) Applicability and what to report.

Unless you are exempt as provided in paragraph D of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

a) In the subrecipient's preceding fiscal year, the subrecipient received—

(1) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. § 170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and



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b) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report subrecipient executive total compensation described in paragraph C.1. of this award term:

a) To the recipient.

b) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions.

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

1) Subawards, and

2) The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions.

For purposes of this award term:

1) "Entity"

This term means all of the following, as defined in 2 C.F.R. Part 25:

a) A Governmental organization, which is a State, local government, or Indian tribe;

b) A foreign public entity;

c) A domestic or foreign nonprofit organization;

d) A domestic or foreign for-profit organization;

e) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2) "Executive"

This term means officers, managing partners, or any other employees in management positions.

3) "Subaward":

a) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

b) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II .210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit



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Organizations”).

c) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4) “Subrecipient”

This term means an entity that:

- a) Receives a subaward from you (the recipient) under this award; and
- b) Is accountable to you for the use of the Federal funds provided by the subaward.

5) “Total compensation”

This term means the cash and noncash dollar value earned by the executive during the recipient’s or subrecipient’s preceding fiscal year and includes the following (for more information see 17 C.F.R. § 229.402(c)(2)):

- a) Salary and bonus.
- b) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- c) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- d) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- e) Above-market earnings on deferred compensation which is not tax-qualified.
- f) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

5. Intangible Property and Data Rights.

A. Data (42 C.F.R. §75.322(d)). The federal government has the right to: 1) Obtain, reproduce, publish, or otherwise use the data produced under this award; and 2) Authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

B. Copyright (42 C.F.R. §75.322(b)). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

C. Patents and Inventions (42 C.F.R. §75.322(c)). The recipient is subject to applicable regulations governing patents and inventions, including government- wide regulations issued by the Department of Commerce at 37 CFR part 401.

6. Acknowledgement of Federal Grant Support. When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter “statements”) — describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:



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- 1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
- 2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be approved by the OASH grants management officer after consultation with the federal project officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance with sufficient time to allow for coordination.

7. **Whistleblower Protections.** The recipient is hereby given notice that the 48 C.F.R. § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled "Enhancement of contractor protection from reprisal for disclosure of certain information") applies to this award.

8. **Reporting of Matters Related to Recipient Integrity and Performance.** As the recipient, you are responsible for:

A. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.



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B. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- 1) Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;
- 2) Reached its final disposition during the most recent five-year period; and
- 3) If one of the following:
 - a) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - b) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - c) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - d) Any other criminal, civil, or administrative proceeding if:
 - (1) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (2) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (3) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

C. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph B of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

D. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph A of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

E. Definitions



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For purposes of this award term and condition:

- 1) Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- 2) Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- 3) Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - a) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and
 - b) The value of all expected funding increments under a Federal award and options, even if not yet exercised.

F. Disclosure Requirements.

Consistent with 45 C.F.R. § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

*HHS OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852*

AND

*US Department of Health and Human Services Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026*

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp>

(Include "Mandatory Grant Disclosures" in subject line)

Fax: 1-800-223-8164 (Include "Mandatory Grant Disclosures" in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371 ("Remedies for noncompliance"), including suspension or debarment (See also 2 C.F.R. Parts 180 & 376 and 31 U.S.C. § 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.



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9. Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. As the recipient, You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws require taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights

provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>

For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.

For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html>.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

10. Trafficking in Persons. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104)

A. Provisions applicable to a recipient that is a private entity.

- 1) You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not
 - a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - b) Procure a commercial sex act during the period of time that the award is in effect; or
 - c) Use forced labor in the performance of the award or subawards under the award.
- 2) We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
 - a) Is determined to have violated a prohibition in paragraph A.1 of this award term; or
 - b) Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph A.1 of this award term through conduct that is either-
 - (1) Associated with performance under this award; or



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(2) Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

B. Provision applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

- 1) Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
- 2) Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either
 - a) Associated with performance under this award; or
 - b) Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

C. Provisions applicable to any recipient.

- 1) You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph A.1 of this award term
- 2) Our right to terminate unilaterally that is described in paragraph A.2 or B of this section:
 - a) Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7104(g)), and
 - b) Is in addition to all other remedies for noncompliance that are available to us under this award.
- 3) You must include the requirements of paragraph A.1 of this award term in any subaward you make to a private entity.

D. Definitions. For purposes of this award term:

- 1) "Employee" means either:
 - a) An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - b) Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.



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2) "Forced labor" means:

Labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3) "Private entity":

a) Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 C.F.R. § 175.25.

b) Includes:

(1) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 C.F.R. § 175.25(b).

(2) A for-profit organization.

4) "Severe forms of trafficking in persons," "commercial sex act," and "coercion"

These terms have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. § 7102)

11. Prohibition on certain telecommunications and video surveillance services or equipment. As the recipient you are responsible for the following.

A. As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

1) Procure or obtain,

2) Extend or renew a contract to procure or obtain; or

3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

a) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

b) Telecommunications or video surveillance services provided by such entities or using such equipment.

c) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the



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government of a covered foreign country.

REPORTING REQUIREMENTS

1. **Financial Reporting Requirement—Federal Financial Report (FFR) SF 425.** As a recipient, you must submit your SF-425 to OASH using the Department of Health and Human Services (HHS) Payment Management System (PMS). Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications. Submission of your SF-425 will enhance the reconciliation of expenditures and disbursements and allow for timely closeout of grants. To assist in your preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>. You must complete **all** sections of the FFR.

A. Quarterly FFR Due Date.

Your FFR is due 30 days after the end of each Quarter in the federal fiscal year. That is for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending **June 30, your FFR is due July 30.**

- B. **Final FFR Due Date.** Your final FFR covering the entire project is due 120 days after the end date for your project period.

C. **Past due FFRs.** If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your PMS account and contact information are up to date so you receive notifications.

D. Electronic Submission.

Electronic Submissions are accepted only via the PMS – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the award with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the PMS Help Desk or your assigned Grants Management Specialist. Please reference box/line 9 pf page 1 of this NoA for the name of your assigned Grants Management Specialist.

2. **Semiannual Progress Report Requirements.** You must submit semiannual progress reports 30 days after the end of each performance reporting period unless otherwise required under Special Terms and Requirements or Special Conditions as required by statute, regulation, or specific circumstances warranting additional monitoring for this award. Your progress reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance may be provided by the Program Office. Reports must be submitted electronically via the Performance Project Report (PPR) Module in GrantSolutions.



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3. **Audit Requirements.** The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all non-Federal entities expending Federal funds, and must be consistent with the standards set out at 45 CFR Part 75, Subpart F ("Audit Requirements"). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <https://harvester.census.gov/facides/Account/Login.aspx>.

4. **Closeout Requirements.** Once the project period has ended, as the recipient, you are required to submit a Final Program Progress report, the SF-425 using the Department of Health and Human Services (HHS) Payment Management System and the SF-428 Tangible Personal Property report and/or Disposition report **within 120 calendar days after the project and final budget period end date**. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active or future projects or activities involving your organization.

A. The Final Program Progress Report:

Your report must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via the Performance Project Report Module in GrantSolutions.

B. SF-425 Final Federal Financial Report:

Submit your Final FFR using the Department of Health and Human Services (HHS) Payment Management System. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards. Electronic Submissions are accepted only via the HHS Payment Management System – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the HHS Payment Management System Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of your assigned Grants Management Specialist.

C. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports:

Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Grants & Acquisitions Management Division.

CONTACTS

1. **Fraud, Waste, and Abuse.** The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

Internet: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

Phone: 1-800-HHS-TIPS (1-800-447-8477)



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FAIN# TP1AH000318

Federal Award Date: 06/21/2023

*Mail: US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026*

For additional information visit <https://oig.hhs.gov/fraud/report-fraud/index.asp>.

- 2. Payment Procedures.** Payments for grants awarded by OASH Program Offices are made through the Payment Management System (PMS, previously known as the Division of Payment Management) <https://pms.psc.gov/home.html>.

PMS is administered by the Program Support Center (PSC), HHS. Contact PMS to establish an account if you do not have one.

Inquiries regarding payments should be directed to <https://pms.psc.gov/home.html>; or

*Payment Management Services
P.O. Box 6021
Rockville, MD 20852*

or 1-877-614-5533

- 3. Use of Grant Solutions.** GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Program Director/Principal Investigator roles only. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official.

For assistance on GrantSolutions issues please contact: GrantSolutions User Support at 202-401-5282 or 866-577-0771, email help@grantsolutions.gov, Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at <https://grantsolutions.secure.force.com/>.

- 4. Grants Administration Assistance.** For assistance on **grants administration** issues please contact the Grants Management Specialist listed in Box 9 on page 1 of this Notice of Award or mail:

*OASH Grants and Acquisitions Management Division
Department of Health and Human Services
Office of the Secretary
Office of the Assistant Secretary for Health
1101 Wootton Parkway, Rockville, MD 20852*

EXHIBIT B



Office of the Secretary

Notice of Award

Award# 5 TP1AH000318-02-00

FAIN# TP1AH000318

Federal Award Date: 06/25/2024

Recipient Information

1. Recipient Name

Planned Parenthood of Greater New York, Inc
26 Bleecker St
Youth Programs
New York, NY 10012-2413
[NO DATA]

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1132621497A1

4. Employer Identification Number (EIN)

132621497

5. Data Universal Numbering System (DUNS)

071008353

6. Recipient's Unique Entity Identifier (UEI)

FKNNGH6FXKF8

7. Project Director or Principal Investigator

Ms. Giokazta Molina-Schneider
Vice President, Education and Training

8. Authorized Official

Ms. Jonna Heitz
Director of Private and Public Funding

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Miss Deborah Hayes
Grants Management Specialist
deborah.hayes@hhs.gov
240-453-8802

10. Program Official Contact Information

Iana Clarence
Project Officer
iana.clarence@hhs.gov
3012846824

Federal Award Information

11. Award Number

5 TP1AH000318-02-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000318

13. Statutory Authority

Division D, Title II of the Further Consolidated Appropriations Act, 2024 (Public Law No. 118-47)

14. Federal Award Project Title

Supporting Teens' Access and Rights (Project STAR)

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2024 - End Date 06/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$1,091,185.00

20a. Direct Cost Amount \$963,811.00

20b. Indirect Cost Amount \$127,374.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,091,185.00

26. Period of Performance Start Date 07/01/2023 - End Date 06/30/2028

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$2,182,370.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
Grants Management Officer

30. Remarks

This Notice of Award provides FY24 federal funding as shown on line 20 and the approved use of prior year's unobligated balance as authorized carryover (line 21) and/or offset (line 22). See terms and conditions for more information about authorized carryover and offset.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 5 TP1AH000318-02-00

FAIN# TP1AH000318

Federal Award Date: 06/25/2024

Recipient Information**Recipient Name**

Planned Parenthood of Greater New York, Inc
26 Bleecker St
Youth Programs
New York, NY 10012-2413
[NO DATA]

Congressional District of Recipient

12

Payment Account Number and Type

1132621497A1

Employer Identification Number (EIN) Data

132621497

Universal Numbering System (DUNS)

071008353

Recipient's Unique Entity Identifier (UEI)

FKNNGH6FXKF8

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$684,565.00
b. Fringe Benefits	\$195,201.00
c. Total Personnel Costs	\$879,766.00
d. Equipment	\$0.00
e. Supplies	\$56,938.00
f. Travel	\$16,716.00
g. Construction	\$0.00
h. Other	\$6,391.00
i. Contractual	\$4,000.00
j. TOTAL DIRECT COSTS	\$963,811.00
k. INDIRECT COSTS	\$127,374.00
l. TOTAL APPROVED BUDGET	\$1,091,185.00
m. Federal Share	\$1,091,185.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-19999SQ	TP1AH0318A	TPP01	41.51	93.297	\$1,091,185.00	75-24-0120



Office of the Secretary

Award# 5 TP1AH000318-02-00

FAIN# TP1AH000318

Federal Award Date: 06/25/2024

35. Terms And Conditions

SPECIAL CONDITIONS

1. **SAM Certifications and Representations.** Following a review of your SAM.gov registration information, we have determined that your certifications and representations are incomplete. Your registration does not include the grant and cooperative agreement component of the certifications and representations. You must submit SF-424B Assurances for Non-Construction Programs (<https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf>) prior to drawing any award funds or no later than 30 days of the budget period start date.

Failure to comply with this Special Condition may result in an administrative action such as disallowance of funds, drawdown restriction, suspension, or termination. Should OASH decide to terminate the award prior to the end of the period of performance based on a material failure to comply with this condition of the award, OASH must report the termination to the government-wide integrity and performance system (now in SAM.gov under responsibility/qualification information).

You are strongly encouraged to update your certifications and representations as soon as possible. Failure to update this in SAM.gov may delay approval of any amendment requests or continuation awards.

SPECIAL TERMS AND REQUIREMENTS

1. **Prior Terms, Conditions, and Requirements.** Unless specifically removed, all prior terms, conditions, and requirements under this award remain in effect.
2. **Authorized Carryover of Unobligated Balance.** The authorized carryover amount in line 21 of this Notice of Award is the maximum amount authorized based on recipient reports of unobligated funds. Should additional unobligated funds exist, the recipient must seek prior approval to expend those additional funds. Should the unobligated balances be determined to be less than the amount authorized in line 21, the recipient is only authorized to spend the actual amount available. It is the recipient's responsibility to reconcile reports submitted to PMS and to OASH. Reconciliation consists of ensuring that disbursements equal obligations and drawdowns or making any adjustments as necessary, e.g., for an overpayment. OASH is not liable should recipient expenditures exceed the actual amount available.

Carryover amounts do not add to the total authorized; they are funds re-authorized from a previous budget period(s) for expenditure during the current budget period. The total Federal funds authorized to date for the period of performance is the amount in Block 27 of this Notice of Award.

3. **Offset.** If the value on line 22 is non-zero, this Notice of Award provides an offset of the unobligated balance from your previous budget period(s) to the budget period authorized by this award. The total approved budget is a combination of offset funds from prior year(s) and new funds. The amount of offset is not reclaimable in future budget periods nor is it appealable. If the final reconciliation of your previous budget period(s) or resolution of an audit determines that the unobligated balance differs from this amount, OASH is not obligated to make additional Federal funds available.

EXHIBIT 7

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

PLANNED PARENTHOOD OF GREATER NEW YORK <i>et al.</i>	)	
	)	Civil Action No. 1:25-cv-1334-TJK
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, <i>et al.</i>	)	
	)	
	)	
Defendants.	)	
	)	

**DECLARATION OF REBECCA GIBRON ON BEHALF OF PLANNED PARENTHOOD
GREAT NORTHWEST, HAWAI'I, ALASKA, INDIANA, KENTUCKY IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, Rebecca Gibron, hereby declare the following under the penalty of perjury:

1. I am the Chief Executive Officer of Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky ("PPGNHAIK"), a not-for-profit corporation that provides high-quality, affordable sexual and reproductive health care through 33 health centers in Alaska, Hawai'i, Idaho, Indiana, Kentucky, and western Washington, and which also provides sex education services across its six-state region.
2. In that position, I am responsible for PPGNHAIK's operations, including its education program. I have worked for PPGNHAIK or its predecessor organizations since 1997, and I have served as its CEO since December 2021. Prior to becoming CEO, I worked for PPGNHAIK and its predecessor organizations in a variety of roles, including as the Chief Operating Officer and as Chief Executive Officer of Planned Parenthood of Idaho.
3. This declaration is based upon my personal knowledge, my review of PPGNHAIK's business records, and the knowledge I have acquired in the course of my duties at

PPGNHAIK. If called and sworn as a witness, I could and would testify competently thereto.

PPGNHAIK's MISSION

4. In partnership with our communities, PPGNHAIK advocates, educates, and provides health care services to support sexual health and wellness for all.
5. PPGNHAIK advances its mission by providing clinical health care with over 94,000 individual patients seen in 2024. PPGNHAIK provides a range of comprehensive health care services, including wellness exams, birth control, pregnancy testing, STI testing, treatment and vaccines, abortion in states where it is legal, HIV testing, cancer screenings and prevention services, and other forms of reproductive and preventive health services.
6. We also provide medically accurate, age-appropriate, comprehensive sex education programs that are designed to increase access to scientifically accurate and culturally affirming sexual and reproductive health information to create a world where all young people are in control of their own bodies and relationships.
7. PPGNHAIK employs a team of educators that provides impactful education programming in our communities. Through comprehensive sexual health education programs that cover a range of topics, PPGNHAIK is committed to improving the lives of young people through sex education that is medically accurate, age appropriate, inclusive, trauma-informed, and culturally affirming.

TPP PROGRAM GRANTS

8. PPGNHAIK first received funding from the Department of Health and Human Services Office of Adolescent Health under the Teen Pregnancy Prevention Program as a grantee in 2010. Our Teen Outreach Program received a five-year grant as part of that first cycle,

and PPGNHAIK also received TPP funding for the next five-year grant cycle from 2015-2020.

9. On February 14, 2023, OPA solicited applications for its 2023 Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services Notice of Funding Opportunity (“NOFO”). The NOFO solicited applications for projects to serve communities and populations with the greatest needs and facing significant disparities to advance equity in adolescent health through the replication of evidence-based teen pregnancy prevention programs (“EBPs”) and services.
10. Pursuant to the NOFO, PPGNHAIK submitted an application for Tier 1 funding to OPA on April 18, 2023.
11. On June 15, 2023, PPGNHAIK received a Notice of Award from OPA stating that PPGNHAIK would serve as a grantee in the TPP Program, providing educational services to adolescents with the aim of preventing teen pregnancy and associated risks. A true and correct copy of the 2023 Notice of Award is attached as Exhibit A.
12. The Notice of Award that PPGNHAIK received from OPA on June 15, 2023, provided for a five-year project performance period, from July 1, 2023, to June 30, 2028. This notice of award provided funding of \$487,013.00 for the budget period from July 1, 2023, to June 30, 2024, with non-competing continuation applications to be submitted for the same funding each year thereafter.
13. Specifically, OPA awarded PPGNHAIK a five-year Tier 1 TPP Program grant for a project called Kalihi Youth Sexual Health Project (hereinafter “KYSH”), which aims to improve sexual and reproductive health outcomes, promote positive youth development,

and advance health equity for Native Hawaiian/Other Pacific Islander and LGBTQ+ youth and their families.

14. On January 17, 2024, OPA published the 2024 non-competing continuation award application guidance for applications to be submitted by April 15, 2024. PPGNHAIK timely submitted its application.
15. On June 21, 2024, OPA issued a non-competing continuation award for Year 2 of KYSH project for \$516,180 (plus \$98,415 in carryover funds from Year 1) for the budget period of July 1, 2024, through June 30, 2025. A true and correct copy of the 2024 Notice of Award is attached hereto as Exhibit B.

DESCRIPTION OF PPGNHAIK'S TPP PROGRAM: PROJECT KYSH

16. In devising a five-year plan, OPA required that the applicants focus on areas of greatest need and facing significant disparities; engage in a planning period; replicate to scale evidence-based Teen Pregnancy Prevention programs with fidelity and quality; review materials prior to implementation; engage youth, caregivers, and the community throughout the project; connect to a network of adolescent-friendly supportive services; ensure equitable, safe, supportive, and inclusive environments; and monitor and improve the overall project.
17. During the first year of KYSH, PPGNHAIK selected three federally approved evidence-based TPP Programs—Positive Prevention Plus, LiFT, and INcluded—to implement throughout its target communities: Native Hawaiian/Other Pacific Islander and lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ+) youth.
18. PPGNHAIK continued its ongoing contract and relationship with our evaluator, Philliber Research and Evaluation.

19. In designing their project and selecting the target communities, PPGHNAIK took into account which populations in Hawai‘i were the most disproportionately affected by unintended teen pregnancies and STIs, and from there determined which populations had the greatest need for teen pregnancy prevention programs. Although the state of Hawai‘i’s teen birth rate is lower than the national average, NHOPI and LGBTQ+ youth in Kalihi experience teen birth and HIV/STI incidence rates two-to four-times higher than the national average. There are many contributing factors to adolescent health disparities in Kalihi, including a lack of access to EBPs; NHOPI and LGBTQ+ discrimination in the health care system; high rates of poverty and uninsured families; and cultural differences within the NHOPI population that influence attitudes toward sexuality.
20. In order for the project to be successful, we knew we needed to ensure that the EBPs that we selected were culturally appropriate for our target populations and had been proven effective, as established in the TPP Evidence Review, to impact sexual risk behaviors within these populations.
21. We have been successfully partnering with W.R. Farrington High School and its teachers to provide TPP programming since 2018, and first worked with Parents and Children Together Teen Center (“PACT”), a community-based organization, at the beginning of our TPP programming in 2010. We executed contracts with Farrington High School and PACT to provide Positive Prevention Plus and LiFT implementations in these settings. Both Positive Prevention Plus and LiFT have been very positively received by participants and staff. We value the requests brought to us by community members, teachers, or community organizations when they suggest modifications.

22. OPA approved several minimal adaptations PPGHNAIK proposed to the EBPs. For Positive Prevention Plus, this included providing local resources as part of lesson plans provided to our teachers. For example, we provided human trafficking data and local resource lists to supplement that relevant module. We also received approval to provide multiple lessons within the same class period, as teachers may have longer bell schedules on certain days or complete modules more quickly depending on the topic. For INcluded, we adjusted the age range to extend to 24 years to ensure we could reach older students and proposed offering INcluded virtually, enabling us to offer the programming to a large community organization to expand programming to their afterschool high school student program. For LiFT, OPA approved our proposed adaptations to use culturally relevant names in the role play scenarios, reading some program materials out loud instead of asking participants to write notes (to accommodate for language barriers or literacy levels), and allowing for two three-hour sessions rather than a single six-hour workshop.
23. Feedback from our participants show that our adaptations are helpful. For example, taking INcluded to a university setting with young adults above the originally intended age range has been successful.
24. INcluded has been successfully implemented in our target communities and has received growing interest from a wide variety of organizations and schools (high school and college-aged) around O'ahu.
25. PPGNHAIK has complied with the TPP Program requirements throughout the project period of the grant. Consistent with the program requirements, PPGNHAIK has submitted non-competing continuation applications for each upcoming budget year of the grant, as well as the required progress reports. In our experience, non-competing award

applications are always granted whenever the program is meeting the program requirements as outlined in the NOFO and meet the requirements set forth in the applicable non-competing continuation award guidance.

26. OPA's annual reviews acknowledged PPGNHAIK's success, and we continued to work with OPA to address areas of improvement.
27. PPGNHAIK hired two new staff members during Year 2, who spent their first 2–3 months onboarding, being trained on the EBPs (including traveling to an in-person training facilitator training in Seattle), and gaining familiarity with the grants, Youth Advisory Group members, and other community partners. Our Community Outreach Educators also established the Youth Advisory Group ("YAG") in Year 2 to provide feedback on our curricula.
28. Our most recent community needs and resources assessment took place in February 2025, with our KYSH staff and YAG members, who provided our consultants with their critical feedback, recommendations, and guidance for the future of our program. This resulted in the creation of a new name moving forward, as well as a new logo.
29. In Year 2, we successfully completed a range of programming. We completed a LiFT implementation workshop with PACT at a public housing site. We executed three INcluded workshops with college and high school students. We also implemented Positive Prevention Plus with three teachers over the fall semester and are in progress with implementing it in the spring semester. Each semester's implementation results in approximately 125–150 high school students receiving sex education for the first time.
30. KYSH is projected to have delivered evidence-based programming to 449 by the end of Year 2. During Year 3, we intended to expand our programming around O'ahu, bringing

EBPs to schools, after-school programs, and community-based organizations. We also intended to maintain and expand community partner relationships and in turn, expand the impact and reach of the EBPs. We expect to deliver evidence-based programming to another approximately 1,430 over the remaining three years of the project.

31. Many community partners expressed interest in INclued. We initially began making a plan to implement INclued with these partners, but have since had to halt these efforts since INclued was removed without notice from OPA's list of approved EBPs.
32. All of the education services PPGNHAIK offers in connection with the TPP program (i.e., all programs associated with Project KYSH) are fully funded by the federal appropriations we receive from the TPP grant. This includes EBP trainings for teachers and staff, programming materials, community support and events (e.g., Youth Advisory Group meetings and resources for community partners), continued staff professional development, and payment to our contracted evaluator. Thus, the existence of those programs is directly tied to our receipt of TPP funding and we cannot continue to provide comprehensive sex ed to our communities without that funding.

2025 NON-COMPETE CONTINUATION AWARD NOTICE

33. On January 8, 2025, we received information for preparing a non-competing continuation award application. This information resembled guidance from the prior years. We began taking the appropriate steps internally to complete this application.
34. On January 14, 2025, we received updated information. This information did not appear to be much different than what we had received on January 8.

35. On March 31, 2025, via email, we received a new notice (the “new notice”). While the new notice had substantially changed the requirements, it did not change the date by which the application was due: April 15, 2025, at 6:00 PM Eastern Time.
36. The new notice directed, among other requirements, that Tier 1 TPP grantees review and be aware of all current Presidential Executive Orders and revise our project scope and work plan, as necessary, to demonstrate that our program is “aligned with” current EOs.
37. This new notice also imposed other requirements that were more burdensome than historical NCC application requirements. In particular, unlike in the past, it imposed significant administrative burdens to attempt to complete the requirements set forth in the guidance.
38. In the days following the issuance of this new notice, PPGNHAIK discussed the changes and directives of the new notice.
39. Upon reviewing the new guidance, PPGNHAIK reviewed its existing project scope, work plan, and program materials to evaluate how to respond to the instructions that it “align” its programs with the updated terms.
40. PPGNHAIK also carefully reviewed the new notice and the references cited therein. But, despite best efforts, PPGNHAIK was unable to determine what the federal government would find to be compliant and noncompliant.
41. Moreover, at a baseline level, the new notice indicated an expectation that grantees be aware of all executive orders. This alone was impossible to comply with as executive orders have been issued frequently and on a continuous basis since January 20, 2025. It is unclear which orders the government thinks would be relevant to PPGNHAIK’s application and program, and how so, particularly because many of these executive

orders direct agencies to take specific actions and/or rescind prior agency guidance, but they do not impose particular requirements on non-governmental entities.

42. Based on the language of the new notice, PPGNHAIK was unable to discern what is meant by the requirement that it “align” its program with executive orders.

43. For example, in reviewing some of the executive orders, our program staff became concerned that if a young person or parent asked questions related to their or their child’s LGBTQ+, racial and/or ethnic identity or wished to discuss the nuances of some of the program materials and how they may apply it to their lives, the program staff would be barred from even acknowledging the question.

44. Likewise, certain EBPs contain chapters that address sexual orientation and/or gender identity. In reading the EOs, it became clear that even if we applied an EBP that had been approved by HHS, excluding the unexplained removal of the INcluded program, we would have to cut portions of a chapter or eliminate a full chapter of the program.

45. It did not appear to be practicably possible to do this while meeting the requirement to replicate the EBPs with fidelity. Likewise, we could not modify or abandon said EBPs as those were selected intentionally based on the required goals of the project to replicate results using certified evidence-based programs.

46. Under these circumstances, it remains unclear what it means to “align” a program with the EOs. Moreover, the EOs themselves contain numerous vague and ambiguous terms that remain unclear.

47. If PPGNHAIK were forced to overhaul its TPP Program to cease all services that acknowledge the existence of the LGBTQ+ community and that are purported to “promote DEI activities and gender ideology” — as best as I understand those terms — it

would defeat the purpose of PPGNHAIK's contracted grant project and the Teen Pregnancy Prevention Program, as a whole. We would be required to deny the existence of the very populations that, statistically, we had determined were in the greatest need of these interventions.

48. Likewise, removing such references and acknowledgment of the nuances of the challenges that were unique to these populations would reinforce many of the stigmas and challenges that had been identified as factors contributing to disproportionate rates of unintended teenage pregnancy and STIs in these populations.
49. In doing so, we would be undermining the very purpose of our KYSH project: to improve sexual and reproductive health outcomes, promote positive youth development, and advance health equity for Native Hawaiian/Native American Pacific Islander and LGBTQ+ youth and their families
50. PPGNHAIK was placed in an impossible position: walk away from the TPP Program, or else speculate how to revise the program to align with the EOs and ultimately do so in a manner that is both inconsistent with the other directives of program and that is contrary to the very purpose of the project.
51. PPGNHAIK remains committed to the continued replication of comprehensive, medically accurate, evidence-based sexual education programs that are age appropriate. PPGNHAIK cannot remain committed to these values if it "aligns" itself with the content of many of these EOs.
52. Furthermore, by modifying the substance of our projects, we would be at a significant disadvantage entering the next year as resources would have to be diverted from

continuing and expanding implementation of these EBPs among youth and their families to implementing a substantially different project.

53. For all of these reasons, PPGNHAIK determined that it could not make modifications to its programs or corresponding content in order to “align” its project with the EOs without abandoning the stated goals of the original NOFO, the organization’s mission, KYSH’s project goal, and the ability to continue to replicate to scale EBPs with fidelity and quality. However, PPGNHAIK removed the INcluded Program from its Year 3 work plan as this EBP was no longer on the list of approved EBPs (at least according to the list maintained by Reproductive Health National Training Center¹), proceeding with LiFT and Positive Prevention Plus, and updated its target population to Native Hawaiian/Native American Pacific Islander (along with LGBTQ+ youth).

54. On April 15, 2025, PPGNHAIK uploaded the non-competing continuation award application via the grant portal. In that application, PPGNHAIK stated:

Based on the guidance provided, it is unclear to PPGNHAIK what conduct is prescribed by this requirement, and therefore PPGNHAIK cannot and will not make modifications in order to comply with terms and conditions that exceed the lawful authority of the issuing agency. Accordingly, PPGNHAIK is completing the Non-Competing Continuation Award Application that includes these unlawful terms and conditions under protest and in no way certifying alignment with the new ‘EO requirements.’

PPGNHAIK’s application met all other substantive application requirements and is eligible for a continuation award in all respects.

¹ Reprod. Health Nat’l Training Ctr., *Evidence-Based Teen Pregnancy Prevention Programs at a Glance* (Feb. 2025), <https://rhntc.org/resources/evidence-based-teen-pregnancy-prevention-programs-glance>. HHS maintains a list at <https://youth.gov/evidence-innovation/tpper/programs>, but that website has been unavailable since at least January 25, 2025. *See Programs*, Youth.gov, <https://web.archive.org/web/20250125184422/https://youth.gov/evidence-innovation/tpper/programs> (last visited May 9, 2025).

55. PPGNHAIK was required to devote significant time and resources to preparing this application for TPP Program federal grants. The process, generally, to apply for a TPP Program can be complex and is completed within a short time frame (typically two to three months). Many staff contributed time and resources to the effort of attempting to respond to the new notice and to submitting a response that had to be done in just two weeks.
56. PPGNHAIK was forced to expend limited resources on an application without any understanding as to what was expected of them. For example, our Program Director has been working nights and weekends due to the time-sensitive nature of the deadlines that require increased correspondence with the OPA grants officers, clearing availability for last-minute calls with internal staff or OPA officers to discuss plans, changes in plans, and providing as much information as possible to determine how to complete the NCC application. A number of additional staff including the Chief External Affairs Officer has had to spend a great deal of time at a far higher level of program detail than would typically be required to attempt to maintain fidelity to program goals and concurrently create a reasonable response to the new notice for the Year 3 Continuation Award.
57. PPGNHAIK was also concerned about the NCC application's required Form SF424B, which required PPGNHAIK to certify that it will "comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program." We were concerned about certifying compliance given the vagueness of the new notice and the Executive Orders themselves. Moreover, we were concerned that the agency may interpret compliance to require actions that are in direct conflict with the stated goals of the program.

IRREPARABLE HARM

58. PPGNHAIK designed its budget, programming, and staffing with the understanding that this would be a five-year program.

59. Because Project KYSH is fully funded by the federal appropriations we receive through the TPP program, we will have no choice but to shut down the project mid-stream if our funding is discontinued.

60. This loss would have tremendous impacts on our organization, partners, and the communities that they serve.

61. Operationally, we would be required to lay off at least three members of our staff. Because these positions are funded by the TPP grant, the loss of this funding would entirely impact our ability to continue employing them.

62. Similarly, it would require us to end all education programming on O'ahu. While this would be a difficult decision, operationally, we would not have the capacity to implement such programming with our TPP grant.

63. Ceasing to provide education services there would also be damaging to our organization's reputation as we would be perceived negatively by community members, because partners are reluctant to work with us if we abruptly end a program we have provided around the state for many years.

64. PPGNHAIK's relationship with the community in Hawai'i is already strained. Many potential partners are reluctant to work with PPGNHAIK due to prior experiences of our and other organizations building community engagement and then abruptly stopping

programming when finances become unavailable. Because of that past experience, we are acutely aware of how harmful it can be to relationships in this community when ongoing partnerships and projects are forced to halt unexpectedly and before they are complete.

KYSH has been a helpful opportunity for us to continue working with some of these partners, strengthening our partnership by investing in improving the community's youth sexual health sustainably.

65. To the best of our knowledge, we are the only entity that operates a Teen Pregnancy Prevention program on O'ahu that provides this type of content — and the only grantee focused on the NHNAPI population.
66. We are, thus, most concerned about the impact that this would have on those that we serve: youth on O'ahu. Already experiencing numerous health disparities, the termination of this funding will have adverse consequences for adolescent teens that have already relied on the services that we are providing and that would have benefitted from the programs we planned on implementing during our third, fourth, and fifth year of performance. Ceasing our program would exacerbate the many health disparities young people on O'ahu already experience.
67. Finally, the termination of this funding would also result in additional consequences for our ability to maintain effective partnerships and trust in our health care accessibility in the communities that we serve.
68. We have executed various Memoranda of Understanding with community partners and devoted significant resources to cultivating and maintaining those partnerships. The loss of these funds would also be damaging to our community partners in the island that

depend on us for this type of programming, and more broadly, other forms of sexual and reproductive health education.

69. Our active Memoranda of Agreement would also need to be terminated. Based on the terms of these agreements, we would need to provide at least 30 days' notice of termination, and PPGNHAIK would have to compensate our partners for work that is completed until the contract is terminated. We will not know the extent of these expenses until the schools or community partners send an invoice for payment. Even if target goals were not met by the partner or by KYSH because of loss of funding, PPGNHAIK would still be liable for covering the costs of partial deliveries.

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that the foregoing is true and correct.

Date: May 12, 2025

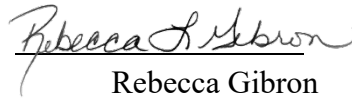

Rebecca Gibron

EXHIBIT A



Office of the Secretary

Notice of Award

Award# 1 TP1AH000287-01-00

FAIN# TP1AH000287

Federal Award Date: 06/15/2023

Recipient Information

1. Recipient Name

PLANNED PARENTHOOD GREAT
NORTHWEST, HAWAII, ALASKA, INDIANA,
AND KENTUCKY
2001 E Madison St
Seattle, WA 98122-2959

2. Congressional District of Recipient

07

3. Payment System Identifier (ID)

1910686012A1

4. Employer Identification Number (EIN)

910686012

5. Data Universal Numbering System (DUNS)

071850515

6. Recipient's Unique Entity Identifier (UEI)

PP45NCFY5YG2

7. Project Director or Principal Investigator

Sonia Blackiston

8. Authorized Official

Ms. Rebecca Gibron
President/Chief Executive Officer

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Mr. Roscoe Brunson
Grants Management Specialist
roscoe.brunson@hhs.gov
240-453-8837

10. Program Official Contact Information

Ms. Roslyn Thomas
Public Health Advisor
Division of Program Development and Operation
roslyn.thomas@hhs.gov
2404532835

Federal Award Information

11. Award Number

1 TP1AH000287-01-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000287

13. Statutory Authority

Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328)

14. Federal Award Project Title

Kalihi Youth Sexual Health Project

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - End Date 06/30/2024

20. Total Amount of Federal Funds Obligated by this Action \$487,013.00

20a. Direct Cost Amount \$423,715.74

20b. Indirect Cost Amount \$63,297.26

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$487,013.00

26. Period of Performance Start Date 07/01/2023 - End Date 06/30/2028

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$487,013.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
OASH Grants Management Officer

30. Remarks

This action provides FY 2023 Tier 1 funds in the amount of \$487,013. See attached Terms and Conditions.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 1 TP1AH000287-01-00

FAIN# TP1AH000287

Federal Award Date: 06/15/2023

Recipient Information**Recipient Name**

PLANNED PARENTHOOD GREAT
NORTHWEST, HAWAII, ALASKA, INDIANA,
AND KENTUCKY
2001 E Madison St
Seattle, WA 98122-2959

Congressional District of Recipient

07

Payment Account Number and Type

1910686012A1

Employer Identification Number (EIN) Data

910686012

Universal Numbering System (DUNS)

071850515

Recipient's Unique Entity Identifier (UEI)

PP45NCFY5YG2

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$213,554.78
b. Fringe Benefits	\$64,066.34
c. Total Personnel Costs	\$277,621.12
d. Equipment	\$0.00
e. Supplies	\$12,995.46
f. Travel	\$15,379.63
g. Construction	\$0.00
h. Other	\$117,719.53
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$423,715.74
k. INDIRECT COSTS	\$63,297.26
l. TOTAL APPROVED BUDGET	\$487,013.00
m. Federal Share	\$487,013.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-19999SQ	TP1AH0287A	TPP01	41.51	93.297	\$487,013.00	75-23-0120



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Award# 1 TP1AH000287-01-00

FAIN# TP1AH000287

Federal Award Date: 06/15/2023

35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Budget Period and Continuation Awards.** The award is for the budget period noted on line 19 with the possibility of subsequent continuation awards of up to 12 months at a time up to the maximum project period described on line 26. As the recipient, you must submit a separate application for review each budget period. OASH must approve the application in order for you to receive continued support for that year. Continuation application instructions will be provided no later than three months before the end of the current budget period. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as project progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.
2. **Addressing Reviewer Comments on Weaknesses.** The recipient must submit as a Grant Note in GrantSolutions a written response to all weaknesses noted in the Review Panel Comments within 30 days of the project start date on this Notice of Award. The response should address the weaknesses in relation to the program expectations as described in the notice of funding opportunity (NOFO). If addressing those weaknesses results in a significant change to the workplan and/or budget, a revised workplan and/or updated budget must be submitted as part of the response. Grants Management Officer prior approval is required for significant changes to become effective.
3. **Submission of MOAs.** The recipient must submit all Memoranda of Agreement (MOAs) for partnerships or collaborations identified in the application within 30 days of the start of the first budget period. MOAs should be on partner letterhead with appropriate signatures of all parties to the agreement and outline specific roles, responsibilities, resources, and contributions to the project of each organization. For new partnerships not identified in the application, the recipient must submit any new MOA as a Grant Note in GrantSolutions within 10 days of its execution.
4. **Paperwork Reduction Act Applicability.** Any collection of information as defined in [5 C.F.R. 1320.3\(c\)](#) may require OMB clearance if it is a requirement of your award to collect that information. The recipient is responsible for preparing the clearance package necessary to obtain Paperwork Reduction Act clearance and submitting it to the project officer. The project officer will notify the recipient when the approval has been received or request additional information.
5. **Institutional Review Board (IRB).** It is the recipient's responsibility to ensure that any activities meeting the definition of human subjects research are appropriately reviewed according to the Common Rule ([45 CFR Part 46](#)). For non-exempt research activities, Institutional Review Board (IRB) approvals must be submitted via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to the recipient's receipt of the IRB approval.

The recipient must have clear procedures in place to determine whether the research is exempt under the Common Rule consistent with the [guidance](#) provided by the Office of Human Research Protections (OHRP). The determination that an exemption applies should be documented and provided as a Grant Note in GrantSolutions.

6. **Substantial Federal Involvement.** The award is a cooperative agreement. Cooperative agreements are a form of assistance that allows for substantial involvement between the awarding agency and the recipient during the period of performance. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, periodic site visits, ongoing review of plans and progress, relevant meetings, provision



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of training and technical assistance), substantial programmatic involvement will include:

- + Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.
- + Consulting with the recipient throughout the preparation and dissemination of materials related to the award.
- + Review of recipient progress during the planning period and approval at significant milestones to move forward with full implementation.
- + Review and approval of EBPs selected for replication, EBP implementation plans, and proposed adaptations to EBPs.
- + Consulting on the adaptations proposed to ensure fidelity to EBPs core components.
- + Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.
- + Serving as a programmatic resource during the implementation of the project by participating in the design of the activities and contributing with subject matter expertise.
- + Identification of other organizations with whom the recipient may be asked to develop cooperative and collaborative relationships and partnerships to enhance the effectiveness of the project.
- + Reviewing and approving all program materials prior to use in the project to ensure the materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive.

7. **Non-duplication of efforts.** The recipient must coordinate with all teen pregnancy prevention programs within the same service areas to ensure that services provided under this award will not duplicate services and/or programs that already exist in the focus populations or communities. Within the first 30 days of the project, the recipient must submit documentation as a Grant Note in GrantSolutions outlining the populations, specific settings/locations, and areas of the community in which the project will be implemented and include other organizations implementing teen pregnancy prevention activities. The recipient should outline a plan or strategy how the organizations will work together to avoid duplication.
8. **Replicate EBPs with fidelity and quality.** Recipients must replicate one or more evidence-based programs (EBPs) that meet the criteria outlined in Section A.2.c.2 - Eligibility of Programs to be Replicated and Implemented to Scale of the Notice of Funding Opportunity (AH-TP1-23-001). Recipients are expected to obtain prior approval from OPA for selected EBPs prior to piloting the programs and work with OPA to finalize the plan for implementing evidence-based programs. The recipient must replicate EBPs with fidelity and quality. The recipient is expected to observe 5% of all EBP sessions and 100% of all EBP facilitators for fidelity and quality on an annual basis. Recipients may not significantly change the program's core components or compromise program fidelity. All proposed adaptations must be reviewed by OPA. Major adaptations must be approved by OPA prior to implementation, regardless of guidance provided by the program developer.
9. **Materials Review.** The recipient is required to make all materials used and information disseminated within the funded project age appropriate and medically accurate. OPA expects the recipient to make materials and information culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. Review of materials is required prior to use in the grant. OPA expects the recipient to follow its guidance in conducting its own review. The recipient must correct any medical accuracy issues identified as part of its review prior to implementation, notify OPA that all modifications have been made, and certify that materials are medically accurate prior to use in the project. OPA may require recipients to submit program materials to OPA for a medical accuracy review by OPA.
10. **Evaluation Activities.** No more than ten percent of requested federal funds may be allocated to the collection and analysis of data related to the project. In addition, recipients may not use funds for a rigorous impact evaluation.

Recipients are not required to collect such data as it relates to knowledge, attitudes, and intentions on sex.

The recipient is required, if selected, to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available and must agree to follow all evaluation protocols established by OPA or its designee.



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11. **TPP Program Performance Measures.** Recipients must collect all OPA performance measures (OMB #0990-0438, Expiration August 31, 2023, pending renewal) and report them on a semi-annual basis. Performance measure data are due at the same time the performance project reports (See Reporting Section below). In collecting performance measures and other project data, recipients must adhere to all relevant state laws, organizational policies, and other administrative procedures prior to collection.
12. **Teen Pregnancy Prevention Program Tier 1 Expectations.** The recipient should conduct the project in such a manner as to address the overall program expectations in the notice of funding opportunity AH-TP1-23-001. Specifically, demonstrate by the end of the planning period, the ability to scale replication of evidence based programs (EBPs) in 3 or more settings in each identified community, including a confirmation of the total number of youth available in each setting and the percentage of them that will receive EBPs;
 - + demonstrate readiness to begin fully executing all expectations of the award by the end of the 6-month planning period;
 - + focus project on a community(ies) and population(s) that are disproportionately affected by unintended teen pregnancy and STIs;
 - + meaningfully engage youth, parents/caregivers, and the community in the design, implementation, and monitoring of the project;
 - + actively engage and collaborate with a network of partners in order to increase awareness of, access to, and utilization of adolescent-friendly services which address the needs of the population of focus;
 - + execute the project in an equitable, safe, supportive, and inclusive environment using trauma informed and positive youth development approaches; and
 - + have a Monitoring and Improvement Plan (MIP) to ensure programs offered are equitable, accessible, and of the highest quality and best fit for the community(ies) and population(s).
13. **Grantee Meetings.** The recipient is encouraged to actively participate in all OPA-supported TPP recipient meetings and recipient conferences, in addition to training and technical assistance (TA) available from the Reproductive Health National Training Center and other OPA-funded TA providers. OPA is planning to conduct one TPP grantee training in Year 1 of the project , a national grantee conference in years 2 and 4, and at least one recipient meeting in years 3 and 5.

STANDARD TERMS

1. **Recipient Responsibilities and Compliance with Requirements.** The recipient of this award has the full responsibility for the conduct of the project or activity supported under this award and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is described in the application for this award subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

Although recipients are encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise, such advice does not diminish the recipient's responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

The recipient accepts the terms and conditions of the award by drawing or otherwise obtaining funds for the award from the grant payment system or office. By accepting this award, the recipient agrees to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications, and to the prudent management of all expenditures and actions affecting the award including the monitoring of subrecipients (if applicable).

The recipient must comply with all terms, conditions, and requirements outlined in this Notice of Award, including:



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- Award policy terms and conditions contained in the applicable Department of Health and Human Services (HHS) Grant Policy Statement (GPS), (note any references in the GPS to 45 C.F.R. Part 74 or 92 are now replaced by [45 C.F.R. Part 75](#), and the SF-269 is now the SF-425), and its subsequent updates. The HHS Grants Policy Statement is available at <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>.
- All requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable.
- Requirements or limitations in any applicable appropriations acts.
- Compliance with all applicable statutes and regulations included in the Certifications and Representations for the recipient's SAM.gov registration.

2. Grants Management Officer Prior Approval Requirements. Certain changes to the project or its assigned personnel require prior approval from the Grants Management Officer (GMO) ([45 C.F.R. § 75.308](#)).

The recipient's Authorizing Official (AO) and/or Project Director/Principal Investigator (PD/PI) listed on page 1 of the Notice of Award must sign all amendment requests for actions requiring prior approval. The recipient must submit the request through the GrantSolutions Amendment Module. If the AO has changed since OASH issued the award, the recipient must provide notice of the change in AO. A change in PD/PI requires prior approval by the GMO and must be requested by the AO listed on the Notice of Award.

If approved, the GMO will sign the approval, typically by issuing a new Notice of Award. No other signature will constitute a valid approval. If the recipient acts on the basis of a response from any other officials or individuals, the recipient does so at its own risk. Such responses will not be considered binding by or upon any OASH office or HHS component. The GMO is not obligated to provide retroactive approvals.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within GrantSolutions. All correspondence must include the Federal Award Identification Number (FAIN) and signature of the AO and/or the PD/PI to avoid delays.

3. Salary Limitation. The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2023, the Executive Level II salary is \$212,100. This amount is updated annually and posted at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>.

For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

4. Reporting Subawards and Executive Compensation. As the recipient of this award you must comply with the following statutory reporting requirements.

A. Reporting of first-tier subawards.

1) Applicability.

Unless you are exempt as provided in paragraph D of this award term, you must report each action that obligates \$30,000 or more in Federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2) Where and when to report.

You must report each obligating action described in paragraph A.1. of this award term to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FFRS). For subaward information, report no later than the end of the month



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following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3) What to report.

You must report the information about each obligating action as specified in the submission instructions posted at <http://www.fsrs.gov>.

B. Reporting Total Compensation of Recipient Executives.

1) Applicability and what to report.

You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

a) The total Federal funding authorized to date under this award is \$30,000 or more;

b) In the preceding fiscal year, you received—

(1) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

c) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report executive total compensation described in paragraph B.1. of this award term:

a) As part of your registration profile in the System for Award Management (SAM).

b) By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1) Applicability and what to report.

Unless you are exempt as provided in paragraph D of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

a) In the subrecipient's preceding fiscal year, the subrecipient received—

(1) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. § 170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and



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b) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report subrecipient executive total compensation described in paragraph C.1. of this award term:

a) To the recipient.

b) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions.

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

1) Subawards, and

2) The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions.

For purposes of this award term:

1) “Entity”

This term means all of the following, as defined in 2 C.F.R. Part 25:

a) A Governmental organization, which is a State, local government, or Indian tribe;

b) A foreign public entity;

c) A domestic or foreign nonprofit organization;

d) A domestic or foreign for-profit organization;

e) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2) “Executive”

This term means officers, managing partners, or any other employees in management positions.

3) “Subaward”:

a) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

b) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II .210 of the attachment to OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit



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Organizations’’).

c) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4) “Subrecipient”

This term means an entity that:

- a) Receives a subaward from you (the recipient) under this award; and
- b) Is accountable to you for the use of the Federal funds provided by the subaward.

5) “Total compensation”

This term means the cash and noncash dollar value earned by the executive during the recipient’s or subrecipient’s preceding fiscal year and includes the following (for more information see 17 C.F.R. § 229.402(c)(2)):

- a) Salary and bonus.
- b) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- c) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- d) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- e) Above-market earnings on deferred compensation which is not tax-qualified.
- f) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

5. Intangible Property and Data Rights.

A. Data (42 C.F.R. §75.322(d)). The federal government has the right to: 1) Obtain, reproduce, publish, or otherwise use the data produced under this award; and 2) Authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

B. Copyright (42 C.F.R. §75.322(b)). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

C. Patents and Inventions (42 C.F.R. §75.322(c)). The recipient is subject to applicable regulations governing patents and inventions, including government- wide regulations issued by the Department of Commerce at 37 CFR part 401.

6. Acknowledgement of Federal Grant Support. When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter “statements”) — describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:



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- 1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
- 2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be approved by the OASH grants management officer after consultation with the federal project officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance with sufficient time to allow for coordination.

7. **Whistleblower Protections.** The recipient is hereby given notice that the 48 C.F.R. § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled “Enhancement of contractor protection from reprisal for disclosure of certain information”) applies to this award.

8. **Reporting of Matters Related to Recipient Integrity and Performance.** As the recipient, you are responsible for:

A. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.



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B. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- 1) Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;
- 2) Reached its final disposition during the most recent five-year period; and
- 3) If one of the following:
 - a) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - b) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - c) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - d) Any other criminal, civil, or administrative proceeding if:
 - (1) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (2) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (3) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

C. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph B of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

D. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph A of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

E. Definitions



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For purposes of this award term and condition:

- 1) Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- 2) Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- 3) Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - a) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and
 - b) The value of all expected funding increments under a Federal award and options, even if not yet exercised.

F. Disclosure Requirements.

Consistent with 45 C.F.R. § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

*HHS OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852*

AND

*US Department of Health and Human Services Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026*

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp>

(Include “Mandatory Grant Disclosures” in subject line)

Fax: 1-800-223-8164 (Include “Mandatory Grant Disclosures” in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371 (“Remedies for noncompliance”), including suspension or debarment (See also 2 C.F.R. Parts 180 & 376 and 31 U.S.C. § 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.



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- 9. Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.** As the recipient, You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws require taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights

provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>

For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.

For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html>.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

- 10. Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104)

A. Provisions applicable to a recipient that is a private entity.

- 1) You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not
 - a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - b) Procure a commercial sex act during the period of time that the award is in effect; or
 - c) Use forced labor in the performance of the award or subawards under the award.
- 2) We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
 - a) Is determined to have violated a prohibition in paragraph A.1 of this award term; or
 - b) Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph A.1 of this award term through conduct that is either-
 - (1) Associated with performance under this award; or



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(2) Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

B. Provision applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

- 1) Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
- 2) Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either
 - a) Associated with performance under this award; or
 - b) Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

C. Provisions applicable to any recipient.

- 1) You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph A.1 of this award term
- 2) Our right to terminate unilaterally that is described in paragraph A.2 or B of this section:
 - a) Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7104(g)), and
 - b) Is in addition to all other remedies for noncompliance that are available to us under this award.
- 3) You must include the requirements of paragraph A.1 of this award term in any subaward you make to a private entity.

D. Definitions. For purposes of this award term:

- 1) "Employee" means either:
 - a) An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - b) Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.



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2) “Forced labor” means:

Labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3) “Private entity”:

a) Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 C.F.R. § 175.25.

b) Includes:

(1) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 C.F.R. § 175.25(b).

(2) A for-profit organization.

4) “Severe forms of trafficking in persons,” “commercial sex act,” and “coercion”

These terms have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. § 7102)

11. Prohibition on certain telecommunications and video surveillance services or equipment. As the recipient you are responsible for the following.

A. As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

1) Procure or obtain,

2) Extend or renew a contract to procure or obtain; or

3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

a) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

b) Telecommunications or video surveillance services provided by such entities or using such equipment.

c) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the



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government of a covered foreign country.

REPORTING REQUIREMENTS

1. **Financial Reporting Requirement—Federal Financial Report (FFR) SF 425.** As a recipient, you must submit your SF-425 to OASH using the Department of Health and Human Services (HHS) Payment Management System (PMS). Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications. Submission of your SF-425 will enhance the reconciliation of expenditures and disbursements and allow for timely closeout of grants. To assist in your preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>. You must complete **all** sections of the FFR.

A. Quarterly FFR Due Date.

Your FFR is due 30 days after the end of each Quarter in the federal fiscal year. That is for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

B. Final FFR Due Date. Your final FFR covering the entire project is due 120 days after the end date for your project period.

C. Past due FFRs. If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your PMS account and contact information are up to date so you receive notifications.

D. Electronic Submission.

Electronic Submissions are accepted only via the PMS – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the award with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the PMS Help Desk or your assigned Grants Management Specialist. Please reference box/line 9 pf page 1 of this NoA for the name of your assigned Grants Management Specialist.

2. **Semiannual Progress Report Requirements.** You must submit semiannual progress reports 30 days after the end of each performance reporting period unless otherwise required under Special Terms and Requirements or Special Conditions as required by statute, regulation, or specific circumstances warranting additional monitoring for this award. Your progress reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance may be provided by the Program Office. Reports must be submitted electronically via the Performance Project Report (PPR) Module in GrantSolutions.



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3. **Audit Requirements.** The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all non-Federal entities expending Federal funds, and must be consistent with the standards set out at 45 CFR Part 75, Subpart F ("Audit Requirements"). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <https://harvester.census.gov/facides/Account/Login.aspx>.

4. **Closeout Requirements.** Once the project period has ended, as the recipient, you are required to submit a Final Program Progress report, the SF-425 using the Department of Health and Human Services (HHS) Payment Management System and the SF-428 Tangible Personal Property report and/or Disposition report **within 120 calendar days after the project and final budget period end date**. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active or future projects or activities involving your organization.

A. The Final Program Progress Report:

Your report must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via the Performance Project Report Module in GrantSolutions.

B. SF-425 Final Federal Financial Report:

Submit your Final FFR using the Department of Health and Human Services (HHS) Payment Management System. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards. Electronic Submissions are accepted only via the HHS Payment Management System – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the HHS Payment Management System Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of your assigned Grants Management Specialist.

C. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports:

Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Grants & Acquisitions Management Division.

CONTACTS

1. **Fraud, Waste, and Abuse.** The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

Internet: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

Phone: 1-800-HHS-TIPS (1-800-447-8477)



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*Mail: US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026*

For additional information visit <https://oig.hhs.gov/fraud/report-fraud/index.asp>.

- 2. Payment Procedures.** Payments for grants awarded by OASH Program Offices are made through the Payment Management System (PMS, previously known as the Division of Payment Management) <https://pms.psc.gov/home.html>.

PMS is administered by the Program Support Center (PSC), HHS. Contact PMS to establish an account if you do not have one.

Inquiries regarding payments should be directed to <https://pms.psc.gov/home.html>; or

*Payment Management Services
P.O. Box 6021
Rockville, MD 20852*

or 1-877-614-5533

- 3. Use of Grant Solutions.** GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Program Director/Principal Investigator roles only. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official.

For assistance on GrantSolutions issues please contact: GrantSolutions User Support at 202-401-5282 or 866-577-0771, email help@grantsolutions.gov, Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at <https://grantsolutions.secure.force.com/>.

- 4. Grants Administration Assistance.** For assistance on **grants administration** issues please contact the Grants Management Specialist listed in Box 9 on page 1 of this Notice of Award or mail:

*OASH Grants and Acquisitions Management Division
Department of Health and Human Services
Office of the Secretary
Office of the Assistant Secretary for Health
1101 Wootton Parkway, Rockville, MD 20852*

EXHIBIT B



Office of the Secretary

Notice of Award

Award# 5 TP1AH000287-02-00

FAIN# TP1AH000287

Federal Award Date: 06/21/2024

Recipient Information

1. Recipient Name

PLANNED PARENTHOOD GREAT
NORTHWEST, HAWAII, ALASKA, INDIANA,
AND KENTUCKY
2001 E Madison St
Seattle, WA 98122-2959
907-770-9705

2. Congressional District of Recipient
07

3. Payment System Identifier (ID)

1910686012A1

4. Employer Identification Number (EIN)

910686012

5. Data Universal Numbering System (DUNS)

071850515

6. Recipient's Unique Entity Identifier (UEI)

PP45NCFY5YG2

7. Project Director or Principal Investigator

Sonia Blackiston

8. Authorized Official

Ms. Rebecca Gibron1
President/Chief Executive Officer

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Lakshmi Arumugam
Senior Grant Management Specialist
Lakshmi.Arumugam@hhs.gov
240-276-9862

10. Program Official Contact Information

Ms. Roslyn Thomas
Public Health Advisor
Division of Program Development and Operation
roslyn.thomas@hhs.gov
2404532835

Federal Award Information

11. Award Number

5 TP1AH000287-02-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000287

13. Statutory Authority

Division D, Title II of the Further Consolidated Appropriations Act, 2024 (Public Law No. 118-47)

14. Federal Award Project Title

Kalihi Youth Sexual Health Project

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2024 **- End Date** 06/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$487,013.00

20a. Direct Cost Amount \$516,180.00

20b. Indirect Cost Amount \$69,248.00

21. Authorized Carryover \$98,415.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$487,013.00

26. Period of Performance Start Date 07/01/2023 **- End Date** 06/30/2028

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$974,026.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
Grants Management Officer

30. Remarks

This Notice of Award provides FY24 federal funding as shown on line 20 and the approved use of prior year's unobligated balance as authorized carryover (line 21) and/or offset (line 22). See terms and conditions for more information about authorized carryover and offset.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 5 TP1AH000287-02-00

FAIN# TP1AH000287

Federal Award Date: 06/21/2024

Recipient Information**Recipient Name**

PLANNED PARENTHOOD GREAT
NORTHWEST, HAWAII, ALASKA, INDIANA,
AND KENTUCKY
2001 E Madison St
Seattle, WA 98122-2959

907-770-9705

Congressional District of Recipient

07

Payment Account Number and Type

1910686012A1

Employer Identification Number (EIN) Data

910686012

Universal Numbering System (DUNS)

071850515

Recipient's Unique Entity Identifier (UEI)

PP45NCFY5YG2

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$233,627.00
b. Fringe Benefits	\$70,088.00
c. Total Personnel Costs	\$303,715.00
d. Equipment	\$0.00
e. Supplies	\$16,157.00
f. Travel	\$28,503.00
g. Construction	\$0.00
h. Other	\$167,805.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$516,180.00
k. INDIRECT COSTS	\$69,248.00
l. TOTAL APPROVED BUDGET	\$585,428.00
m. Federal Share	\$585,428.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-19999SQ	TP1AH0287A	TPP01	41.51	93.297	\$0.00	75-23-0120
4-19999SQ	TP1AH0287A	TPP01	41.51	93.297	\$487,013.00	75-24-0120



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Office of the Secretary

Award# 5 TP1AH000287-02-00

FAIN# TP1AH000287

Federal Award Date: 06/21/2024

35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Authorized Carryover of Unobligated Balance.** The authorized carryover amount in line 21 of this Notice of Award is the maximum amount authorized based on recipient reports of unobligated funds. Should additional unobligated funds exist, the recipient must seek prior approval to expend those additional funds. Should the unobligated balances be determined to be less than the amount authorized in line 21, the recipient is only authorized to spend the actual amount available. It is the recipient's responsibility to reconcile reports submitted to PMS and to OASH. Reconciliation consists of ensuring that disbursements equal obligations and drawdowns or making any adjustments as necessary, e.g., for an overpayment. OASH is not liable should recipient expenditures exceed the actual amount available.

Carryover amounts do not add to the total authorized; they are funds re-authorized from a previous budget period(s) for expenditure during the current budget period. The total Federal funds authorized to date for the period of performance is the amount in Block 27 of this Notice of Award.

2. **Offset.** If the value on line 22 is non-zero, this Notice of Award provides an offset of the unobligated balance from your previous budget period(s) to the budget period authorized by this award. The total approved budget is a combination of offset funds from prior year(s) and new funds. The amount of offset is not reclaimable in future budget periods nor is it appealable. If the final reconciliation of your previous budget period(s) or resolution of an audit determines that the unobligated balance differs from this amount, OASH is not obligated to make additional Federal funds available.
3. **Prior Terms, Conditions, and Requirements.** Unless specifically removed, all prior terms, conditions, and requirements under this award remain in effect.

EXHIBIT 8

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

PLANNED PARENTHOOD OF	)	
GREATER NEW YORK <i>et al.</i>	)	Civil Action No. 1:25-cv-1334-TJK
	)	
Plaintiffs,	)	
v.	)	
	)	
U.S. DEPARTMENT OF HEALTH AND	)	
HUMAN SERVICES, <i>et al.</i>	)	
	)	
Defendants.	)	
	)	

**DECLARATION OF JENNA TOSH ON BEHALF OF PLAINTIFF PLANNED
PARENTHOOD CALIFORNIA CENTRAL COAST IN SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY INJUNCTION**

I, Jenna Tosh, Ph.D, hereby declare and state as follows:

1. I am the President & CEO for Planned Parenthood California Central Coast ("PPCCC"), a position I have held since 2015. Before joining PPCCC, I was the President & CEO of Planned Parenthood of Greater Orlando, where I had previously served as Director of Education and Advocacy since approximately 2005.
2. Through these various roles, as well as my professional background, I am very familiar with the particulars of operating sexual education programs that are comprehensive and effective in impacting young people's attitudes and approaches towards sex, consent, and topics that allow them to make healthy and informed decisions.
3. This declaration is based on my personal knowledge, my review of PPCCC's business records, and the knowledge I have acquired in the course of my twenty years of service and duties at Planned Parenthood affiliates. If called and sworn as a witness, I could and would testify competently to the information in this declaration.

4. As discussed more fully below, the new requirements in the March 31, 2025 Notice sent by the Department of Health & Human Services (“HHS”) to the grantees of the federal Teen Pregnancy Prevention (“TPP”) Program are vague and ambiguous and, thus, impossible to know how to comply with. If HHS uses alleged noncompliance as an excuse to deny non-compete continuation of funding applications, effectively terminating our grant from the program, it would have devastating consequences for PPCCC, and the patients and families it serves.

EDUCATION AND EMPLOYMENT BACKGROUND

5. I received my BA in Political Science from the University of Florida, magna cum laude, in 2004. I then earned my Masters in Political Science from the University of Florida in 2008. I did my thesis on “Sex Education Policy in Florida: Strategies for Change,” which earned an award for Outstanding Political Science Master’s Theses. In 2015, I earned my Ph.D. in Public Affairs, on the Government and Policy Research Track, from the University of Central Florida. My dissertation was titled: “State Adolescent Health Policies and their Impact on Teen Pregnancy Outcomes.”
6. I began my career as a Family Case Manager for Kids Hope United then moved to Planned Parenthood of Greater Orlando, where I served as the Director of Education and Advocacy from 2006 to 2009. In 2012, I was appointed President & CEO of Planned Parenthood of Greater Orlando. I served in that capacity until becoming President & CEO of PPCCC in February 2015.
7. PPCCC is the Planned Parenthood affiliate for Santa Barbara, Ventura and San Luis Obispo counties.

8. PPCCC's mission is to improve our communities' sexual and reproductive health outcomes through health care, education, and advocacy. Our vision is for a future where all people have equitable opportunity to experience health and wellness including high-quality sexual and reproductive health care provided with respect and without judgment.
9. PPCCC provides health care services to approximately 28,000 patients annually over three counties with six clinic locations. PPCCC provides services to individuals from diverse backgrounds and identities, many of whom face structural barriers to accessing health care. PPCCC also engages in public education activities that work with bilingual community health educators to deliver sex education and information to adults, teens, and families in areas that we serve. Our programs welcome all that are interested and statutorily eligible to receive services in accordance with all applicable laws. In 2024, our sexual health education programs reached more than 2,000 youth per year who participated in an average of 4 hours of programming. Through our programs, we aim to ensure that young people and the trusted adults in their lives—including parents, caregivers, and other adults—are well informed to equip young people with the tools to make the healthiest decisions for their future.

HHS TEEN PREGNANCY PREVENTION PROGRAM

10. TPPP is a federal grant program administered by the Office of Population Affairs at HHS. It uses evidence-based teen pregnancy prevention programs to help youth make healthy decisions. Its stated purpose is to reduce sexual risk behavior and decrease sexually transmitted infections ("STIs") and unintended teen pregnancy.

11. There is evidence that pregnancy prevention programs reduce sexual activity, reduce STIs, increase use of contraceptives, including condom use, and reduce teen pregnancy. Decreasing the rate of unintended pregnancies over the long-term results in a corresponding decrease in the risk of maternal mortality, adverse child health outcomes, behavioral problems in children and negative psychological outcomes associated with unintended pregnancies for both mothers and children. Avoiding unintended pregnancies also helps women to delay childbearing and pursue additional education, spend additional time in their careers and have increased earning power over the long term.¹
12. Within California, reducing unintended pregnancy and STI rates is important to advance numerous social, economic, and other public interests as well as ensuring positive health outcomes in a person's life for those that do not wish to have children.
13. Statistical data collected within California demonstrates that for every 1000 unintended pregnancies, 42% will result in live births, 13% in miscarriages, and 45% in abortion.² Thus, reducing unintended pregnancies also reduces expenses due to fewer delivery, miscarriage or abortion costs. This has great significance for the expenditure of public funds.
14. There are additional public sector costs stemming from unintended pregnancy. Low-income pregnant women can qualify for several public health and social programs which provide free or low-cost services before and after delivery for themselves and their children. One study, done 15 years ago, found that each unintended pregnancy cost the public sector \$6,557 in medical, public benefits, and other social service costs for a

¹ Cal. Health Benefits Rev. Program, *Analysis of California Senate Bill (SB) 999 Contraceptives: Annual Supply 1* (2016) (hereinafter CHBRP Contraceptive Report).

² CHBRP Contraceptive Report, at 10, 30.

woman and child up to age two. The savings were \$14,111 from conception to age five.³ Taking into account inflation and other economic factors, these numbers likely are much higher today.

15. Another critical focus of the TPPP program is on decreasing sexually transmitted infections (“STIs”). In 2023, over 2.4 million cases of syphilis, gonorrhea and chlamydia were diagnosed and reported. This includes over 209,000 cases of syphilis, over 600,000 cases of gonorrhea, and over 1.6 million cases of chlamydia.⁴ California, where PPCCC offers Teen Pregnancy Prevention programming, has experienced unprecedented epidemic levels of STIs for the past 5 years.⁵
16. Public health data continues to demonstrate disparities in STI rates, with the highest rates occurring among young people (aged 15-24), people who are Black and people who identify as LGBTQ+ individuals. In 2023, almost half (48.2%) of reported cases of chlamydia, gonorrhea and syphilis were among adolescents and young adults aged 15-24 years. Additionally, gay, bisexual and other men who have sex with men are disproportionately impacted by STIs, and co-infection with HIV is common.⁶ The CDC has noted that these disparities are unlikely to be fully explained by differences in sexual behavior and may reflect differential access to quality health care.⁷
17. Studies continue to demonstrate that people with bacterial STIs (gonorrhea, syphilis and chlamydia) are at higher risk for related adverse health outcomes, which can include

³ M. Antonia Biggs et al., *Cost-Benefit Analysis of the California Family PACT Program for California Year 2007* 20 (Bixby Ctr. for Glob. Reprod. Health, U.C.S.F., 2010).

⁴ Ctrs. for Disease Control & Prevention, *National Overview of STIs in 2023* (Nov. 12, 2024), <https://www.cdc.gov/sti-statistics/annual/summary.html>.

⁵ Cal. Dep’t of Pub. Health, *Reported Sexually Transmitted Disease Reach Epidemic levels in California* (Oct. 8, 2019), <https://www.cdph.ca.gov/Programs/OPA/Pages/NR19-025.aspx#>.

⁶ Ctrs. for Disease Control & Prevention, *supra* note 4.

⁷ *Id.*

pregnancy complications, infertility, cancer, increased risk of acquiring or transmitting HIV and multi-drug resistant gonorrhea.⁸

18. Screening and treatment of STIs is the most cost effective strategy for decreasing transmission and mitigating the long-term negative health impacts, such as Pelvic Inflammatory Disease, which can lead to scarring, chronic pelvic pain and infertility.

19. In light of this evidence, PPCCC aims to ensure that its educational programming incorporates and reflects the best available evidence to improve health outcomes.

PPCCC PARTICIPATION IN TPP PROGRAM

20. In 2023, OPA solicited applications for its 2023 Tier 1 Teen Pregnancy Prevention Program, Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services. In particular, it sought applications for projects to serve communities and populations with the greatest needs and facing significant disparities to advance equity in adolescent health through the replication of evidence-based teen pregnancy prevention programs and services that were pre-approved by the Department of Health and Human Services (“HHS”) TPP Evidence Review Protocol (“TPPER”).

21. In response to this Notice of Funding Opportunity, PPCCC submitted an application that proposed we develop the Central Coast Comprehensive Sex Education Collaborative, a systems-based teen pregnancy prevention initiative whose overarching goal was to (1)

⁸ Cal. Dep’t of Pub. Health, Sexually Transmitted Diseases in California: 2021 Executive Summary, <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2021-STD-Surveillance-Executive-Summary.pdf>; Mayo Clinic, *Sexually Transmitted Diseases (STDs)* (Sept. 8, 2023), <http://www.mayoclinic.org/diseases-conditions/sexually-transmitted-diseases-stds/symptoms-causes/syc-20351240#>.

improve sexual and reproductive health outcomes; (2) promote positive youth development and empowerment; and (3) advance health equity and inclusivity for adolescents, their families and communities through replication of medically accurate and age-appropriate evidence-based teen pregnancy prevention programs in the racially, ethnically and socio-ethnically diverse and historically underserved California Central Coast.

22. In developing this program, PPCCC identified the importance of ensuring that the EBPs it selected had been determined by HHS TPPER to be effective in accomplishing program goals within Latinx and LGBTQIA+ youth, the populations that statistical data collected in California and the areas we served demonstrated had the greatest needs and experienced significant disproportionately higher rates of unintended teen pregnancy and STIs.
23. In essence, to run an effective and evidence-based teen pregnancy prevention program, PPCCC could not disregard the need to ensure that its programs had been determined by HHS TPPER to be effective within the populations most critically in need of services.
24. In 2023, OPA awarded PPCCC a five-year Tier 1 TPP Program grant, and \$798,635.98 per year to carry out this program from July 1, 2023, to June 30, 2024, and with non-competing continuation applications to be submitted for funding each year thereafter. A true and correct copy of the 2023 Notice of Award is attached as Exhibit A.
25. During that first year, PPCCC hired and trained 5 TPP education program staff and support staff, built partnerships, created a youth volunteer program, executed a social media campaign and began implementing OPA approved programs in May 2024. PPCCC was also able to expand its programming to include faith-based organizations. In

accordance with OPA guidance, year one was devoted primarily to planning and ensuring the seamless execution of activities, including piloting and implementing the selected EBPs to scale and establishing the necessary community partnerships to ensure that the program would be a success.

26. In 2024, PPCCC submitted an application for non-compete continuation of funding and a request for carrying over of funds not used in the prior year to accomplish goals that it, and its partners, had been unable to accomplish during the first year caused by external factors (*e.g.*, delays in some available trainings, building a program specific database, obtaining translations of program materials for participants).

27. On June 24, 2024, PPCCC was approved for year two funding from July 1, 2024, to June 30, 2025, for \$898,781, which included \$100,145.50 from our Year 1 Carry Over Request. A true and correct copy of the 2024 Notice of Award is attached hereto as Exhibit B.

28. Year two was similarly successful. We increased our partnerships, added a fourth setting for EBP implementation, created more effective relationships with families in the community, increased our reach in social media campaigns, onboarded youth to our Youth Volunteer Council, added an additional EBP for clinical-based programming, and had similar successes for access to education for the Latinx and LGBTQIA+ communities.

29. PPCCC has complied with TPP Program requirements, and when needed to, successfully addressed any concerns raised by OPA.

30. As of June 30, 2025, PPCCC will have completed two years of the five-year grant cycle. For years three to five, the plan for the remainder of the scope of work is to reach a

minimum of 700 individuals per year by scaling or replicating our interventions, building more community partnerships, conducting an annual needs assessment, building the Youth Volunteer Council, pushing regular social media campaigns, and providing more adolescent friendly social services to participants.

31. PPCCC's program is focused on the under-reached areas of the Central Coast region in

Ventura, Santa Barbara and San Luis Obispo counties, including the many migrant farmworker families in the area. The program's goal is to provide the marginalized communities on the Central Coast with inclusive, culturally sensitive, and medically accurate sex education to lessen the gaps in education and resources for these youth. These determinations continue to be consistent with public health data reflecting the highest needs for these services within these communities.

32. PPCCC delivers evidence-based curricula demonstrated to be effective with Latinx

adolescents and their families and LGBTQIA+ youth and their families through an integrated lens of positive youth development. All PPCCC programs remain open and available to any individual wishing to participate that is eligible. The goal is to serve 2900 individuals throughout the course of the five-year project – including youth, caregivers and health care professionals. We do this in four settings: educational (after school), faith-based, community-based, and clinics. Originally, PPCCC implemented three evidence-based programs pre-approved by HHS: IN-clued, LiFT and Plan A.

Through the end of June 2025, the end of our second-year grant cycle, we project we will have served 439 participants. Each participant receives 30 minutes to 6 hours of programming that offers simulations and tools.

33. Typically, we file a Non-compete Continuation Application by April 15 so that the grant can be renewed automatically by July 1. In the past we have worked closely with our Project Officer at OPA. OPA has consistently provided us feedback expressing its view that we have made significant strides in building partnerships, creating a youth volunteer program, executing a social media campaign and training new staff for our program. As a matter of settled practice and understanding, non-competing award applications are always granted whenever the program is meeting the program requirements as outlined in the NOFO and meet the requirements set forth in the applicable non-competing continuation award guidance.

2025 NON-COMPETE AWARD NOTICE

34. In early 2025, we received a reminder that the information for the Non-Compete Continuation Award Application would be shared in late January 2025 with an accompanying webinar, which would resemble the materials from prior years. We began taking steps internally to compile the information that would be requested in the application. On January 27th, we received communication that the scheduled NCC Guidance Webinar scheduled for January 28th was postponed for a date and time to be determined, but confirming that the application was due on April 15th.

35. On March 31, 2025, via email, we received a Notice from HHS that was substantially different from prior information, but did not change the date by which the application was due: April 15, 2025 at 6:00 PM EST.

36. Our Education Director attended an option NCC Notice Office Hours on April 9, where all attendees were told to make their best attempt to align their programs with the Executive Orders.

37. This Notice imposed new and burdensome requirements and asked that grantees certify compliance with these requirements. It also required grantees to summarize changes made to programs to “align” with the Executive Orders. In reviewing this Notice, PPCCC realized that, without notification to grantees, HHS had eliminated IN-clued, an EBP that we had implemented, from its roster of pre-approved evidence-based programs.
38. At that point in time, staff discussed the language of this new Notice and the confusion related to what was being asked of grantees. The Notice itself, and particularly the requirement that we “align” our project with all current Presidential Executive Orders (EOs), was indiscernible. As program staff reviewed some of the EOs that were specifically identified in the Notice, it became difficult to comprehend what exactly was being asked of grantees.
39. Through the news, and updates received from HHS, program staff was aware that many of the EOs explicitly listed in the guidance were subject to litigation and some to court restraining orders barring enforcement of these EOs. As a result, there was also a great deal of uncertainty and confusion about how to comply with these various EOs and which ones remained in effect as applied to grantees in California. Given that executive orders had been issued frequently and on a continuous basis since January 20, 2025, it was unclear which orders HHS would believe to be relevant to PPCCC’s application and program and how so, particularly in light of the requirements of the TPP Program.
40. PPCCC staff carefully reviewed the new Notice and the references cited in an effort to try to discern what HHS would determine was compliant and noncompliant based on the terms of the new Notice.

41. Nonetheless, PPCCC's Education Director made some changes in an attempt to respond to the Notice, as she best understood it. Specifically, she removed what she understood to be language on the gender and cultural ideologies from the program materials. PPCCC expanded the Populations of Focus from youth 13-19 to include all youth ages 13 – 21 years old as approved by the Project Officer. PPCCC also added to the Changes in Scope section two new EBPs for Year 3, one of which OPA already had pre-approved, Love Notes, and requesting approval for Relationship Smarts Plus from OPA.

42. On April 15, PPCCC submitted the Non-compete Continuation Application under protest. In that application, PPCCC stated that:

Although the PPCCC program's Non-Competing Continuation Award Application includes some modifications in response to these unlawful terms and conditions, PPCCC maintains that the EO requirements are vague and ambiguous, and thus submits this application without certifying alignment with the new EO requirements promulgated in the March 2025 update received on March 31, 2025.

43. Requiring PPCCC to "align" its programs with the EOs imposed considerable hardships.

From a process perspective, it imposed onerous requirements that required staff devote significant time and resources on a short timeline to respond to unclear instructions, many of which seemed to contradict the purpose of the TPP Program: to provide evidence-based programming to the communities with highest unmet needs.

44. In attempting to understand the new requirements, it was clear that there would be considerable problems with attempting to modify TPP Programming and that any conceivable understanding of "alignment" with the EOs would compromise the caliber of sex education taught in California and that is necessary and deserved by the communities that we serve to be effective.

45. In some places, the language in the Notice was not clearly defined and framed with suggestive phrasing that misaligned and contradicted the language under the SF424B Assurances – Constructive Form about adhering to federal nondiscrimination laws.
46. Most challenging, the vagueness of the Notice and the references to “alignment” with the EOs posed a serious and fundamental problem: it remained unclear how a program could be operated in this manner and still be considered an evidence-based teen pregnancy prevention program.

IMPACT OF 2025 NOTICE

47. Even if PCCC’s application were somehow granted in its current form, PCCC will suffer harm as a result of the new Notice. PPCCC will have to divert resources from prior aspects of the TPP Program to implement a new EBP, in light of the unexpected and inexplicable removal of an EBP that it had used for prior grant cycles. Such drastic changes will have a significant impact on PPCCC’s ability to meet its other program goals and retain the caliber of its current teen education programs.
48. But more fundamentally, because PPCCC has not been able to certify compliance, PPCCC faces the loss of \$2,395,920 for the final three years of the grant cycle.
49. Because PCCC’s TPP project is fully funded by the federal appropriations we receive through the TPP program, we will have no choice but to shut down the project mid-stream if our funding is discontinued.
50. The consequences, at an operational level, will be significant. PPCCC will have to lay off its program staff that are fully funded by the TPP Program, and stop providing these vital educational programs. Without TPP Funding, PPCCC will be unable to continue providing these services independently due to lack of alternative funding and other

capacity constraints. None of the other staff in our Education Department have the time or capacity to pick up these programs in the absence of TPP funding. In addition, the TPPP programs enable PPCCC to connect with community members who may need health care that they can access at PPCCC's health centers. Without this valuable touchpoint, PPCCC may see a decrease in access to the health care services it offers, with a corresponding decrease in financial support.

51. The TPP Program also pays a portion of the salaries for administrative staff, who devote a portion of their time to overseeing the program. PPCCC will have to find alternative sources of funding to cover these expenses as well.

52. Most significantly, PPCCC is concerned about the effects of terminating this programming on the populations, and young people, that benefit from them. 80-85% of the projected participants will not receive this important education, most of whom reside in under-resourced areas where PPCCC staff can travel to make this work accessible in their regions and in English and Spanish. PPCCC also connects the participants to important health care and social services in their communities, which they otherwise might not receive.

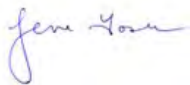
53. We know from feedback we have received from the participants in the program that the greater access they have to resources and information, the more likely they are to include protection in their sexual activity plan and the more likely they are to increase open communication with their caregiver. This in turn results in safer practices and lower rates of unintended pregnancy and STIs.

54. The PPCCC education team strives to provide programming in areas that are under-resourced and may not have access to a comprehensive health care center or

comprehensive sexual and reproductive health education. The education team provides micro access points in rural areas where the community can receive medically-accurate, inclusive and non-judgmental education. Educators are often the first touchstone that these communities have to inform them about the decisions they can make about their bodily autonomy and empower them to seek the resources they need to support their decisions. Without this program, they may not receive this vital information until after an unintended pregnancy, contracting an STI or becoming an adult.

55. Through this program, PPCCC's education team has developed a growing repertoire of programs that benefit youth, LGBTQIA+ youth and individuals, Latinx youth and individuals, parents and caregivers, and health care and social services staff. It would greatly harm PPCCC's reputation if PPCCC were unable to provide sexual and reproductive health education to these communities due to a lack of funding based on the new Notice. PPCCC has worked hard to establish a base line of programs it can offer these under-resourced communities. It would limit PPCCC's capacity to serve the community through our partners and their ability to offer their constituents more cost-effective resources. Ultimately, losing TPPP would limit the programs PPCCC can offer our community partners based on their organizational models. It would also impact the trust our communities have that PPCCC will provide care no matter what.

I declare under penalty of perjury that I prepared this Declaration on May _09_, 2025, in Santa Barbara, California.



Jenna Tosh, Ph.D.
President & CEO
Planned Parenthood California Central Coast

EXHIBIT A



Office of the Secretary

Notice of Award

Award# 1 TP1AH000275-01-00

FAIN# TP1AH000275

Federal Award Date: 06/15/2023

Recipient Information

1. Recipient Name

PLANNED PARENTHOOD CALIFORNIA
CENTRAL COAST
518 Garden St
Santa Barbara, CA 93101-1606

2. Congressional District of Recipient

24

3. Payment System Identifier (ID)

1952319356A1

4. Employer Identification Number (EIN)

952319356

5. Data Universal Numbering System (DUNS)

6. Recipient's Unique Entity Identifier (UEI)

H3CLFLBXGPK3

7. Project Director or Principal Investigator

[REDACTED]
[REDACTED]
[REDACTED]

8. Authorized Official

[REDACTED]
Authorizing Official

[REDACTED]
[REDACTED]

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Mr. Roscoe Brunson
Grants Management Specialist
roscoe.brunson@hhs.gov
240-453-8837

10. Program Official Contact Information

Ms. Roslyn Thomas
Public Health Advisor
Division of Program Development and Operation
roslyn.thomas@hhs.gov
2404532835

Federal Award Information

11. Award Number

1 TP1AH000275-01-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000275

13. Statutory Authority

Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328)

14. Federal Award Project Title

Central Coast Comprehensive Sex Education Collaborative (CSEC)

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - **End Date** 06/30/2024

20. Total Amount of Federal Funds Obligated by this Action \$798,640.00

20a. Direct Cost Amount \$731,790.14

20b. Indirect Cost Amount \$66,849.86

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$798,640.00

26. Period of Performance Start Date 07/01/2023 - **End Date** 06/30/2028

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$798,640.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
OASH Grants Management Officer

30. Remarks

This action provides FY 2023 Tier 1 funds in the amount of \$798,640. See attached Terms and Conditions.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 1 TP1AH000275-01-00

FAIN# TP1AH000275

Federal Award Date: 06/15/2023

Recipient Information**Recipient Name**

PLANNED PARENTHOOD CALIFORNIA
CENTRAL COAST
518 Garden St
Santa Barbara, CA 93101-1606

Congressional District of Recipient

24

Payment Account Number and Type

1952319356A1

Employer Identification Number (EIN) Data

952319356

Universal Numbering System (DUNS)**Recipient's Unique Entity Identifier (UEI)**

H3CLFLBXGPK3

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$313,203.57
b. Fringe Benefits	\$82,685.74
c. Total Personnel Costs	\$395,889.31
d. Equipment	\$0.00
e. Supplies	\$117,827.00
f. Travel	\$33,208.07
g. Construction	\$0.00
h. Other	\$72,303.38
i. Contractual	\$112,562.38
j. TOTAL DIRECT COSTS	\$731,790.14
k. INDIRECT COSTS	\$66,849.86
l. TOTAL APPROVED BUDGET	\$798,640.00
m. Federal Share	\$798,640.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-19999SQ	TP1AH0275A	TPP01	41.51	93.297	\$798,640.00	75-23-0120



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Office of the Secretary

Award# 1 TP1AH000275-01-00

FAIN# TP1AH000275

Federal Award Date: 06/15/2023

35. Terms And Conditions

SPECIAL CONDITIONS

1. **Medium Risk Designation.** The Office of the Assistant Secretary for Health (OASH) has designated this award MEDIUM RISK. This designation is to protect the federal government's interest. The Grants Management Officer (GMO) will reevaluate this designation after three months. This designation is based on OASH's experience with new organizations starting projects under this program and/or a lack of prior experience managing awards with OASH. This special condition remains in effect until the GMO removes the condition in writing.

Under a **MEDIUM RISK** designation to assure ongoing programmatic progress, you as the recipient must submit a monthly progress report outlining specific and measurable progress toward meeting the objectives in the approved project work plan. The federal project officer will provide information regarding the content and format of the report, which should not exceed 2 pages. The reporting period is every 30 days from the project start date. The report must be submitted as a Grant Note in GrantSolutions no later than 5 days after the close of the period. For example, for a project beginning July 1, the first reporting period covers July 1 through July 30 and must be submitted no later than August 5. This requirement is in addition to the standard reporting requirement described in the Reporting section below.

Failure to comply with this Special Condition may result in an administrative action such as disallowance of funds, drawdown restriction, suspension, or termination. Should OASH decide to terminate the award prior to the end of the project period based on a material failure to comply with this conditions of the award, OASH must report the termination to the government-wide integrity and performance system (currently FAPIIS).

SPECIAL TERMS AND REQUIREMENTS

1. **Budget Period and Continuation Awards.** The award is for the budget period noted on line 19 with the possibility of subsequent continuation awards of up to 12 months at a time up to the maximum project period described on line 26. As the recipient, you must submit a separate application for review each budget period. OASH must approve the application in order for you to receive continued support for that year. Continuation application instructions will be provided no later than three months before the end of the current budget period. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as project progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.
2. **Addressing Reviewer Comments on Weaknesses.** The recipient must submit as a Grant Note in GrantSolutions a written response to all weaknesses noted in the Review Panel Comments within 30 days of the project start date on this Notice of Award. The response should address the weaknesses in relation to the program expectations as described in the notice of funding opportunity (NOFO). If addressing those weaknesses results in a significant change to the workplan and/or budget, a revised workplan and/or updated budget must be submitted as part of the response. Grants Management Officer prior approval is required for significant changes to become effective.
3. **Submission of MOAs.** The recipient must submit all Memoranda of Agreement (MOAs) for partnerships or collaborations identified in the application within 30 days of the start of the first budget period. MOAs should be on partner letterhead with appropriate signatures of all parties to the agreement and outline specific roles, responsibilities, resources, and contributions to the project of each organization. For new partnerships not identified in the application, the recipient must submit any new MOA as a Grant Note in



Office of the Secretary

Award# 1 TP1AH000275-01-00

FAIN# TP1AH000275

Federal Award Date: 06/15/2023

GrantSolutions within 10 days of its execution.

4. Paperwork Reduction Act Applicability. Any collection of information as defined in **5 C.F.R. 1320.3(c)** may require OMB clearance if it is a requirement of your award to collect that information. The recipient is responsible for preparing the clearance package necessary to obtain Paperwork Reduction Act clearance and submitting it to the project officer. The project officer will notify the recipient when the approval has been received or request additional information.

5. Institutional Review Board (IRB). It is the recipient's responsibility to ensure that any activities meeting the definition of human subjects research are appropriately reviewed according to the Common Rule (**45 CFR Part 46**). For non-exempt research activities, Institutional Review Board (IRB) approvals must be submitted via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to the recipient's receipt of the IRB approval.

The recipient must have clear procedures in place to determine whether the research is exempt under the Common Rule consistent with the guidance provided by the Office of Human Research Protections (OHRP). The determination that an exemption applies should be documented and provided as a Grant Note in GrantSolutions.

6. Substantial Federal Involvement. The award is a cooperative agreement. Cooperative agreements are a form of assistance that allows for substantial involvement between the awarding agency and the recipient during the period of performance. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, periodic site visits, ongoing review of plans and progress, relevant meetings, provision of training and technical assistance), substantial programmatic involvement will include:

- * Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.

- * Consulting with the recipient throughout the preparation and dissemination of materials related to the award.

- * Review of recipient progress during the planning period and approval at significant milestones to move forward with full implementation.

- * Review and approval of EBPs selected for replication, EBP implementation plans, and proposed adaptations to EBPs.

- * Consulting on the adaptations proposed to ensure fidelity to EBPs core components.

- * Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.

- * Serving as a programmatic resource during the implementation of the project by participating in the design of the activities and contributing with subject matter expertise.

- * Identification of other organizations with whom the recipient may be asked to develop cooperative and collaborative relationships and partnerships to enhance the effectiveness of the project.

- * Reviewing and approving all program materials prior to use in the project to ensure the materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive.

7. Non-duplication of efforts. The recipient must coordinate with all teen pregnancy prevention programs within the same service areas to ensure that services provided under this award will not duplicate services and/or programs that already exist in the focus populations or communities. Within the first 30 days of the project, the recipient must submit documentation as a Grant Note in GrantSolutions outlining the populations, specific settings/locations, and areas of the community in which the project will be implemented and include other organizations implementing teen pregnancy prevention activities. The



Office of the Secretary

Award# 1 TP1AH000275-01-00

FAIN# TP1AH000275

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recipient should outline a plan or strategy how the organizations will work together to avoid duplication.

8. **Replicate EBPs with fidelity and quality.** Recipients must replicate one or more evidence-based programs (EBPs) that meet the criteria outlined in Section A.2.c.2 - Eligibility of Programs to be Replicated and Implemented to Scale of the Notice of Funding Opportunity (AH-TP1-23-001). Recipients are expected to obtain prior approval from OPA for selected EBPs prior to piloting the programs and work with OPA to finalize the plan for implementing evidence-based programs. The recipient must replicate EBPs with fidelity and quality. The recipient is expected to observe 5% of all EBP sessions and 100% of all EBP facilitators for fidelity and quality on an annual basis. Recipients may not significantly change the program's core components or compromise program fidelity. All proposed adaptations must be reviewed by OPA. Major adaptations must be approved by OPA prior to implementation, regardless of guidance provided by the program developer.
9. **Materials Review.** The recipient is required to make all materials used and information disseminated within the funded project age appropriate and medically accurate. OPA expects the recipient to make materials and information culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. Review of materials is required prior to use in the grant. OPA expects the recipient to follow its guidance in conducting its own review. The recipient must correct any medical accuracy issues identified as part of its review prior to implementation, notify OPA that all modifications have been made, and certify that materials are medically accurate prior to use in the project. OPA may require recipients to submit program materials to OPA for a medical accuracy review by OPA.
10. **Evaluation Activities.** No more than ten percent of requested federal funds may be allocated to the collection and analysis of data related to the project. In addition, recipients may not use funds for a rigorous impact evaluation.

Recipients are not required to collect such data as it relates to knowledge, attitudes, and intentions on sex.

The recipient is required, if selected, to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available and must agree to follow all evaluation protocols established by OPA or its designee.

11. **TPP Program Performance Measures.** Recipients must collect all OPA performance measures (OMB #0990-0438, Expiration August 31, 2023, pending renewal) and report them on a semi-annual basis. Performance measure data are due at the same time the performance project reports (See Reporting Section below). In collecting performance measures and other project data, recipients must adhere to all relevant state laws, organizational policies, and other administrative procedures prior to collection.
12. **Teen Pregnancy Prevention Program Tier 1 Expectations.** The recipient should conduct the project in such a manner as to address the overall program expectations in the notice of funding opportunity AH-TP1-23-001. Specifically, demonstrate by the end of the planning period, the ability to scale replication of evidence based programs (EBPs) in 3 or more settings in each identified community, including a confirmation of the total number of youth available in each setting and the percentage of them that will receive EBPs;
- * demonstrate readiness to begin fully executing all expectations of the award by the end of the 6-month planning period;
 - * focus project on a community(ies) and population(s) that are disproportionately affected by unintended teen pregnancy and STIs;
 - * meaningfully engage youth, parents/caregivers, and the community in the design, implementation, and monitoring of the project;
 - * actively engage and collaborate with a network of partners in order to increase awareness of, access to,



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and utilization of adolescent-friendly services which address the needs of the population of focus;
* execute the project in an equitable, safe, supportive, and inclusive environment using trauma informed and positive youth development approaches; and
* have a Monitoring and Improvement Plan (MIP) to ensure programs offered are equitable, accessible, and of the highest quality and best fit for the community(ies) and population(s).

13. **Grantee Meetings.** The recipient is encouraged to actively participate in all OPA-supported TPP recipient meetings and recipient conferences, in addition to training and technical assistance (TA) available from the Reproductive Health National Training Center and other OPA-funded TA providers. OPA is planning to conduct one TPP grantee training in Year 1 of the project, a national grantee conference in years 2 and 4, and at least one recipient meeting in years 3 and 5.

STANDARD TERMS

1. **Recipient Responsibilities and Compliance with Requirements.** The recipient of this award has the full responsibility for the conduct of the project or activity supported under this award and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is described in the application for this award subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

Although recipients are encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise, such advice does not diminish the recipient's responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

The recipient accepts the terms and conditions of the award by drawing or otherwise obtaining funds for the award from the grant payment system or office. By accepting this award, the recipient agrees to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications, and to the prudent management of all expenditures and actions affecting the award including the monitoring of subrecipients (if applicable).

The recipient must comply with all terms, conditions, and requirements outlined in this Notice of Award, including:

- Award policy terms and conditions contained in the applicable Department of Health and Human Services (HHS) Grant Policy Statement (GPS), (note any references in the GPS to 45 C.F.R. Part 74 or 92 are now replaced by [45 C.F.R. Part 75](#), and the SF-269 is now the SF-425), and its subsequent updates. The HHS Grants Policy Statement is available at <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>.
- All requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable.
- Requirements or limitations in any applicable appropriations acts.
- Compliance with all applicable statutes and regulations included in the Certifications and Representations for the recipient's SAM.gov registration.

2. **Grants Management Officer Prior Approval Requirements.** Certain changes to the project or its assigned personnel require prior approval from the Grants Management Officer (GMO) ([45 C.F.R. § 75.308](#)).

The recipient's Authorizing Official (AO) and/or Project Director/Principal Investigator (PD/PI) listed on page 1 of the Notice of Award must sign all amendment requests for actions requiring prior approval. The recipient must submit the request through the GrantSolutions Amendment Module. If the AO has changed since OASH issued the award, the recipient must provide notice of the change in AO. A change in PD/PI requires prior approval by the GMO and must be requested by the AO listed on the Notice of Award.



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If approved, the GMO will sign the approval, typically by issuing a new Notice of Award. No other signature will constitute a valid approval. If the recipient acts on the basis of a response from any other officials or individuals, the recipient does so at its own risk. Such responses will not be considered binding by or upon any OASH office or HHS component. The GMO is not obligated to provide retroactive approvals.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within GrantSolutions. All correspondence must include the Federal Award Identification Number (FAIN) and signature of the AO and/or the PD/PI to avoid delays.

3. **Salary Limitation.** The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2023, the Executive Level II salary is \$212,100. This amount is updated annually and posted at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>.

For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

4. **Reporting Subawards and Executive Compensation.** As the recipient of this award you must comply with the following statutory reporting requirements.

A. Reporting of first-tier subawards.

1) Applicability.

Unless you are exempt as provided in paragraph D of this award term, you must report each action that obligates \$30,000 or more in Federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2) Where and when to report.

You must report each obligating action described in paragraph A.1. of this award term to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FFRS). For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3) What to report.

You must report the information about each obligating action as specified in the submission instructions posted at <http://www.fhrs.gov>.

B. Reporting Total Compensation of Recipient Executives.

1) Applicability and what to report.

You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

- a) The total Federal funding authorized to date under this award is \$30,000 or more;
- b) In the preceding fiscal year, you received—



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(1) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

c) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report executive total compensation described in paragraph B.1. of this award term:

a) As part of your registration profile in the System for Award Management (SAM).

b) By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1) Applicability and what to report.

Unless you are exempt as provided in paragraph D of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

a) In the subrecipient's preceding fiscal year, the subrecipient received—

(1) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. § 170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

b) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report subrecipient executive total compensation described in paragraph C.1. of this award term:

a) To the recipient.

b) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions.

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to



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report:

- 1) Subawards, and
- 2) The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions.

For purposes of this award term:

- 1) “Entity”

This term means all of the following, as defined in 2 C.F.R. Part 25:

- a) A Governmental organization, which is a State, local government, or Indian tribe;
- b) A foreign public entity;
- c) A domestic or foreign nonprofit organization;
- d) A domestic or foreign for-profit organization;
- e) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

- 2) “Executive”

This term means officers, managing partners, or any other employees in management positions.

- 3) “Subaward”:

- a) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
- b) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II .210 of the attachment to OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations”).
- c) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

- 4) “Subrecipient”

This term means an entity that:

- a) Receives a subaward from you (the recipient) under this award; and
- b) Is accountable to you for the use of the Federal funds provided by the subaward.

- 5) “Total compensation”

This term means the cash and noncash dollar value earned by the executive during the recipient’s or subrecipient’s preceding fiscal year and includes the following (for more information see 17 C.F.R. § 229.402(c)(2)):



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a) Salary and bonus.

b) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

c) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

d) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

e) Above-market earnings on deferred compensation which is not tax-qualified.

f) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

5. Intangible Property and Data Rights.

A. Data (42 C.F.R. §75.322(d)). The federal government has the right to: 1) Obtain, reproduce, publish, or otherwise use the data produced under this award; and 2) Authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

B. Copyright (42 C.F.R. §75.322(b)). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

C. Patents and Inventions (42 C.F.R. §75.322(c)). The recipient is subject to applicable regulations governing patents and inventions, including government- wide regulations issued by the Department of Commerce at 37 CFR part 401.

6. **Acknowledgement of Federal Grant Support.** When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements") -- describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and,

2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S.



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Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be approved by the OASH grants management officer after consultation with the federal project officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance with sufficient time to allow for coordination.

7. Whistleblower Protections. The recipient is hereby given notice that the 48 C.F.R. § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled "Enhancement of contractor protection from reprisal for disclosure of certain information") applies to this award.

8. Reporting of Matters Related to Recipient Integrity and Performance. As the recipient, you are responsible for:

A. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

B. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- 1) Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;
- 2) Reached its final disposition during the most recent five-year period; and
- 3) If one of the following:
 - a) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - b) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty,



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reimbursement, restitution, or damages of \$5,000 or more;

c) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or

d) Any other criminal, civil, or administrative proceeding if:

(1) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;

(2) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and

(3) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

C. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph B of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

D. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph A of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

E. Definitions

For purposes of this award term and condition:

- 1) Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- 2) Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- 3) Total value of currently active grants, cooperative agreements, and procurement contracts includes—



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- a) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and
- b) The value of all expected funding increments under a Federal award and options, even if not yet exercised.

F. Disclosure Requirements.

Consistent with 45 C.F.R. § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

*HHS OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852*

AND

*US Department of Health and Human Services Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026*

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp>

(Include "Mandatory Grant Disclosures" in subject line)

Fax: 1-800-223-8164 (Include "Mandatory Grant Disclosures" in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371 ("Remedies for noncompliance"), including suspension or debarment (See also 2 C.F.R. Parts 180 & 376 and 31 U.S.C. § 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

9. **Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.** As the recipient, You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws require taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights

provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>

For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.

For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program



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access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html>.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

10. Trafficking in Persons. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104)

A. Provisions applicable to a recipient that is a private entity.

- 1) You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not
 - a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - b) Procure a commercial sex act during the period of time that the award is in effect; or
 - c) Use forced labor in the performance of the award or subawards under the award.
- 2) We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
 - a) Is determined to have violated a prohibition in paragraph A.1 of this award term; or
 - b) Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph A.1 of this award term through conduct that is either-
 - (1) Associated with performance under this award; or
 - (2) Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

B. Provision applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

- 1) Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
- 2) Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either



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a) Associated with performance under this award; or

b) Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

C. Provisions applicable to any recipient.

1) You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph A.1 of this award term

2) Our right to terminate unilaterally that is described in paragraph A.2 or B of this section:

a) Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7104(g)), and

b) Is in addition to all other remedies for noncompliance that are available to us under this award.

3) You must include the requirements of paragraph A.1 of this award term in any subaward you make to a private entity.

D. Definitions. For purposes of this award term:

1) "Employee" means either:

a) An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or

b) Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2) "Forced labor" means:

Labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3) "Private entity":

a) Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 C.F.R. § 175.25.

b) Includes:

(1) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal



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organization other than one included in the definition of Indian tribe at 2 C.F.R. § 175.25(b).

(2) A for-profit organization.

4) "Severe forms of trafficking in persons," "commercial sex act," and "coercion"

These terms have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. § 7102)

11. Prohibition on certain telecommunications and video surveillance services or equipment. As the recipient you are responsible for the following.

A. As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- 1) Procure or obtain,
- 2) Extend or renew a contract to procure or obtain; or
- 3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - a) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - b) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - c) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

REPORTING REQUIREMENTS

1. Financial Reporting Requirement—Federal Financial Report (FFR) SF 425. As a recipient, you must submit your SF-425 to OASH using the Department of Health and Human Services (HHS) Payment Management System (PMS). Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications. Submission of your SF-425 will enhance the reconciliation of expenditures and disbursements and allow for timely closeout of grants. To assist in your preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>. You must complete **all** sections of the FFR.

A. Quarterly FFR Due Date.



Office of the Secretary

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FAIN# TP1AH000275

Federal Award Date: 06/15/2023

Your FFR is due 30 days after the end of each Quarter in the federal fiscal year. That is for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

B. Final FFR Due Date. Your final FFR covering the entire project is due 120 days after the end date for your project period.

C. Past due FFRs. If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your PMS account and contact information are up to date so you receive notifications.

D. Electronic Submission.

Electronic Submissions are accepted only via the PMS – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the award with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the PMS Help Desk or your assigned Grants Management Specialist. Please reference box/line 9 pf page 1 of this NoA for the name of your assigned Grants Management Specialist.

2. **Semiannual Progress Report Requirements.** You must submit semiannual progress reports 30 days after the end of each performance reporting period unless otherwise required under Special Terms and Requirements or Special Conditions as required by statute, regulation, or specific circumstances warranting additional monitoring for this award. Your progress reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance may be provided by the Program Office. Reports must be submitted electronically via the Performance Project Report (PPR) Module in GrantSolutions.
3. **Audit Requirements.** The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all non-Federal entities expending Federal funds, and must be consistent with the standards set out at 45 CFR Part 75, Subpart F (“Audit Requirements”). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <https://harvester.census.gov/facides/Account/Login.aspx>.
4. **Closeout Requirements.** Once the project period has ended, as the recipient, you are required to submit a Final Program Progress report, the SF-425 using the Department of Health and Human Services (HHS) Payment Management System and the SF-428 Tangible Personal Property report and/or Disposition report **within 120 calendar days after the project and final budget period end date**. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active or future projects or activities involving your organization.

A. The Final Program Progress Report:



Office of the Secretary

Award# 1 TP1AH000275-01-00

FAIN# TP1AH000275

Federal Award Date: 06/15/2023

Your report must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via the Performance Project Report Module in GrantSolutions.

B. SF-425 Final Federal Financial Report:

Submit your Final FFR using the Department of Health and Human Services (HHS) Payment Management System. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards. Electronic Submissions are accepted only via the HHS Payment Management System – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the HHS Payment Management System Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of your assigned Grants Management Specialist.

C. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports:

Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Grants & Acquisitions Management Division.

CONTACTS

1. **Fraud, Waste, and Abuse.** The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

Internet: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

Phone: 1-800-HHS-TIPS (1-800-447-8477)

*Mail: US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026*

For additional information visit <https://oig.hhs.gov/fraud/report-fraud/index.asp>.

2. **Payment Procedures.** Payments for grants awarded by OASH Program Offices are made through the Payment Management System (PMS, previously known as the Division of Payment Management) <https://pms.psc.gov/home.html>.

PMS is administered by the Program Support Center (PSC), HHS. Contact PMS to establish an account if you do not have one.

Inquiries regarding payments should be directed to <https://pms.psc.gov/home.html>; or

*Payment Management Services
P.O. Box 6021*



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Rockville, MD 20852

or 1-877-614-5533

3. **Use of Grant Solutions.** GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Program Director/Principal Investigator roles only. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official.

For assistance on GrantSolutions issues please contact: GrantSolutions User Support at 202-401-5282 or 866-577-0771, email help@grantsolutions.gov, Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at <https://grantsolutions.secure.force.com/>.

4. **Grants Administration Assistance.** For assistance on **grants administration** issues please contact the Grants Management Specialist listed in Box 9 on page 1 of this Notice of Award or mail:

*OASH Grants and Acquisitions Management Division
Department of Health and Human Services
Office of the Secretary
Office of the Assistant Secretary for Health
1101 Wootton Parkway, Rockville, MD 20852*

EXHIBIT B



Office of the Secretary

Notice of Award

Award# 5 TP1AH000275-02-00

FAIN# TP1AH000275

Federal Award Date: 06/21/2024

Recipient Information

1. Recipient Name

PLANNED PARENTHOOD CALIFORNIA
CENTRAL COAST
518 Garden St
Santa Barbara, CA 93101-1606

2. Congressional District of Recipient

24

3. Payment System Identifier (ID)

1952319356A2

4. Employer Identification Number (EIN)

952319356

5. Data Universal Numbering System (DUNS)

6. Recipient's Unique Entity Identifier (UEI)

H3CLFLBXGPK3

7. Project Director or Principal Investigator

[REDACTED]
Director of Education

8. Authorized Official

[REDACTED]
Authorizing Official

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Miss Robin Fuller
Senior Grants Management Specialist
robin.fuller@hhs.gov
240-453-8830

10. Program Official Contact Information

Ms. Roslyn Thomas
Public Health Advisor
Division of Program Development and Operation
roslyn.thomas@hhs.gov
2404532835

Federal Award Information

11. Award Number

5 TP1AH000275-02-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000275

13. Statutory Authority

Division D, Title II of the Further Consolidated Appropriations Act, 2024 (Public Law No. 118-47)

14. Federal Award Project Title

Central Coast Comprehensive Sex Education Collaborative (CSEC)

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2024 - **End Date** 06/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$798,636.00

20a. Direct Cost Amount \$833,278.32

20b. Indirect Cost Amount \$65,502.68

21. Authorized Carryover \$100,145.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$798,636.00

26. Period of Performance Start Date 07/01/2023 - **End Date** 06/30/2028

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$1,597,276.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
Grants Management Officer

30. Remarks

This Notice of Award provides FY24 federal funding as shown on line 20 and the approved use of prior year's unobligated balance as authorized carryover (line 21) and/or offset (line 22). See terms and conditions for more information about authorized carryover and offset.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 5 TP1AH000275-02-00

FAIN# TP1AH000275

Federal Award Date: 06/21/2024

Recipient Information**Recipient Name**

PLANNED PARENTHOOD CALIFORNIA
CENTRAL COAST
518 Garden St
Santa Barbara, CA 93101-1606

Congressional District of Recipient

24

Payment Account Number and Type

1952319356A2

Employer Identification Number (EIN) Data

952319356

Universal Numbering System (DUNS)**Recipient's Unique Entity Identifier (UEI)**

H3CLFLBXGPK3

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$343,175.71
b. Fringe Benefits	\$90,598.39
c. Total Personnel Costs	\$433,774.10
d. Equipment	\$0.00
e. Supplies	\$86,500.00
f. Travel	\$23,217.50
g. Construction	\$0.00
h. Other	\$161,680.00
i. Contractual	\$128,106.72
j. TOTAL DIRECT COSTS	\$833,278.32
k. INDIRECT COSTS	\$65,502.68
l. TOTAL APPROVED BUDGET	\$898,781.00
m. Federal Share	\$898,781.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-19999SQ	TP1AH0275A	TPP01	41.51	93.297	\$798,636.00	75-24-0120
3-19999SQ	TP1AH0275A	TPP01	41.51	93.297	\$0.00	75-23-0120



Office of the Secretary

Award# 5 TP1AH000275-02-00

FAIN# TP1AH000275

Federal Award Date: 06/21/2024

35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Prior Terms, Conditions, and Requirements.** Unless specifically removed, all prior terms, conditions, and requirements under this award remain in effect.
2. **Authorized Carryover of Unobligated Balance.** The authorized carryover amount in line 21 of this Notice of Award is the maximum amount authorized based on recipient reports of unobligated funds. Should additional unobligated funds exist, the recipient must seek prior approval to expend those additional funds. Should the unobligated balances be determined to be less than the amount authorized in line 21, the recipient is only authorized to spend the actual amount available. It is the recipient's responsibility to reconcile reports submitted to PMS and to OASH. Reconciliation consists of ensuring that disbursements equal obligations and drawdowns or making any adjustments as necessary, e.g., for an overpayment. OASH is not liable should recipient expenditures exceed the actual amount available.

Carryover amounts do not add to the total authorized; they are funds re-authorized from a previous budget period(s) for expenditure during the current budget period. The total Federal funds authorized to date for the period of performance is the amount in Block 27 of this Notice of Award.
3. **Offset.** If the value on line 22 is non-zero, this Notice of Award provides an offset of the unobligated balance from your previous budget period(s) to the budget period authorized by this award. The total approved budget is a combination of offset funds from prior year(s) and new funds. The amount of offset is not reclaimable in future budget periods nor is it appealable. If the final reconciliation of your previous budget period(s) or resolution of an audit determines that the unobligated balance differs from this amount, OASH is not obligated to make additional Federal funds available.

EXHIBIT 9

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

PLANNED PARENTHOOD OF	)	
GREATER NEW YORK <i>et al.</i>	)	Civil Action No. 1:25-cv-1334-TJK
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
U.S. DEPARTMENT OF HEALTH AND	)	
HUMAN SERVICES, <i>et al.</i>	)	
	)	
Defendants.	)	
	)	

**DECLARATION OF CHRISTINE COLE ON BEHALF OF PLANNED PARENTHOOD
OF THE HEARTLAND, INC. IN SUPPORT OF PLAINTIFFS' MOTION FOR
PRELIMINARY INJUNCTION**

I, Christine Cole, hereby declare the following under the penalty of perjury:

1. I am the Senior Director of Education at Planned Parenthood North Central States (“PPNCS”), a not-for-profit corporation that provides high-quality, affordable sexual and reproductive health care through 23 health centers across Iowa, Minnesota, Nebraska, and South Dakota. Planned Parenthood North Central States is the parent company of Planned Parenthood of the Heartland (PPH”), its affiliated medical practice servicing various communities in Iowa and Nebraska. I have been employed at PPNCS for 8 years.
2. The Senior Director of Education, under the supervision of the Vice President of Community Engagement, serves as the leader of the PPNCS Education team, including programs managed by PPH. In addition to overseeing education activities across the affiliate, the Senior Director of Education is also responsible for setting the broad operations strategy, managing resources, cultivating key partnerships, and ensuring the effective design, coordination and implementation of education programs and initiatives.

3. This declaration is based upon my personal knowledge, my review of PPNCS and PPH's business records, and the knowledge I have acquired in the course of my duties at PPNCS. If called and sworn as a witness, I could and would testify competently thereto.

PPH's MISSION

4. PPH provides, promotes, and protects reproductive and sexual health through high quality care, education, and advocacy. PPH's mission is to empower vital generations by providing and advocating for sexual and reproductive health so more people can choose their own path to a healthy and meaningful life. The provision of comprehensive sex education is core to PPH's mission and an integral part of the work we do.
5. PPH advances its mission by providing clinical care to nearly 93,000 patients, and health education to more than 58,000 people in our region through our affiliated organizations.
6. PPH is committed to using medically accurate evidence-based programs to provide the best sexual and reproductive health education possible and has a long history of using research and evaluation to advance its educational services.
7. Our staff regularly collect data on our programs to ensure that our evidence-based programs are driving the expected engagements and meeting the program purposes.

TPP PROGRAM GRANTS

8. Since 2015, PPH has received funding from the Department of Health and Human Services Office of Adolescent Health under the Teen Pregnancy Prevention program as a grantee.
9. PPH joined the Teen Pregnancy Prevention program in 2015 as a Tier 1 Grantee. We received \$935,000 annually for the grant period of 2015-2020, and then subsequently received a three-year grant for the 2020-2023 grant period in the amount of \$705,630

each year. PPH's current grant is funded at \$773,619 per year for the 2023- 2028 grant period.

10. On February 14, 2023, OPA solicited applications for its funding opportunity through a Notice of Funding Opportunity (the "NOFO"), titled Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services. The NOFO solicited applications for projects to serve communities and populations with the greatest needs and facing significant disparities to advance equity in adolescent health through the replication of evidence-based teen pregnancy prevention programs ("EBPs") and services.
11. PPH submitted an application for Tier 1 funding based on the NOFO to OPA on April 17, 2023.
12. On June 15, 2023, PPH received a Notice of Award ("NOA") from OPA stating that PPH would serve as a grantee in the TPP Program, providing educational services to adolescents with the aim of preventing teen pregnancy and associated risks. A true and correct copy of the 2023 Notice of Award is attached as Exhibit A.
13. The Notice of Award provided for a five-year project period, from July 1, 2023 to June 30, 2028. Specifically, OPA awarded PPH a total of \$773,619 for a project called Community-Responsive, Youth-Driven Comprehensive Sexual and Reproductive Health Interventions to Achieve Optimal Health for BIPOC and LGBTQIA2S+ Adolescents in Western Iowa and Eastern Nebraska ("PPH TPP Project"). The PPH TPP Project aims to implement a five-year initiative with the goal of increasing the Black, Indigenous, and People of Color (BIPOC) and LGBTQIA2S+ communities' access to inclusive sexual reproductive health education information and resources. The project targets Iowa and

Nebraska counties including the Ponca and Winnebago Tribes of Nebraska. The project has three objectives: to implement evidence-based programs in each community served, to mobilize parents, adults, and communities through health fairs and training, and to provide continuous quality improvement by measuring outcomes. The project serves two Iowa counties (Pottawattamie, Woodbury), three Nebraska counties (Cass, Douglas, and Sarpy), and two Nebraska tribes (Ponca and Winnebago Tribes). The target population is youth aged 12-24, BIPOC youth, and LGBTQIA2S+ youth.

14. PPH determined the target populations for the TPP Project by taking community scans running parent focus groups in connection with the Sanford Community Center. For the community scan, PPH commissioned outreach to community partners working with youth across the North Central states region to determine what education and resources were being offered to youth in order to identify gaps in offerings. PPH's work targeting these communities is especially needed due to in-school sex education curricula lacking comprehensiveness and inclusivity. In the rural Nebraskan counties of Cass and Sarpy, school administrators and LGBTQIA2S+ youth reached out to PPH about the need for programming in their region because of the lack of inclusive resources.
15. In April, 2024, PPH submitted an application for non-compete continuation funding for the second year of the grant cycle. We received a Notice of Award on June 21, 2024, for year two funding in the amount of \$773,619. A true and correct copy of the 2024 Notice of Award is attached as Exhibit B. The current grant cycle ends on June 30, 2025. We submitted a non-compete continuing application for year three on April 15, 2025, which is discussed further below.

PPH's CURRENT TPP PROJECT

16. In devising a 5 year plan for the current TPP grant cycle, OPA required that the applicants focus on areas of greatest need and facing significant disparities; engage in a planning period; replicate to scale evidence-based Teen Pregnancy Prevention programs with fidelity and quality; review materials prior to implementation; engage youth, caregivers, and the community throughout the project; connect to a network of adolescent-friendly supportive services; ensure equitable, safe, supportive, and inclusive environments; and monitor and improve the overall project.
17. After receiving the NOA, PPH began working with our partners to prepare for implementation. Our subgrantee, the Sanford Center, prepared a work plan and budget for the work they were proposing to do over the next five years of the grant. Our Director of Evaluation/Data worked with the University of Northern Iowa to create a contract to secure the data and evaluation tools that we would need for the two curricula that would be used in the community, which are discussed below. PPH already had staff in place from our prior TPP grant period who we retained for the PPH TPP Project. Additionally, we determined that we would need one additional educator in Omaha, Nebraska, to carry out the PPH TPP work plan.
18. PPH reached out to a former staff member now employed by the University of Nebraska Omaha to provide the required review for the curricula and materials we would use for the programming to confirm it was medically accurate, age-appropriate, and that the language was culturally appropriate. After the review was completed, PPH submitted them to our OPA Project Officer and received approval.

19. Once PPH received approval for our curricula and materials, we were able to start programming with the target populations we identified in our grant application. During the first year of the PPH TPP Project, PPH selected two evidence-based TPP Programs to implement throughout its target communities: Making Proud Choices!, which is designed for high school and middle school youth, and Get Real, which is designed for middle school youth. These programs are described on the Education Training Research website, *see* <https://www.etr.org/ebi/programs/>. Starting in year two, PPH is also now offering Safer Choices, which was designed for high school students, and Draw the Line/Respect the Line, which is designed for middle school youth. These are also described on the Education Training Research website. *Id.*
20. Culturally responsive sexual and reproductive health education for youth is crucial because it addresses the unique needs, experiences and beliefs of diverse populations, ensuring that all young people receive accurate and relevant information to make informed decisions about their sexual and reproductive health. This approach changes the trajectory of health outcomes for BIPOC and LGBTQIA+ youth. This level of comprehensive sex education helps to change disparities in health outcomes, builds trust with underserved communities, and promotes positive sexual health attitudes and behaviors needed to prepare them to make healthy choices about their relationships and sexual health. This is critical when serving communities that are historically under-resourced and underserved in order to improve health outcomes.
21. PPH selected Draw the Line (“DTL”) as one of the PPH TPP Project EBPs based on our experience using the curriculum for our prior TPP programming. Our community partners’ feedback indicated that the curriculum was a good fit for the middle school

students. Safer Choices was identified as a curriculum that would meet the needs of high school students in our various target settings (schools, faith-based organizations, detention, in-patient treatment). Both curricula were reviewed by our community partners as meeting the requirements that they be medically accurate, age-appropriate, and culturally and linguistically appropriate.

22. PPH's first two years under this grant were very successful. The first six months of the grant were focused on planning and resource gathering to prepare for successful implementation. During the first year our goal was to reach 100 youth with Evidence-Based Programs, and we reached 145 youth. We are currently in the second year of the grant with a goal of 500 youth. We are still collecting data for this reporting period, and we estimate that we are at 73% of that goal with 2 months remaining in the period.

23. Additionally, we supported and coordinated a Youth Advisory Board peer education program for teens aged 15–18, promoting youth engagement and community mobilization through events and partnerships. The Youth Advisory Board reviewed materials and contributed concepts to materials for outreach that ensured they were youth-friendly and culturally responsive. We also provided professional development for youth-serving professionals through the *Askable Adults Matter* training. Over 90 community professionals attended a dedicated training course focused on delivering trauma-informed care. Our staff are present at community events and partner with community-based organizations to participate in resource fairs. To ensure program effectiveness, we implemented continuous quality improvement measures, including program observation, data collection, and fidelity logging. Including our supplemental

programming, we have reached over 13,000 youth through education and outreach activities July 2023-present.

24. We also expanded our TPP programming with one of our community partners, Girls Inc. of Omaha. Girls Inc. approached us to provide sexual and reproductive health education for the youth they serve. We began with a high school class, which was so well received that additional sessions were scheduled for middle school, as well as 5th and 6th grade students. Based on the positive feedback and outcomes from our initial session, Girls Inc. has invited us to return this summer to deliver education on boundaries, consent, and puberty. We also provided *Askable Adults Matter* training for their staff, further strengthening the partnership.
25. In Council Bluffs schools, we have consistently delivered comprehensive sexual health education to 7th and 8th grade students each semester since we first received TPP funding in 2015.
26. The Sanford Center has served as a subgrantee and partner since 2020, delivering programming to under-resourced and underserved youth in three Sioux City middle schools. This successful collaboration has expanded our reach to youth we might not otherwise serve due to capacity limitations.
27. Additional community partners where we consistently provide EBP programming include Rosecrance Jackson Center, Nova Treatment Community, The Teen Center at Burke High School, Pier Center for Autism, Developmental Disability Center of Nebraska, and Crittenton Center Shelter.
28. Our programming consists of Evidence-Based Curriculum offered in multi-session format in schools, community serving organizations, juvenile justice and treatment

community settings utilizing the Safer Choices and Draw the Line evidence-based curriculum. We support and coordinate a Youth Advisory Board and a Community Advisory Group that advise us on community needs and how to best support and serve youth in our communities. We also provide single session programs for parents, caregivers and community professionals. Additionally, we provide professional training to enhance and improve the culturally responsive, equity focused and trauma informed work of our partners in the community.

29. PPH has complied with the TPP Program requirements throughout the project period of the grant. Consistent with the program requirements, PPH has submitted non-competing continuation applications for each upcoming budget year of the grant, as well as the required progress reports. As a matter of settled practice and understanding, non-competing award applications are always granted whenever the program is meeting the program requirements as outlined in the NOFO and meet the requirements set forth in the applicable non-competing continuation award guidance.
30. OPA's annual reviews acknowledged PPH's success and never raised any concerns with compliance or failure to meet performance goals. PPH has a nearly decade-long track record of recruiting and retaining participants and running a successful and impactful TPP program.
31. In October 2024, our OPA Project Officer thanked us for "wonderful report writing" and noted that "[e]verything was clear, and expectations were covered thoroughly." She encouraged us to share some of the feedback we have received from participants noting that the feedback "speaks volumes" about the quality of our programming.

32. In the 2024 technical review, the PPH TPP Project was assessed to meet expectations in all but three areas. The OAH reviewer directed PPH to add to the work plan activities to meet the expectations of professional development, ensuring an equitable, safe, supportive and inclusive environment, and materials review. All of the elements our OPA Project Officer raised in June 2024 technical review were already included in our work plan and were just overlooked. Our staff replied with areas where minimal language was changed to be more explicit. We did not receive a response following our reply and our program was not advised of any concerns with our program after the assessment.
33. In feedback from our July – Dec 2024 reporting period our OPA Project Officer stated we “exceed expectations” and wrote, “[g]rantee collaborates with an active network of cohesive network partners to support family and youth needs. The grantee trains staff to learn about needs assessment and services. Also, they utilize online hubs that allow many organizations to connect with one another, share info and host information around youth supportive services. [They] [a]lso attend Community of Practice meeting[s] to keep up[] [to] date and work closely with Teen Council [on] how to use social media to engage more youth around sexual reproductive health. They also are actively forming a network of adolescent friendly services. Grantee works to keep facilitators up to date on adolescent friendly services as well.”
34. During the fourth and fifth years of the grant, our goals include expanding parent education through the It’s That Easy curriculum and reaching 500 youth annually through evidence-based programs such as Safer Choices and Draw the Line. We aimed to offer at least one Askable Adults Matter professional training module each year and to continue supporting our Youth Advisory Board in their peer education and outreach initiatives.

Additionally, we will focus on strengthening community networks and increasing the capacity of partners through professional training(s), with the goal of promoting long-term sustainability of sexual and reproductive health education.

2025 NON-COMPETE CONTINUATION AWARD NOTICE

35. On January 8, 2025, we received information for preparing a non-competing continuation award application. This information resembled what we had received in prior years. We began taking the appropriate steps internally to complete this application.
36. On January 14, 2025, we received updated information, which did not appear to be much different than what we had received on January 8. We continued to internally prepare to complete the application accordingly.
37. The initial NCC information posted on Connect.gov was for the previous grant year and it took several follow-up emails and clarifications during meetings with our OPA Project Officer to clarify whether we were looking at the correct version. Ultimately, there were four different iterations of the NCC information released as changes continued to be made. On January 8, 2025, we were notified by our OPA Project Officer that there was an NCC webinar scheduled for January 28. This webinar was ultimately postponed with minimal notice. There was no further response from our OPA Project Officer or OPA on a rescheduled webinar, even after an email inquiry was sent February 11, 2025. Grantee Digests continued to reference updated NCC guidance but never acknowledged that the NCC webinar was cancelled and would not be rescheduled.
38. On March 31, 2025, via email, we received further updated requirements (the “new notice”). While the new notice had substantially changed the requirements, it did not

change the date by which the application was due: April 15, 2025, at 6:00 PM Eastern Time.

39. The new notice directed, among other requirements, that Tier 1 TPP grantees review and be aware of all current Presidential Executive Orders and revise our project scope and work plan, as necessary, to demonstrate that our program is “aligned with” current Presidential Executive Orders (EOs).
40. We received last-minute invitations to attend meetings with our OPA Project Officer and fellow grantees to review updates and additions to the Non-Competing Continuation (NCC) award application. During a meeting on April 7, our OPA Project Officer outlined the new requirements and indicated that an extension might be possible due to the increased documentation, deliverables, and review processes. However, in a subsequent meeting, on April 9, she clarified that no extensions would be granted. Additionally, our OPA Project Officer emphasized the importance of ensuring that all language used in our applications align with Executive Orders related to Diversity, Equity and Inclusion (DE&I). This directive led to numerous questions and much confusion about how these new expectations aligned with our original grant objectives and the terms outlined in the original Notice of Award.
41. In the days following the issuance of this new notice, staff discussed the changes and directives it put into place.
42. In addition to the “alignment” with EOs requirement, this new notice also imposed other new requirements that were more burdensome than historical NCC application guidance and requirements. In particular, unlike in the past, grantees were instructed to submit digital copies of Evidence Based Curriculum. This presented a significant challenge, as

we only possessed hard copies purchased through Education Training Research (ETR). We were required to contact the curriculum developers to explain the new requirement and request digital versions within a very tight timeframe. After extensive communication between PPH, the developer and OPA, we were ultimately provided with watermarked digital copies of “Safer Choices” and “Draw the Line” modules a day and a half prior to the submission deadline. This left minimal time to finish our application and prepare the necessary documents for our NCC submission.

43. Upon receiving the new notice, PPH reviewed its existing project scope, work plan, and program materials to evaluate how to respond to the instructions that it “align” its programs with the updated terms. This review required that staff schedules were changed to accommodate meetings to discuss any possible changes and whether they would be consistent with the work requirements outlined in the original NOFO. Staff reviewed all of the materials that we leverage to ensure that the content was still accurate and in compliance with the original TPP objectives as outlined in the NOFO. During this time, we also met internally to discuss the implications of any changes we might make for our work in the community and how we could prepare for any clear requirements OPA could possibly provide related to the delivery of the program.
44. PPH also carefully reviewed the new notice and the references cited therein. But, despite best efforts, PPH was unable to determine what the federal government would find to be compliant and noncompliant.
45. Our OPA Project Officer strongly encouraged us to align our application with the Executive Order, emphasizing that this was necessary to put us in the best position for continued funding and service delivery. She emphasized that she could not provide us

with specific guidance on what we should do regarding curriculum reviews or submissions. She further informed us that she would conduct the initial review before forwarding materials to a second non-OPA reviewer. She noted that we should be aware the second reviewer would likely not be familiar with terminology used and we should consider their perspective/interpretation when preparing our application. At the time she was unable to provide a timeline for when we might receive feedback and/or determinations following the second review.

46. Based on the language of the new notice, PPH was unable to discern what is meant by the requirement that it “align” its program with Executive Orders. It is unclear which orders the government thinks would be relevant to PPH’s application and program, and how so. And while many of these executive orders direct agencies to take specific actions and/or rescind prior agency guidance, they do not impose particular requirements on non-governmental entities like PPH.
47. Under these circumstances, it remains unclear what it means to “align” a program with the EOs. Moreover, the EOs themselves contain numerous vague and ambiguous terms that remain unclear.
48. If PPH were forced to overhaul its TPP Program to cease all programming that “promotes DEI activities” or “promotes gender ideology”--as best I understand those terms--it will defeat the purpose of the PPH TPP project and the Teen Pregnancy Prevention Program as a whole.
49. PPH’s TPP project goals are to increase the community’s capacity to engage with BIPOC and LGBTQIA2S+ youth around their sexual and reproductive health in an effort to decrease teen pregnancy and STI rates across Nebraska and Iowa. PPH’s project was

designed to address unmet needs of BIPOC and LGBTQIA2S+ youth, rural communities in Nebraska and Iowa, and the Ponca and Winnebago Tribes, where the greatest disparities in teen health rates and other health indicators persist.

50. These project goals cannot be reconciled with the Executive Orders, which restrict the inclusion of diversity, equity, and inclusion (DEI) language, references to gender identity, disability, and related components, among other things.
51. Excluding content related to LGBTQIA+ youth would significantly hinder our ability to serve students and community members in an inclusive, affirming and trauma-informed manner. Omitting this essential content undermines understanding, reduces engagement, and ultimately prevents us from fully meeting the goals of the grant. It also risks leaving LGBTQIA+ youth feeling isolated and unsupported, without access to the critical knowledge they need to care for their health and advocate for their well-being, potentially leading to negative health outcomes.
52. Similarly, omitting content that addresses health disparities and inequities impacting BIPOC youth would only serve to deepen the barriers they face in accessing essential healthcare and resources. Such omissions risk perpetuating the very educational and medical harm we aim to heal.
53. Providing culturally responsive and trauma-informed sexual and reproductive health education is essential to improving health outcomes for youth. This education must reflect diverse cultures and lived experiences of the communities we serve, to ensure a safe, inclusive and respectful learning environment. Addressing the root causes of health disparities—including systemic racism, discrimination, power imbalances and privilege—is necessary to ensure equitable access to accurate health information and resources,

particularly for youth from BIPOC communities. Removing these critical elements from our programming would not only conflict with our mission and values but would also deviate from the original intent and framework of the grant.

54. Having to remove all materials that may be viewed as “misaligned” with these Executive Orders will fundamentally undermine the purpose of the TPP program and meaningfully diminish our program goals. Implementing these changes would require a complete overhaul of our original work plan and goals, which were previously reviewed and approved as part of the TPP grant award. Moreover, restricting our ability to address questions related to LGBTQIA+ identities or DE&I content during programming would prevent us from providing accurate, responsible information to youth. Being unable to respond to such questions could unintentionally convey messages of shame and exclusion, undermining trust and potentially causing harm, rather than fostering the safe, inclusive learning environment that our program is designed to create.
55. Such adaptations to PPH’s TPP program may also risk the fidelity of the project to the EBPs.
56. Moreover, the NCC application still required PPH submit form SF424B, which required PPH to certify that it will “comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.” We were concerned that this required certification could be leveraged against PPH based on the vague language of the EOs if OPA disagrees with our understanding of their terms and uses the certification as a lever to terminate our TPP funding.
57. PPH was thus placed in an impossible position: walk away from the TPP program, or else speculate how to revise the program to align with the EOs and ultimately do so in a

manner that is both inconsistent with the other directives of the program and that is contrary to the very purpose of the PPH TPP project..

58. PPH remains committed to the continued replication of comprehensive, medically accurate, evidence-based sexual education programs that are age appropriate. PPH cannot remain committed to these values if it “aligns” itself with the vague terms of the EOs.
59. PPH made minor modifications to the facilitator guidance part of the TPP programming, such as redacting words like “gender,” from the manual. In terms of the lesson plans, the only modifications PPH made was to remove the Spanish language lesson plans, as PPH did not have anyone on staff who could review the Spanish content and the PPH TPP program is not currently teaching in Spanish. PPH was able to make these changes because it determined that these changes would not meaningfully impact PPH’s ability to continue its TPP project with fidelity. But for all the reasons stated above, PPH did not make any substantive changes to its program materials.
60. On April 15, 2025, PPH uploaded the non-competing continuation award application to our normal online grant portal. In that application, PPH stated:

The OPA Guidance for Preparing a Non-Competing Continuation Award Application (March 31, 2025) requires that recipients “[p]rovide information on the changes made by the recipient to align the TPP project with Presidential Executive Orders.” The Guidance specifically directs recipients to consider EO 14168 (“Defending Women From Gender Ideology Extremism and Restoring Biological Truths to the Federal Government”); EO 14190 (“Ending Radical Indoctrination in K-12 Schooling”); EO 14187 (“Protecting Children from Chemical and Surgical Mutilation”); EO 14151 (“Ending Radical and Wasteful Government DEI Programs and Preferencing”); EO 14173 (“Ending Illegal Discrimination and Restoring Merit-Based Opportunity”) (collectively “EO requirements”). Guidance at 4-5. The Guidance provides no information on the program changes necessary to “align the project with Presidential Executive Orders.” PPH asserts that the applicable executive orders, memoranda, and corresponding guidance issued after January 20, 2025, by the Executive Office of the President, the Department of Health and Human Services, and the Office of Population Affairs are unlawful and unconstitutional on their face and/or as

applied here. The corresponding terms of the Guidance are arbitrary, capricious, not in accordance with the law, the U.S. Constitution, and in excess of statutory authority. Based on the guidance provided, it is unclear to PPH what conduct is prescribed by this requirement. Accordingly, PPH is completing its Non-Competing Continuation Award Application that includes these unlawful terms and conditions under protest. Although PPH program's Non-Competing Continuation Award Application includes some modifications in response to these unlawful terms and conditions, PPH maintains that the EO requirements are vague and ambiguous, and thus submits this application without certifying alignment with the new EO requirements promulgated in the March 2025 update received on March 31, 2025. Applicant's certification as to SF 424B, including paragraph 18, is subject to the caveats set forth in this disclaimer. Notwithstanding the completion of the Application under protest, PPH reserves the right to assert claims against the issuing agency and others acting in concert therewith, including but not limited to claims arising under federal laws and regulations, including the United States Constitution, and the federal Administrative Procedure Act.

61. PPH's application met all other application requirements and is eligible for a continuation award in all respects.

HARM RESULTING FROM NEW REQUIREMENTS

62. PPH was required to devote considerable time and resources to preparing this application for TPP Program federal grants. The process, generally, to apply for a TPP Program can be complex and is completed within a short time frame (typically two to three months). This requires coordination among multiple departments including executive leadership, departmental leadership, data and evaluation streams, public grants staff and health education personnel. Our application is developed with guidance from community scans, parent focus groups and other peer research findings. We also collaborate with contracted evaluators who have supported us on previous grant cycles to ensure that data is effectively integrated into a strategic plan that aligns with the community needs and maximizes program impact.

63. PPH was forced to expend limited resources on an application without any understanding as to what was anticipated of them, including significant additional time and resources assessing the new requirements and trying to figure out how to respond to them.
64. Due to lack of clarity surrounding the new guidance, a significant amount of time was spent in discussions with our OPA Project Officer and other grantees trying to interpret the additional requirements beyond the standard NCC application. We also invested considerable time and resources in obtaining a digital copy of the curricula, which was necessary for conducting a last-minute review and documenting proposed changes according to the onerous notice we received.
65. More fundamentally, because PPH has not been able to certify compliance, PPH faces the loss of its TPP funding.
66. Because PPH's TPP project is fully funded by the federal appropriations we receive through the TPP program, we will likely have no choice but to shut down the project mid-stream if our funding is discontinued.
67. Without TPP funding, PPH would be unable to continue the work that was contemplated under the approved program. PPH would not have the resources to continue providing multiple sessions on Safer Choices in the Council Bluffs Schools, where youth are already underresourced. Without TPP funding, PPH would not be able to support the education our subgrantee the Sanford Center does in the Sioux City community which primarily serves BIPOC youth. PPH would be unable to provide multiple sessions of programming with Omaha Girls Inc or the Teen Center, community organizations that primarily serve BIPOC youth. PPH also uses TPP funding to contract with the University of Northern Iowa to collect and evaluate data that is used to inform and improve PPH's

TPP programming. Furthermore, the loss of TPP funding would require PPH to discontinue its DTL programming with the Sanford Center.

68. While there is additional sexual and reproductive health programming outside of PPH, there are no other sexual and reproductive health programs that focus on BIPOC youth. PPH staff are trusted in these communities among adults and youth. PPH's health educators have been present in Woodbury County for over 25 years and have extensive experience working with BIPOC communities. PPH's respect for all voices has kept us involved as a trusted partner with a seat at the table of health conversations. By building partnerships with community stakeholders to make an impact, PPH has earned trust as advocates for local youth and improving their health outcomes. Without TPP funding, these communities would lose the rigorous and inclusive programming PPH provides.
69. Moreover, PPH and our partner, the Nebraska AIDS Project, are the only organizations that travel to rural communities outside of the Omaha/Council Bluffs urban area to conduct sexual and reproductive health programming. These rural areas suffer from the greatest disparities in teen health rates and disparities in other health indicators persist. Broadband internet is not widely available in the rural areas we serve, and no other organization can conduct in-person programming outside of the local urban areas, so rural youth across two states would not have TPP education without PPH.
70. Our initial application included letters from community partners underscoring the need for the educational programming we offer. In many communities we serve there is little to no access to other sources of sexual health information and resources. Without our program, these youth would go without sexual health information, resources and sexual healthcare access information.

71. TPP funding covers the salaries of 4 full-time community health educators and partially funds four other staff members that provide support for this program. If PPH were to lose \$773,000 in annual TPP funding, we would be forced to lay off staff, resulting in the elimination of essential education programs in communities with clear, demonstrated need for comprehensive and inclusive sexual and reproductive health education. We would also no longer be able to maintain our partnership with the Sanford Center, nor could we continue our data collection and evaluation work with University of Northern Iowa—both critical to ensuring our programs are responsive to community needs. Additionally, we would lose the capacity to provide professional training to community youth serving professionals, significantly reducing the broader reach of our impact. This level of funding loss would severely undermine youth health and well-being across our service areas.

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that the foregoing is true and correct.

Date: May 12, 2025

/s/ Chris Cole
Christine Cole

EXHIBIT A



Office of the Secretary

Notice of Award

Award# 1 TP1AH000306-01-00

FAIN# TP1AH000306

Federal Award Date: 06/15/2023

Recipient Information

1. Recipient Name

PLANNED PARENTHOOD OF THE
HEARTLAND, INC.
818 5th Ave Ste 200
-DUP
Des Moines, IA 50309-1307
515-235-0400

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1420727488A1

4. Employer Identification Number (EIN)
420727488

5. Data Universal Numbering System (DUNS)
080297336

6. Recipient's Unique Entity Identifier (UEI)
MMJ4KURB61D9

7. Project Director or Principal Investigator
Linnea Fletcher
Director of Education
[REDACTED]
[REDACTED]

8. Authorized Official

Ms. Ashley Booker
Executive Vice President of Learning & Impact
[REDACTED]
[REDACTED]

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Mr. Roscoe Brunson
Grants Management Specialist
roscoe.brunson@hhs.gov
240-453-8837

10. Program Official Contact Information

Mrs. Tammy Bartasavich
Project Officer
1101 Wootton Parkway
tammy.bartasavich@hhs.gov
240.276.8119

Federal Award Information

11. Award Number

1 TP1AH000306-01-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000306

13. Statutory Authority

Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328)

14. Federal Award Project Title

Community-responsive, youth-driven comprehensive sexual and reproductive health interventions to achieve optimal health for BIPOC and LGBTQIA2S+ adolescents in western Iowa and eastern Nebraska

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - **End Date** 06/30/2024

20. Total Amount of Federal Funds Obligated by this Action \$773,619.00

20a. Direct Cost Amount \$630,137.27

20b. Indirect Cost Amount \$143,481.73

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$773,619.00

26. Period of Performance Start Date 07/01/2023 - **End Date** 06/30/2028

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$773,619.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
OASH Grants Management Officer

30. Remarks

This action provides FY 2023 Tier 1 funds in the amount of \$773,619. See attached Terms and Conditions.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 1 TP1AH000306-01-00

FAIN# TP1AH000306

Federal Award Date: 06/15/2023

Recipient Information**Recipient Name**

PLANNED PARENTHOOD OF THE
HEARTLAND, INC.
818 5th Ave Ste 200
-DUP
Des Moines, IA 50309-1307
515-235-0400

Congressional District of Recipient

03

Payment Account Number and Type

1420727488A1

Employer Identification Number (EIN) Data

420727488

Universal Numbering System (DUNS)

080297336

Recipient's Unique Entity Identifier (UEI)

MMJ4KURB61D9

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$320,475.64
b. Fringe Benefits	\$67,299.43
c. Total Personnel Costs	\$387,775.07
d. Equipment	\$0.00
e. Supplies	\$26,183.67
f. Travel	\$23,272.56
g. Construction	\$0.00
h. Other	\$49,579.04
i. Contractual	\$143,326.93
j. TOTAL DIRECT COSTS	\$630,137.27
k. INDIRECT COSTS	\$143,481.73
l. TOTAL APPROVED BUDGET	\$773,619.00
m. Federal Share	\$773,619.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-19999SQ	TP1AH0306A	TPP01	41.51	93.297	\$773,619.00	75-23-0120



Office of the Secretary

Award# 1 TP1AH000306-01-00

FAIN# TP1AH000306

Federal Award Date: 06/15/2023

35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Budget Period and Continuation Awards.** The award is for the budget period noted on line 19 with the possibility of subsequent continuation awards of up to 12 months at a time up to the maximum project period described on line 26. As the recipient, you must submit a separate application for review each budget period. OASH must approve the application in order for you to receive continued support for that year. Continuation application instructions will be provided no later than three months before the end of the current budget period. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as project progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.

2. **Addressing Reviewer Comments on Weaknesses.** The recipient must submit as a Grant Note in GrantSolutions a written response to all weaknesses noted in the Review Panel Comments within 30 days of the project start date on this Notice of Award. The response should address the weaknesses in relation to the program expectations as described in the notice of funding opportunity (NOFO). If addressing those weaknesses results in a significant change to the workplan and/or budget, a revised workplan and/or updated budget must be submitted as part of the response. Grants Management Officer prior approval is required for significant changes to become effective.

3. **Submission of MOAs.** The recipient must submit all Memoranda of Agreement (MOAs) for partnerships or collaborations identified in the application within 30 days of the start of the first budget period. MOAs should be on partner letterhead with appropriate signatures of all parties to the agreement and outline specific roles, responsibilities, resources, and contributions to the project of each organization. For new partnerships not identified in the application, the recipient must submit any new MOA as a Grant Note in GrantSolutions within 10 days of its execution.

4. **Paperwork Reduction Act Applicability.** Any collection of information as defined in [5 C.F.R. 1320.3\(c\)](#) may require OMB clearance if it is a requirement of your award to collect that information. The recipient is responsible for preparing the clearance package necessary to obtain Paperwork Reduction Act clearance and submitting it to the project officer. The project officer will notify the recipient when the approval has been received or request additional information.

5. **Institutional Review Board (IRB).** It is the recipient's responsibility to ensure that any activities meeting the definition of human subjects research are appropriately reviewed according to the Common Rule ([45 CFR Part 46](#)). For non-exempt research activities, Institutional Review Board (IRB) approvals must be submitted via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to the recipient's receipt of the IRB approval.

The recipient must have clear procedures in place to determine whether the research is exempt under the Common Rule consistent with the [guidance](#) provided by the Office of Human Research Protections (OHRP). The determination that an exemption applies should be documented and provided as a Grant Note in GrantSolutions.

6. **Substantial Federal Involvement.** The award is a cooperative agreement. Cooperative agreements are a form of assistance that allows for substantial involvement between the awarding agency and the recipient during the period of performance. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, periodic site visits, ongoing review of plans and progress, relevant meetings, provision



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of training and technical assistance), substantial programmatic involvement will include:

- + Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.
- + Consulting with the recipient throughout the preparation and dissemination of materials related to the award.
- + Review of recipient progress during the planning period and approval at significant milestones to move forward with full implementation.
- + Review and approval of EBPs selected for replication, EBP implementation plans, and proposed adaptations to EBPs.
- + Consulting on the adaptations proposed to ensure fidelity to EBPs core components.
- + Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.
- + Serving as a programmatic resource during the implementation of the project by participating in the design of the activities and contributing with subject matter expertise.
- + Identification of other organizations with whom the recipient may be asked to develop cooperative and collaborative relationships and partnerships to enhance the effectiveness of the project.
- + Reviewing and approving all program materials prior to use in the project to ensure the materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive.

7. **Non-duplication of efforts.** The recipient must coordinate with all teen pregnancy prevention programs within the same service areas to ensure that services provided under this award will not duplicate services and/or programs that already exist in the focus populations or communities. Within the first 30 days of the project, the recipient must submit documentation as a Grant Note in GrantSolutions outlining the populations, specific settings/locations, and areas of the community in which the project will be implemented and include other organizations implementing teen pregnancy prevention activities. The recipient should outline a plan or strategy how the organizations will work together to avoid duplication.

8. **Replicate EBPs with fidelity and quality.** Recipients must replicate one or more evidence-based programs (EBPs) that meet the criteria outlined in Section A.2.c.2 - Eligibility of Programs to be Replicated and Implemented to Scale of the Notice of Funding Opportunity (AH-TP1-23-001). Recipients are expected to obtain prior approval from OPA for selected EBPs prior to piloting the programs and work with OPA to finalize the plan for implementing evidence-based programs. The recipient must replicate EBPs with fidelity and quality. The recipient is expected to observe 5% of all EBP sessions and 100% of all EBP facilitators for fidelity and quality on an annual basis. Recipients may not significantly change the program's core components or compromise program fidelity. All proposed adaptations must be reviewed by OPA. Major adaptations must be approved by OPA prior to implementation, regardless of guidance provided by the program developer.

9. **Materials Review.** The recipient is required to make all materials used and information disseminated within the funded project age appropriate and medically accurate. OPA expects the recipient to make materials and information culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. Review of materials is required prior to use in the grant. OPA expects the recipient to follow its guidance in conducting its own review. The recipient must correct any medical accuracy issues identified as part of its review prior to implementation, notify OPA that all modifications have been made, and certify that materials are medically accurate prior to use in the project. OPA may require recipients to submit program materials to OPA for a medical accuracy review by OPA.

10. **Evaluation Activities.** No more than ten percent of requested federal funds may be allocated to the collection and analysis of data related to the project. In addition, recipients may not use funds for a rigorous impact evaluation.

Recipients are not required to collect such data as it relates to knowledge, attitudes, and intentions on sex.

The recipient is required, if selected, to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available and must agree to follow all evaluation protocols established by OPA or its designee.



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Office of the Secretary

Award# 1 TP1AH000306-01-00

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Federal Award Date: 06/15/2023

11. **TPP Program Performance Measures.** Recipients must collect all OPA performance measures (OMB #0990-0438, Expiration August 31, 2023, pending renewal) and report them on a semi-annual basis. Performance measure data are due at the same time the performance project reports (See Reporting Section below). In collecting performance measures and other project data, recipients must adhere to all relevant state laws, organizational policies, and other administrative procedures prior to collection.
12. **Teen Pregnancy Prevention Program Tier 1 Expectations.** The recipient should conduct the project in such a manner as to address the overall program expectations in the notice of funding opportunity AH-TP1-23-001. Specifically, demonstrate by the end of the planning period, the ability to scale replication of evidence based programs (EBPs) in 3 or more settings in each identified community, including a confirmation of the total number of youth available in each setting and the percentage of them that will receive EBPs;
 - + demonstrate readiness to begin fully executing all expectations of the award by the end of the 6-month planning period;
 - + focus project on a community(ies) and population(s) that are disproportionately affected by unintended teen pregnancy and STIs;
 - + meaningfully engage youth, parents/caregivers, and the community in the design, implementation, and monitoring of the project;
 - + actively engage and collaborate with a network of partners in order to increase awareness of, access to, and utilization of adolescent-friendly services which address the needs of the population of focus;
 - + execute the project in an equitable, safe, supportive, and inclusive environment using trauma informed and positive youth development approaches; and
 - + have a Monitoring and Improvement Plan (MIP) to ensure programs offered are equitable, accessible, and of the highest quality and best fit for the community(ies) and population(s).
13. **Grantee Meetings.** The recipient is encouraged to actively participate in all OPA-supported TPP recipient meetings and recipient conferences, in addition to training and technical assistance (TA) available from the Reproductive Health National Training Center and other OPA-funded TA providers. OPA is planning to conduct one TPP grantee training in Year 1 of the project, a national grantee conference in years 2 and 4, and at least one recipient meeting in years 3 and 5.

STANDARD TERMS

1. **Recipient Responsibilities and Compliance with Requirements.** The recipient of this award has the full responsibility for the conduct of the project or activity supported under this award and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is described in the application for this award subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

Although recipients are encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise, such advice does not diminish the recipient's responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

The recipient accepts the terms and conditions of the award by drawing or otherwise obtaining funds for the award from the grant payment system or office. By accepting this award, the recipient agrees to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications, and to the prudent management of all expenditures and actions affecting the award including the monitoring of subrecipients (if applicable).

The recipient must comply with all terms, conditions, and requirements outlined in this Notice of Award, including:



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Office of the Secretary

Award# 1 TP1AH000306-01-00

FAIN# TP1AH000306

Federal Award Date: 06/15/2023

- Award policy terms and conditions contained in the applicable Department of Health and Human Services (HHS) Grant Policy Statement (GPS), (note any references in the GPS to 45 C.F.R. Part 74 or 92 are now replaced by [45 C.F.R. Part 75](#), and the SF-269 is now the SF-425), and its subsequent updates. The HHS Grants Policy Statement is available at <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>.
- All requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable.
- Requirements or limitations in any applicable appropriations acts.
- Compliance with all applicable statutes and regulations included in the Certifications and Representations for the recipient's SAM.gov registration.

2. Grants Management Officer Prior Approval Requirements. Certain changes to the project or its assigned personnel require prior approval from the Grants Management Officer (GMO) ([45 C.F.R. § 75.308](#)).

The recipient's Authorizing Official (AO) and/or Project Director/Principal Investigator (PD/PI) listed on page 1 of the Notice of Award must sign all amendment requests for actions requiring prior approval. The recipient must submit the request through the GrantSolutions Amendment Module. If the AO has changed since OASH issued the award, the recipient must provide notice of the change in AO. A change in PD/PI requires prior approval by the GMO and must be requested by the AO listed on the Notice of Award.

If approved, the GMO will sign the approval, typically by issuing a new Notice of Award. No other signature will constitute a valid approval. If the recipient acts on the basis of a response from any other officials or individuals, the recipient does so at its own risk. Such responses will not be considered binding by or upon any OASH office or HHS component. The GMO is not obligated to provide retroactive approvals.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within GrantSolutions. All correspondence must include the Federal Award Identification Number (FAIN) and signature of the AO and/or the PD/PI to avoid delays.

3. Salary Limitation. The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2023, the Executive Level II salary is \$212,100. This amount is updated annually and posted at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>.

For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

4. Reporting Subawards and Executive Compensation. As the recipient of this award you must comply with the following statutory reporting requirements.

A. Reporting of first-tier subawards.

1) Applicability.

Unless you are exempt as provided in paragraph D of this award term, you must report each action that obligates \$30,000 or more in Federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2) Where and when to report.

You must report each obligating action described in paragraph A.1. of this award term to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FFRS). For subaward information, report no later than the end of the month



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following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3) What to report.

You must report the information about each obligating action as specified in the submission instructions posted at <http://www.fsrs.gov>.

B. Reporting Total Compensation of Recipient Executives.

1) Applicability and what to report.

You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

a) The total Federal funding authorized to date under this award is \$30,000 or more;

b) In the preceding fiscal year, you received—

(1) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

c) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report executive total compensation described in paragraph B.1. of this award term:

a) As part of your registration profile in the System for Award Management (SAM).

b) By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1) Applicability and what to report.

Unless you are exempt as provided in paragraph D of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

a) In the subrecipient's preceding fiscal year, the subrecipient received—

(1) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. § 170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and



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b) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report subrecipient executive total compensation described in paragraph C.1. of this award term:

a) To the recipient.

b) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions.

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

1) Subawards, and

2) The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions.

For purposes of this award term:

1) "Entity"

This term means all of the following, as defined in 2 C.F.R. Part 25:

a) A Governmental organization, which is a State, local government, or Indian tribe;

b) A foreign public entity;

c) A domestic or foreign nonprofit organization;

d) A domestic or foreign for-profit organization;

e) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2) "Executive"

This term means officers, managing partners, or any other employees in management positions.

3) "Subaward":

a) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

b) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II .210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit



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Organizations").

c) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4) "Subrecipient"

This term means an entity that:

- a) Receives a subaward from you (the recipient) under this award; and
- b) Is accountable to you for the use of the Federal funds provided by the subaward.

5) "Total compensation"

This term means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 C.F.R. § 229.402(c)(2)):

- a) Salary and bonus.
- b) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- c) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- d) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- e) Above-market earnings on deferred compensation which is not tax-qualified.
- f) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

5. Intangible Property and Data Rights.

A. Data (42 C.F.R. §75.322(d)). The federal government has the right to: 1) Obtain, reproduce, publish, or otherwise use the data produced under this award, and 2) Authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

B. Copyright (42 C.F.R. §75.322(b)). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

C. Patents and Inventions (42 C.F.R. §75.322(c)). The recipient is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401.

6. **Acknowledgement of Federal Grant Support.** When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements") -- describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:



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- 1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
- 2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be approved by the OASH grants management officer after consultation with the federal project officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance with sufficient time to allow for coordination.

7. **Whistleblower Protections.** The recipient is hereby given notice that the 48 C.F.R. § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled "Enhancement of contractor protection from reprisal for disclosure of certain information") applies to this award.

8. **Reporting of Matters Related to Recipient Integrity and Performance.** As the recipient, you are responsible for:

A. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.



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B. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- 1) Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;
- 2) Reached its final disposition during the most recent five-year period; and
- 3) If one of the following:
 - a) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - b) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - c) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - d) Any other criminal, civil, or administrative proceeding if:
 - (1) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (2) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (3) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

C. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph B of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

D. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph A of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

E. Definitions



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For purposes of this award term and condition:

- 1) Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- 2) Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- 3) Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - a) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and
 - b) The value of all expected funding increments under a Federal award and options, even if not yet exercised.

F. Disclosure Requirements.

Consistent with 45 C.F.R. § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

*HHS OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852*

AND

*US Department of Health and Human Services Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026*

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp>

(Include "Mandatory Grant Disclosures" in subject line)

Fax: 1-800-223-8164 (Include "Mandatory Grant Disclosures" in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371 ("Remedies for noncompliance"), including suspension or debarment (See also 2 C.F.R. Parts 180 & 376 and 31 U.S.C. § 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.



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- 9. Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.** As the recipient, You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws require taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights

provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>

For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.

For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html>.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

- 10. Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104)

A. Provisions applicable to a recipient that is a private entity.

- 1) You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not
 - a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - b) Procure a commercial sex act during the period of time that the award is in effect; or
 - c) Use forced labor in the performance of the award or subawards under the award.
- 2) We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
 - a) Is determined to have violated a prohibition in paragraph A.1 of this award term; or
 - b) Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph A.1 of this award term through conduct that is either-
 - (1) Associated with performance under this award; or



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(2) Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

B. Provision applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

- 1) Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
- 2) Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either
 - a) Associated with performance under this award; or
 - b) Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

C. Provisions applicable to any recipient.

- 1) You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph A.1 of this award term
- 2) Our right to terminate unilaterally that is described in paragraph A.2 or B of this section:
 - a) Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7104(g)), and
 - b) Is in addition to all other remedies for noncompliance that are available to us under this award.
- 3) You must include the requirements of paragraph A.1 of this award term in any subaward you make to a private entity.

D. Definitions. For purposes of this award term:

- 1) "Employee" means either:
 - a) An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - b) Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.



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2) "Forced labor" means:

Labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3) "Private entity":

a) Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 C.F.R. § 175.25.

b) Includes:

(1) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 C.F.R. § 175.25(b).

(2) A for-profit organization.

4) "Severe forms of trafficking in persons," "commercial sex act," and "coercion"

These terms have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. § 7102)

11. Prohibition on certain telecommunications and video surveillance services or equipment. As the recipient you are responsible for the following.

A. As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

1) Procure or obtain,

2) Extend or renew a contract to procure or obtain; or

3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

a) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

b) Telecommunications or video surveillance services provided by such entities or using such equipment.

c) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the



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government of a covered foreign country.

REPORTING REQUIREMENTS

1. **Financial Reporting Requirement—Federal Financial Report (FFR) SF 425.** As a recipient, you must submit your SF-425 to OASH using the Department of Health and Human Services (HHS) Payment Management System (PMS). Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications. Submission of your SF-425 will enhance the reconciliation of expenditures and disbursements and allow for timely closeout of grants. To assist in your preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>. You must complete **all** sections of the FFR.

A. Quarterly FFR Due Date.

Your FFR is due 30 days after the end of each Quarter in the federal fiscal year. That is for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

- B. **Final FFR Due Date.** Your final FFR covering the entire project is due 120 days after the end date for your project period.

C. **Past due FFRs.** If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your PMS account and contact information are up to date so you receive notifications.

D. Electronic Submission.

Electronic Submissions are accepted only via the PMS – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the award with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the PMS Help Desk or your assigned Grants Management Specialist. Please reference box/line 9 pf page 1 of this NoA for the name of your assigned Grants Management Specialist.

2. **Semiannual Progress Report Requirements.** You must submit semiannual progress reports 30 days after the end of each performance reporting period unless otherwise required under Special Terms and Requirements or Special Conditions as required by statute, regulation, or specific circumstances warranting additional monitoring for this award. Your progress reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance may be provided by the Program Office. Reports must be submitted electronically via the Performance Project Report (PPR) Module in GrantSolutions.



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3. **Audit Requirements.** The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all non-Federal entities expending Federal funds, and must be consistent with the standards set out at 45 CFR Part 75, Subpart F ("Audit Requirements"). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <https://harvester.census.gov/facides/Account/Login.aspx>.

4. **Closeout Requirements.** Once the project period has ended, as the recipient, you are required to submit a Final Program Progress report, the SF-425 using the Department of Health and Human Services (HHS) Payment Management System and the SF-428 Tangible Personal Property report and/or Disposition report **within 120 calendar days after the project and final budget period end date**. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active or future projects or activities involving your organization.

A. The Final Program Progress Report:

Your report must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via the Performance Project Report Module in GrantSolutions.

B. SF-425 Final Federal Financial Report:

Submit your Final FFR using the Department of Health and Human Services (HHS) Payment Management System. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards. Electronic Submissions are accepted only via the HHS Payment Management System – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the HHS Payment Management System Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of your assigned Grants Management Specialist.

C. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports:

Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Grants & Acquisitions Management Division.

CONTACTS

1. **Fraud, Waste, and Abuse.** The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

Internet: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

Phone: 1-800-HHS-TIPS (1-800-447-8477)



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Office of the Secretary

Award# 1 TP1AH000306-01-00

FAIN# TP1AH000306

Federal Award Date: 06/15/2023

*Mail: US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026*

For additional information visit <https://oig.hhs.gov/fraud/report-fraud/index.asp>.

- 2. Payment Procedures.** Payments for grants awarded by OASH Program Offices are made through the Payment Management System (PMS, previously known as the Division of Payment Management) <https://pms.psc.gov/home.html>.

PMS is administered by the Program Support Center (PSC), HHS. Contact PMS to establish an account if you do not have one.

Inquiries regarding payments should be directed to <https://pms.psc.gov/home.html>; or

*Payment Management Services
P.O. Box 6021
Rockville, MD 20852*

or 1-877-614-5533

- 3. Use of Grant Solutions.** GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Program Director/Principal Investigator roles only. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official.

For assistance on GrantSolutions issues please contact: GrantSolutions User Support at 202-401-5282 or 866-577-0771, email help@grantsolutions.gov, Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at <https://grantsolutions.secure.force.com/>.

- 4. Grants Administration Assistance.** For assistance on **grants administration** issues please contact the Grants Management Specialist listed in Box 9 on page 1 of this Notice of Award or mail:

*OASH Grants and Acquisitions Management Division
Department of Health and Human Services
Office of the Secretary
Office of the Assistant Secretary for Health
1101 Wootton Parkway, Rockville, MD 20852*

EXHIBIT B



Office of the Secretary

Notice of Award

Award# 5 TP1AH000306-02-00

FAIN# TP1AH000306

Federal Award Date: 06/21/2024

Recipient Information

1. Recipient Name

PLANNED PARENTHOOD OF THE
HEARTLAND, INC.
818 5th Ave Ste 200
-DUP
Des Moines, IA 50309-1307
515-235-0400

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1420727488A1

4. Employer Identification Number (EIN)
420727488

5. Data Universal Numbering System (DUNS)
080297336

6. Recipient's Unique Entity Identifier (UEI)
MMJ4KURB61D9

7. Project Director or Principal Investigator
Linnea Fletcher
Director of Education
[REDACTED]
[REDACTED]

8. Authorized Official

Ms. Sheilahn Davis-Wyatt
[REDACTED]
[REDACTED]

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Lakshmi Arumugam
Senior Grant Management Specialist
Lakshmi.Arumugam@hhs.gov
240-276-9862

10. Program Official Contact Information

Mrs. Tammy Bartasavich
Project Officer
1101 Wootton Parkway
tammy.bartasavich@hhs.gov
240.276.8119

Federal Award Information

11. Award Number

5 TP1AH000306-02-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000306

13. Statutory Authority

Division D, Title II of the Further Consolidated Appropriations Act, 2024 (Public Law No. 118-47)

14. Federal Award Project Title

Community-responsive, youth-driven comprehensive sexual and reproductive health interventions to achieve optimal health for BIPOC and LGBTQIA2S+ adolescents in western Iowa and eastern Nebraska

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2024 - **End Date** 06/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$773,619.00

20a. Direct Cost Amount \$630,137.00

20b. Indirect Cost Amount \$143,482.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$773,619.00

26. Period of Performance Start Date 07/01/2023 - **End Date** 06/30/2028

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$1,547,238.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
Grants Management Officer

30. Remarks

This Notice of Award provides FY24 federal funding as shown on line 20 and the approved use of prior year's unobligated balance as authorized carryover (line 21) and/or offset (line 22). See terms and conditions for more information about authorized carryover and offset.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 5 TP1AH000306-02-00

FAIN# TP1AH000306

Federal Award Date: 06/21/2024

Recipient Information**Recipient Name**

PLANNED PARENTHOOD OF THE
HEARTLAND, INC.
818 5th Ave Ste 200
-DUP
Des Moines, IA 50309-1307
515-235-0400

Congressional District of Recipient

03

Payment Account Number and Type

1420727488A1

Employer Identification Number (EIN) Data

420727488

Universal Numbering System (DUNS)

080297336

Recipient's Unique Entity Identifier (UEI)

MMJ4KURB61D9

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$305,918.00
b. Fringe Benefits	\$64,243.00
c. Total Personnel Costs	\$370,161.00
d. Equipment	\$0.00
e. Supplies	\$32,705.00
f. Travel	\$31,599.00
g. Construction	\$0.00
h. Other	\$50,310.00
i. Contractual	\$145,362.00
j. TOTAL DIRECT COSTS	\$630,137.00
k. INDIRECT COSTS	\$143,482.00
l. TOTAL APPROVED BUDGET	\$773,619.00
m. Federal Share	\$773,619.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-19999SQ	TP1AH0306A	TPP01	41.51	93.297	\$773,619.00	75-24-0120



Office of the Secretary

Award# 5 TP1AH000306-02-00

FAIN# TP1AH000306

Federal Award Date: 06/21/2024

35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Authorized Carryover of Unobligated Balance.** The authorized carryover amount in line 21 of this Notice of Award is the maximum amount authorized based on recipient reports of unobligated funds. Should additional unobligated funds exist, the recipient must seek prior approval to expend those additional funds. Should the unobligated balances be determined to be less than the amount authorized in line 21, the recipient is only authorized to spend the actual amount available. It is the recipient's responsibility to reconcile reports submitted to PMS and to OASH. Reconciliation consists of ensuring that disbursements equal obligations and drawdowns or making any adjustments as necessary, e.g., for an overpayment. OASH is not liable should recipient expenditures exceed the actual amount available.

Carryover amounts do not add to the total authorized; they are funds re-authorized from a previous budget period(s) for expenditure during the current budget period. The total Federal funds authorized to date for the period of performance is the amount in Block 27 of this Notice of Award.

2. **Offset.** If the value on line 22 is non-zero, this Notice of Award provides an offset of the unobligated balance from your previous budget period(s) to the budget period authorized by this award. The total approved budget is a combination of offset funds from prior year(s) and new funds. The amount of offset is not reclaimable in future budget periods nor is it appealable. If the final reconciliation of your previous budget period(s) or resolution of an audit determines that the unobligated balance differs from this amount, OASH is not obligated to make additional Federal funds available.
3. **Prior Terms, Conditions, and Requirements.** Unless specifically removed, all prior terms, conditions, and requirements under this award remain in effect.

EXHIBIT 10

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

PLANNED PARENTHOOD OF	)	
GREATER NEW YORK <i>et al.</i>	)	Civil Action No. 1:25-cv-1334-TJK
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
U.S. DEPARTMENT OF HEALTH AND	)	
HUMAN SERVICES, <i>et al.</i>	)	
	)	
Defendants.	)	
	)	

**DECLARATION OF COURTNEY MACAVINTA ON BEHALF OF PLANNED
PARENTHOOD MAR MONTE, INC. IN SUPPORT OF PLAINTIFFS’ MOTION FOR
PRELIMINARY INJUNCTION**

I, Courtney Macavinta, hereby declare the following under the penalty of perjury:

1. I am the VP of Learning at Planned Parenthood Mar Monte, Inc. (“PPMM”), a not-for-profit corporation that provides high-quality, affordable sexual and reproductive health care through 35 health centers in California and Nevada. I have worked at PPMM for 6 years.
2. I’m a member of the PPMM Leadership Team and oversee the affiliate’s Education Department, which is a trusted provider of evidence-based comprehensive sex education (“CSE”), research-based and standards-aligned digital learning programs, youth development programs, community outreach, and capacity building programs for schools and youth-serving organizations that want to deliver sex ed or health education directly in their community. In my role, I oversaw PPMM’s design and submission of the Sex Ed Equity Project outlined in the Teen Pregnancy Prevention 2023 application; and I oversee

the staff who lead the annual programmatic implementation of the project workplan created for FY24-28.

3. This declaration is based upon my personal knowledge, my review of PPMM's business records, and the knowledge I have acquired in the course of my duties at PPMM. If called and sworn as a witness, I could and would testify competently thereto.

PPMM's MISSION

4. Planned Parenthood Mar Monte's mission is to invest in communities by providing health care and education, and by expanding rights and access for all.
5. PPMM advances its mission by providing various forms of medical and education services to over 300,000 individuals every year, through health services and various education and community outreach programs.
6. PPMM is committed to using medically accurate evidence-based programs to provide the best sexual and reproductive health education possible, and has a long history of using research and evaluation to advance its educational services. For example, PPMM's Education department ensures that evidence-based programs are implemented with fidelity.

TPP PROGRAM GRANTS

7. Since 2021, PPMM has received funding from the Department of Health and Human Services Office of Adolescent Health under the Teen Pregnancy Prevention program as a Tier 1 grantee for the Sex Ed Equity Project.
8. On February 14, 2023, OPA solicited applications for its 2023 Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services Notice of Funding Opportunity ("NOFO"). The NOFO solicited applications for

projects to serve communities and populations with the greatest needs and facing significant disparities to advance equity in adolescent health through the replication of evidence-based teen pregnancy prevention programs (“EBPs”) and services.

9. In April 2023, PPMM submitted an application for Tier 1 funding to OPA.
10. On June 22, 2023 PPMM received a Notice of Award from OPA stating that PPMM would serve as a grantee in the TPP Program, providing educational services to adolescents with the aim of preventing teen pregnancy and associated risks. A true and correct copy of the 2023 Notice of Award is attached as Exhibit A.
11. Specifically, OPA awarded PPMM a five-year Tier 1 TPP grant, from July 1, 2023 to June 30, 2028, for a project called the Sex Ed Equity Project (hereinafter “S.E.E.”). The Notice of Award provided funding of \$985,867.00 for the first year July 1, 2023 to June 30, 2024, with non-competing continuation applications to be submitted for funding each year thereafter.
12. S.E.E. aims to advance health equity for hard-to-reach youth where high unmet needs are present, particularly targeting geographic regions of California and Nevada, that have adolescent pregnancy and sexually transmitted infection (STI) rates higher than the national average. The target communities are youth of color, primarily those who are Black and Latine/x living in underserved low-income areas, who are affected by intersectional factors such as cultural stigma, lack of public transportation, or a deficit of youth friendly providers. These combined factors inhibit their ability to access education and services that could help them prevent STIs, unintended pregnancy, and take charge of their sexual and reproductive health.
13. The S.E.E. project serves these goals by investing in building the capacity of county partners to successfully implement evidence-based sex ed programs for youth of color

ages 13 to 18 in schools, health clinics, juvenile justice, after-school programs, and community-based organizations.

14. On March 14, 2024, OPA published the 2024 non-competing continuation award application notice for year two, with applications to be submitted by April 15, 2024. PPMM submitted its application on April 15, 2024. PPMM was awarded \$985,867 for the budget period of July 1, 2024 to June 30, 2025. A true and correct copy of the 2024 Notice of Award is attached as Exhibit B.

PPMM'S PROJECT S.E.E.

15. In devising a 5 year plan for the current TPP grant cycle, OPA required that the applicants focus on areas of greatest need and facing significant disparities; engage in a planning period; replicate to scale evidence-based Teen Pregnancy Prevention programs with fidelity and quality; review materials prior to implementation; engage youth, caregivers, and the community throughout the project; connect to a network of adolescent-friendly supportive services; ensure equitable, safe, supportive, and inclusive environments; and monitor and improve the overall project.
16. In accordance with that directive, the S.E.E. project was designed to serve youth of color, primarily those who are Black and Latine/x, in regions of California and Nevada, by partnering with a wide tapestry of committed organizations to provide evidence-based programs as both primary interventions, and refresher programs, to increase protective factors for youth of color, strengthen their web of related local supports, and advance health equity for this target population who have high unmet needs and live within hard-to-reach settings in PPMM's service territory.

17. The S.E.E. project is a critically resourced initiative, levied by PPMM, to mitigate the devastating public health consequences expressed in communities afflicted by racism, impoverishment, and a compounding political devaluation of personal and shared health outcomes, including bodily autonomy. Moreover, as sexual and reproductive health services become more embattled and restricted, with PPMM Education, our S.E.E. project partners make sustainable investments, together, to deeply embed non-judgmental sex education in settings where youth already learn, are being mentored by caring, inclusive adults, and are receiving safety net services.
18. S.E.E. is driven by transformational capacity building, seeded by decades of partnership building, and dedicated to systems change that increases the target population's access points to sex education throughout their adolescence, by considering the disparities, stigma, and access barriers compounded for youth living within the selected settings. These relationships result in improved knowledge and awareness by adults about the realities of teen sexuality, shifting norms and attitudes toward sexual orientation, gender identity and gender expression, teen health care and privacy rights, and expanding opportunities to access sex education and information online. Integrating a trauma-informed lens is a central tenet of the S.E.E. Project's overarching approach and the planning team envisions carrying this forward throughout each project phase.
19. During the first fiscal year of S.E.E., PPMM selected five evidence-based TPP Programs implemented throughout its target communities: Kern and Tulare counties in California, and Washoe County in Nevada. In the second fiscal year of the S.E.E Project, based on an additional needs assessment with implementation partners, PPMM added an additional

evidence-based program and was approved by the OPA to expand the project's geographic focus to Kings County, California.

20. The six programs used by S.E.E. include: Making Proud Choices, Sexual Health and Adolescent Risk Prevention, Power Through Choices, Plan A, Linking Families and Teens (LiFT), and Positive Prevention Plus – California High School Edition, which was scheduled to be implemented in year three of the project. All six of these programs of the EBPs that PPMM selected and implemented were from the list of pre-approved programs provided by HHS TPPER. The S.E.E. Project's selected EBPs ensure that the curricula we offer serve youth of color, primarily those who are Black and Latine/x, in regions of California and Nevada, and provide both primary interventions and refresher programs.
21. PPMM's first two years of the FY24-28 project have been very successful. S.E.E. has partnered with 6 community partners in 4 counties to reach 1,962 participants with evidence-based programs in four settings: Schools, community-based organizations, juvenile justice and clinic settings. PPMM has conducted a total of 81 training sessions for partner staff with a total of 316 people trained on topics such as answering challenging questions and adult/youth communication. PPMM has also supported other TPP grantees by facilitating a Community of Practice for organization staff implementing the evidence-based program, LiFT. The COP is a quarterly convening that supports staff by sharing best practices and developing collaborative relationships among LiFT program stakeholders.
22. In FY24, the project supported United Way of Central California in reaching 982 students with evidence-based programming in Kern County Schools. The TPP team offered technical assistance and marketing support to outreach and schedule with new schools.

23. PPMM's TPP team held a LiFT TOF (Training of Facilitators) in Bakersfield, CA with a total of 14 partner-staff participants. The training is an integral part of investing in the capacity of partner staff to prepare them to implement our selected EBPs in their respective communities with minimal support from PPMM staff going forward. Leading up to the TOF, partners participated in PPMM-hosted professional development webinars, including how to answer difficult questions, principles and values of LiFT, and the skills needed to facilitate. These trainings expanded Project S.E.E.'s ability to reach our target communities per our five-year workplan, which focuses on building the capacity of partners to deliver EBPs with fidelity and sustainably.
24. In FY25, with support of the S.E.E. Project, PPMM Education re-launched Youth-Led Health Ed ("Y-LED"), an innovative program that puts young people at the center of researching, designing, and implementing solutions to improve health programming and outcomes for their peers. Our S.E.E. Project team recruits, trains, and manages Y-LED volunteers who conduct youth participatory action research to pinpoint how to increase linkages to adolescent-friendly services in the three target counties of our project. In June, the Y-LED Advisory Group will co-present its findings to the project's Community Collective whose members include stakeholders such as parents, teachers, and service providers in the target counties.
25. PPMM has complied with the TPP Program requirements throughout the project period of the grant. Consistent with the program requirements, PPMM also submitted the non-competing continuation application for FY25, as well as the required progress reports. As a matter of settled practice and understanding, non-competing award applications are always granted whenever the program is meeting the program

requirements as outlined in the NOFO and meet the requirements set forth in the applicable non-competing continuation award guidance.

26. OPA's semi-annual reviews acknowledged PPMM's success, and never raised any serious concerns with compliance or failure to meet performance goals.
27. PPMM's programming has excelled since receiving the first TPP grant in 2021. Based on the success of the first project cycle, PPMM staff were asked by OPA to facilitate a panel on Community Engagement at the TPP23 Tier 1 Orientation Meeting in August 2023.
28. OPA project officers have complimented S.E.E. staff for excellent program management of the complex project and their ability to quickly address and overcome programmatic changes such as pivoting to new evidence-based programs to better meet the needs of project partners and communities. In fact, on March 6, 2025, PPMM was approved to expand the scope of their project to include a new geographic region: youth and parents and caregivers in Kings County, CA where we had identified a crucial need to implement this programming based on rates of unintended pregnancies and STIs.
29. During our third, fourth and fifth year of the grant, we planned to concentrate efforts on goal (b) of the Sex Ed Equity Project: to advance systems-level change by building the capacity of each community's organizations, parents/caregivers, and other trusted adults to better meet the needs of the target population by increasing their access to safe and equitable sex ed, and related youth friendly services, to ultimately improve their positive health and life course outcomes. In FY26-28 we planned to partner with a wider tapestry of committed organizations to provide evidence-based programs as both primary interventions, and refresher programs, to increase protective factors for youth of color, strengthen their web of related local supports, and advance health equity for this target

population who have high unmet needs and live within hard-to-reach settings in PPMM's service territory.

30. During the first two program years, PPMM's Project has reached 1,962. By the end of the five-year grant period, PPMM's Project is projected to have reached an estimated 10,100 individuals.

2025 NON-COMPETE CONTINUATION AWARD NOTICE

31. On January 8, 2025, we received information for preparing a non-competing continuation award application. This information resembled what we had received in prior years. We began taking the appropriate steps internally to complete this application.
32. On January 14, 2045, we received updated information, which did not appear to be much different than what we had received on January 8. We continued to internally prepare to complete the application accordingly.
33. On March 26, 2025, PPMM staff met with the OPA Project Officer for the regular monthly check-in meeting. During the meeting, PPMM's OPA Project Officer announced new NCC information was coming soon and advised PPMM to take a careful look at the Standards and Terms section of the NOA.
34. On March 31, 2025, via email, we received further updated requirements (the "new notice"). While the new notice had substantially changed the requirements, it did not change the date by which the application was due: April 15, 2025 at 5:00 PM Eastern Time.
35. The new notice directed, among other requirements, that Tier 1 TPP grantees review and be aware of all current Presidential Executive Orders (EOs) and revise our project scope

and work plan, as necessary, to demonstrate that our program is “aligned with” current EOs.

36. In the days following the issuance of this new guidance, PPMM discussed the changes and directives of the new notice.

37. In addition to the “alignment” with EOs requirement, this new notice also imposed other new requirements that were more burdensome than historical NCC application guidance and requirements. In particular, unlike in the past, it appeared more onerous and imposed significant administrative burdens to attempt to complete the requirements set forth in the guidance.

38. Upon reviewing the new notice, PPMM reviewed its existing project scope, work plan, and program materials to evaluate how to respond to the instructions that it “align” its programs with the updated terms.

39. On April 9, 2025 PPMM’s OPA project officer hosted an optional, online office hours meeting for her grantee cohort that advised grantees to look over the updated notice very closely, especially the section that asks grantees to outline how their project will align with the EOs.

40. On April 10, 2025, I also emailed our OPA Project Officer to inquire about whether PPMM would be prevented from submitting an NCC for FY27 if we were unable to submit the NCC by April 15, 2025 for FY26.

41. On April 11, 2025, our OPA Project Officer responded suggesting that we schedule a video conference to discuss my inquiry. Later that day, we met via Zoom and the Project Officer indicated that PPMM would be unable to submit an NCC for FY27 if we did not submit the NCC for FY26 by the deadline on April 15, 2025 by 5 p.m. EST.

42. PPMM also carefully reviewed the new notices and the references cited therein. But, despite best efforts, PPMM was unable to determine what the federal government would find to be compliant and noncompliant based on the terms of the new notice.
43. PPMM determined that it could not in any form modify its project scope, work plan, EBP curriculum, supplemental resources and partner trainings, and program implementation model and still provide medically accurate and age-appropriate evidence-based Teen Pregnancy Prevention Program with the aim of advancing health equity focused on communities and populations with the greatest needs and facing significant disparities per the April 18, 2023 NFO.
44. Based on the language of the new notice, PPMM was unable to discern what is meant by the requirement that it “align” its program with Executive Orders, which on their own continue to be issued frequently and on a continuous basis since January 20, 2025. It is unclear which orders the government thinks would be relevant to PPMM’s application and program, and how so. The EOs themselves contain numerous vague and ambiguous terms that remain unclear. And while many of these executive orders direct agencies to take specific actions and/or rescind prior agency guidance, they do not impose particular requirements on non-governmental entities like PPMM.
45. Indeed, the requirement that we “align” our program with the EOs listed in the updated guidance appeared to be an impossible task, especially EOs that would, in effect, require grantees to drastically alter or redact the content of curriculum.
46. Attempted compliance with the EOs would run counter to the purpose of the program set forth in the 2023 Notice of Funding Opportunity as I understand it. For example, a requirement that PPMM cease “promoting DEI activities,” or adopt many of the terms

within the EOs, is impossible to reconcile with the purpose of the TPP Program and the underlying requirement that this project meet the needs of populations that have the highest unmet needs.

47. Indeed, if we were to inform partners that they are unable to discuss, much less address questions raised, related to race, equity, diversity, or trauma and how it may impact different communities that S.E.E. was designed to reach, this would undermine the purpose of our project: to ensure that we adopt culturally appropriate non-judgmental sex education in settings where youth already learn, are being mentored by caring, inclusive adults, and are receiving safety net services.
48. We were also unable to adequately discern how OPA will apply the new conditions given the broadness and vagueness of the Executive Orders referenced in the NCC guidance.
49. Moreover, at least two of the six publishers of the EBPs implemented via the S.E.E. project said they would not approve EO-driven adaptations made to their evidence-based programs that would have resulted in eliminating key learning concepts, such as those about sexual orientation, or gender expression, for example.
50. Under these circumstances, it remains unclear what it means to “align” a program with the EOs, much less how that could reasonably be accomplished.
51. If we removed chapters of EBPs or made unauthorized modifications, we would no longer be able to replicate these programs with fidelity, as is required by the TPP program.
52. Likewise, abandoning these EBPs in exchange for different ones would not be possible: the EBPs that were selected, after careful review and consideration of the TPPER, are the most effective for the communities that our project has identified as having the highest

unmet needs. Abandoning these programs in favor of other programs that have not been determined to be effective in such communities would, in effect, require us to abandon and ignore the “evidence based” approach that is at the core of the TPP program.

53. In effect, attempting to “align” our programs with the terms of many of the EOs would require us to abandon the underlying purpose of this project: to reduce unintended pregnancies and STIs within communities that face the highest unmet needs in California and Nevada.

54. PPMM was placed in an impossible position: walk away from the TPP program, or else speculate how to revise the program to align with the EOs and ultimately do so in a manner that is both inconsistent with the other directives of the program and that is contrary to the very purpose of the PPH TPP project.

55. PPMM remains committed to the continued replication of comprehensive, medically accurate, evidence-based sexual education programs that are age appropriate. PPMM cannot remain committed to these values if it “aligns” itself with the vague terms of the EOs.

56. Given the nature of the suggestions in the NCC notice, PPMM was unable to make changes required by the notice and therefore could not submit an application for FY26 certifying compliance therewith.

IRREPARABLE HARM

57. PPMM made the difficult determination that it could not afford to expend its limited resources on attempting to modify its TPP program on such short notice knowing that it would be impossible to do so, and therefore ultimately could not certify compliance with

the new requirements. Under these circumstances, PPMM determined that it could not submit a futile application.

58. Because of HHS' promulgation of this new notice, we are being forced to re-evaluate a substantial amount of our education programming. With almost a million dollars a year in funding, TPP funding supports the wages and benefits of numerous personnel that work on this project as well as indirect expenses, such as contracts with various community partners that assist in the implementation of the various EBPs in different settings.

PPMM estimates the loss of funding could directly cause the elimination of (5) full-time employees in FY26—roles that serve not only S.E.E. but other program implementations across PPMM's two states and 46 county service territory.

59. Additionally, over the past two years our partner organizations have hired staff to deliver the TPP programming and have reorganized their staffing models to meet S.E.E. Project objectives. Our partner organizations would thus also likely suffer harm without TPP funding. Each partner entered into service contracts with PPMM with the understanding that the funding was for the full 5-year period of the grant.

60. The loss of TPP funding will be devastating for the capacity building partnerships that PPMM has invested in over the years to expand the S.E.E. project from its inception based on our April 2020 application, to when we received an NOA in 2021 for the project for FY22-23, to the current project that was designed to be implemented from FY2024-2028. Given limited resources that presently exist for funding comprehensive sexual education programs, we do not believe that community partners will be able to continue this work without PPMM's technical assistance, program supplies, training,

work plan management, curricula subscriptions, and fee-for-service contracts, when applicable.

61. Most importantly, we are concerned about the impact that ending this programming will have on those it aims to serve: Young people of color in California and Nevada, particularly those who experience adolescent pregnancy and sexually transmitted infection rates higher than the national average, which is continuously compounded by stigma and structural barriers in accessing basic health and sex education and limited community resources.

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that the foregoing is true and correct.

Date: May 11, 2025

/s/ Courtney Macavinta
Courtney Macavinta

EXHIBIT A



Office of the Secretary

Notice of Award

Award# 1 TP1AH000316-01-00

FAIN# TP1AH000316

Federal Award Date: 06/15/2023

Recipient Information

1. Recipient Name

PLANNED PARENTHOOD MAR MONTE INC
1691 The Alameda
Education
San Jose, CA 95126-2203

2. Congressional District of Recipient

19

3. Payment System Identifier (ID)

1941583439A1

4. Employer Identification Number (EIN)

941583439

5. Data Universal Numbering System (DUNS)

077170694

6. Recipient's Unique Entity Identifier (UEI)

MK1HG1DKY1Z9

7. Project Director or Principal Investigator

[REDACTED]
[REDACTED]
[REDACTED]

8. Authorized Official

Ms. Stacy Cross
[REDACTED]
[REDACTED]

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Miss Deborah Hayes
Grants Management Specialist
deborah.hayes@hhs.gov
240-453-8802

10. Program Official Contact Information

Ms. Roslyn Thomas
Public Health Advisor
Division of Program Development and Operation
roslyn.thomas@hhs.gov
2404532835

Federal Award Information

11. Award Number

1 TP1AH000316-01-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000316

13. Statutory Authority

Division H, Title II of the Consolidated Appropriations Act, 2023 (Public Law No. 117-328)

14. Federal Award Project Title

Planned Parenthood Mar Monte (PPMM) Education's Sex Ed Equity (S.E.E.) Project

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - End Date 06/30/2024

20. Total Amount of Federal Funds Obligated by this Action \$985,867.00

20a. Direct Cost Amount \$894,970.19

20b. Indirect Cost Amount \$90,896.81

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$985,867.00

26. Period of Performance Start Date 07/01/2023 - End Date 06/30/2028

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$985,867.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
OASH Grants Management Officer

30. Remarks

This action provides FY 2023 Tier 1 funds in the amount of \$985,867.00. See attached Terms and Conditions.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 1 TP1AH000316-01-00

FAIN# TP1AH000316

Federal Award Date: 06/15/2023

Recipient Information**Recipient Name**

PLANNED PARENTHOOD MAR MONTE INC

1691 The Alameda

Education

San Jose, CA 95126-2203

Congressional District of Recipient

19

Payment Account Number and Type

1941583439A1

Employer Identification Number (EIN) Data

941583439

Universal Numbering System (DUNS)

077170694

Recipient's Unique Entity Identifier (UEI)

MK1HG1DKY1Z9

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$390,372.57
b. Fringe Benefits	\$148,341.57
c. Total Personnel Costs	\$538,714.14
d. Equipment	\$0.00
e. Supplies	\$50,254.00
f. Travel	\$10,000.00
g. Construction	\$0.00
h. Other	\$18,002.05
i. Contractual	\$278,000.00
j. TOTAL DIRECT COSTS	\$894,970.19
k. INDIRECT COSTS	\$90,896.81
l. TOTAL APPROVED BUDGET	\$985,867.00
m. Federal Share	\$985,867.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-19999SQ	TP1AH0316A	TPP01	41.51	93.297	\$985,867.00	75-23-0120



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Award# 1 TP1AH000316-01-00

FAIN# TP1AH000316

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35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Budget Period and Continuation Awards.** The award is for the budget period noted on line 19 with the possibility of subsequent continuation awards of up to 12 months at a time up to the maximum project period described on line 26. As the recipient, you must submit a separate application for review each budget period. OASH must approve the application in order for you to receive continued support for that year. Continuation application instructions will be provided no later than three months before the end of the current budget period. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as project progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.
2. **Addressing Reviewer Comments on Weaknesses.** The recipient must submit as a Grant Note in GrantSolutions a written response to all weaknesses noted in the Review Panel Comments within 30 days of the project start date on this Notice of Award. The response should address the weaknesses in relation to the program expectations as described in the notice of funding opportunity (NOFO). If addressing those weaknesses results in a significant change to the workplan and/or budget, a revised workplan and/or updated budget must be submitted as part of the response. Grants Management Officer prior approval is required for significant changes to become effective.
3. **Submission of MOAs.** The recipient must submit all Memoranda of Agreement (MOAs) for partnerships or collaborations identified in the application within 30 days of the start of the first budget period. MOAs should be on partner letterhead with appropriate signatures of all parties to the agreement and outline specific roles, responsibilities, resources, and contributions to the project of each organization. For new partnerships not identified in the application, the recipient must submit any new MOA as a Grant Note in GrantSolutions within 10 days of its execution.
4. **Paperwork Reduction Act Applicability.** Any collection of information as defined in [5 C.F.R. 1320.3\(c\)](#) may require OMB clearance if it is a requirement of your award to collect that information. The recipient is responsible for preparing the clearance package necessary to obtain Paperwork Reduction Act clearance and submitting it to the project officer. The project officer will notify the recipient when the approval has been received or request additional information.
5. **Institutional Review Board (IRB).** It is the recipient's responsibility to ensure that any activities meeting the definition of human subjects research are appropriately reviewed according to the Common Rule ([45 CFR Part 46](#)). For non-exempt research activities, Institutional Review Board (IRB) approvals must be submitted via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to the recipient's receipt of the IRB approval.

The recipient must have clear procedures in place to determine whether the research is exempt under the Common Rule consistent with the [guidance](#) provided by the Office of Human Research Protections (OHRP). The determination that an exemption applies should be documented and provided as a Grant Note in GrantSolutions.

6. **Substantial Federal Involvement.** The award is a cooperative agreement. Cooperative agreements are a form of assistance that allows for substantial involvement between the awarding agency and the recipient during the period of performance. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, periodic site visits, ongoing review of plans and progress, relevant meetings, provision



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of training and technical assistance), substantial programmatic involvement will include:

- + Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.
- + Consulting with the recipient throughout the preparation and dissemination of materials related to the award.
- + Review of recipient progress during the planning period and approval at significant milestones to move forward with full implementation.
- + Review and approval of EBPs selected for replication, EBP implementation plans, and proposed adaptations to EBPs.
- + Consulting on the adaptations proposed to ensure fidelity to EBPs core components.
- + Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.
- + Serving as a programmatic resource during the implementation of the project by participating in the design of the activities and contributing with subject matter expertise.
- + Identification of other organizations with whom the recipient may be asked to develop cooperative and collaborative relationships and partnerships to enhance the effectiveness of the project.
- + Reviewing and approving all program materials prior to use in the project to ensure the materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive.

7. Non-duplication of efforts. The recipient must coordinate with all teen pregnancy prevention programs within the same service areas to ensure that services provided under this award will not duplicate services and/or programs that already exist in the focus populations or communities. Within the first 30 days of the project, the recipient must submit documentation as a Grant Note in GrantSolutions outlining the populations, specific settings/locations, and areas of the community in which the project will be implemented and include other organizations implementing teen pregnancy prevention activities. The recipient should outline a plan or strategy how the organizations will work together to avoid duplication.

8. Replicate EBPs with fidelity and quality. Recipients must replicate one or more evidence-based programs (EBPs) that meet the criteria outlined in Section A.2.c.2 - Eligibility of Programs to be Replicated and Implemented to Scale of the Notice of Funding Opportunity (AH-TP1-23-001). Recipients are expected to obtain prior approval from OPA for selected EBPs prior to piloting the programs and work with OPA to finalize the plan for implementing evidence-based programs. The recipient must replicate EBPs with fidelity and quality. The recipient is expected to observe 5% of all EBP sessions and 100% of all EBP facilitators for fidelity and quality on an annual basis. Recipients may not significantly change the program's core components or compromise program fidelity. All proposed adaptations must be reviewed by OPA. Major adaptations must be approved by OPA prior to implementation, regardless of guidance provided by the program developer.

9. Materials Review. The recipient is required to make all materials used and information disseminated within the funded project age appropriate and medically accurate. OPA expects the recipient to make materials and information culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. Review of materials is required prior to use in the grant. OPA expects the recipient to follow its guidance in conducting its own review. The recipient must correct any medical accuracy issues identified as part of its review prior to implementation, notify OPA that all modifications have been made, and certify that materials are medically accurate prior to use in the project. OPA may require recipients to submit program materials to OPA for a medical accuracy review by OPA.

10. Evaluation Activities. No more than ten percent of requested federal funds may be allocated to the collection and analysis of data related to the project. In addition, recipients may not use funds for a rigorous impact evaluation.

Recipients are not required to collect such data as it relates to knowledge, attitudes, and intentions on sex.

The recipient is required, if selected, to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available and must agree to follow all evaluation protocols established by OPA or its designee.



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11. **TPP Program Performance Measures.** Recipients must collect all OPA performance measures (OMB #0990-0438, Expiration August 31, 2023, pending renewal) and report them on a semi-annual basis. Performance measure data are due at the same time the performance project reports (See Reporting Section below). In collecting performance measures and other project data, recipients must adhere to all relevant state laws, organizational policies, and other administrative procedures prior to collection.
12. **Teen Pregnancy Prevention Program Tier 1 Expectations.** The recipient should conduct the project in such a manner as to address the overall program expectations in the notice of funding opportunity AH-TP1-23-001. Specifically, demonstrate by the end of the planning period, the ability to scale replication of evidence based programs (EBPs) in 3 or more settings in each identified community, including a confirmation of the total number of youth available in each setting and the percentage of them that will receive EBPs;
 - + demonstrate readiness to begin fully executing all expectations of the award by the end of the 6-month planning period;
 - + focus project on a community(ies) and population(s) that are disproportionately affected by unintended teen pregnancy and STIs;
 - + meaningfully engage youth, parents/caregivers, and the community in the design, implementation, and monitoring of the project;
 - + actively engage and collaborate with a network of partners in order to increase awareness of, access to, and utilization of adolescent-friendly services which address the needs of the population of focus;
 - + execute the project in an equitable, safe, supportive, and inclusive environment using trauma informed and positive youth development approaches; and
 - + have a Monitoring and Improvement Plan (MIP) to ensure programs offered are equitable, accessible, and of the highest quality and best fit for the community(ies) and population(s).
13. **Grantee Meetings.** The recipient is encouraged to actively participate in all OPA-supported TPP recipient meetings and recipient conferences, in addition to training and technical assistance (TA) available from the Reproductive Health National Training Center and other OPA-funded TA providers. OPA is planning to conduct one TPP grantee training in Year 1 of the project , a national grantee conference in years 2 and 4, and at least one recipient meeting in years 3 and 5.

STANDARD TERMS

1. **Recipient Responsibilities and Compliance with Requirements.** The recipient of this award has the full responsibility for the conduct of the project or activity supported under this award and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is described in the application for this award subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

Although recipients are encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise, such advice does not diminish the recipient's responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

The recipient accepts the terms and conditions of the award by drawing or otherwise obtaining funds for the award from the grant payment system or office. By accepting this award, the recipient agrees to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications, and to the prudent management of all expenditures and actions affecting the award including the monitoring of subrecipients (if applicable).

The recipient must comply with all terms, conditions, and requirements outlined in this Notice of Award, including:



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- Award policy terms and conditions contained in the applicable Department of Health and Human Services (HHS) Grant Policy Statement (GPS), (note any references in the GPS to 45 C.F.R. Part 74 or 92 are now replaced by [45 C.F.R. Part 75](#), and the SF-269 is now the SF-425), and its subsequent updates. The HHS Grants Policy Statement is available at <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>.
- All requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable.
- Requirements or limitations in any applicable appropriations acts.
- Compliance with all applicable statutes and regulations included in the Certifications and Representations for the recipient's SAM.gov registration.

2. Grants Management Officer Prior Approval Requirements. Certain changes to the project or its assigned personnel require prior approval from the Grants Management Officer (GMO) ([45 C.F.R. § 75.308](#)).

The recipient's Authorizing Official (AO) and/or Project Director/Principal Investigator (PD/PI) listed on page 1 of the Notice of Award must sign all amendment requests for actions requiring prior approval. The recipient must submit the request through the GrantSolutions Amendment Module. If the AO has changed since OASH issued the award, the recipient must provide notice of the change in AO. A change in PD/PI requires prior approval by the GMO and must be requested by the AO listed on the Notice of Award.

If approved, the GMO will sign the approval, typically by issuing a new Notice of Award. No other signature will constitute a valid approval. If the recipient acts on the basis of a response from any other officials or individuals, the recipient does so at its own risk. Such responses will not be considered binding by or upon any OASH office or HHS component. The GMO is not obligated to provide retroactive approvals.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within GrantSolutions. All correspondence must include the Federal Award Identification Number (FAIN) and signature of the AO and/or the PD/PI to avoid delays.

3. Salary Limitation. The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2023, the Executive Level II salary is \$212,100. This amount is updated annually and posted at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>.

For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

4. Reporting Subawards and Executive Compensation. As the recipient of this award you must comply with the following statutory reporting requirements.

A. Reporting of first-tier subawards.

1) Applicability.

Unless you are exempt as provided in paragraph D of this award term, you must report each action that obligates \$30,000 or more in Federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2) Where and when to report.

You must report each obligating action described in paragraph A.1. of this award term to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FFRS). For subaward information, report no later than the end of the month



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following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3) What to report.

You must report the information about each obligating action as specified in the submission instructions posted at <http://www.fsrs.gov>.

B. Reporting Total Compensation of Recipient Executives.

1) Applicability and what to report.

You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

a) The total Federal funding authorized to date under this award is \$30,000 or more;

b) In the preceding fiscal year, you received—

(1) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

c) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report executive total compensation described in paragraph B.1. of this award term:

a) As part of your registration profile in the System for Award Management (SAM).

b) By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1) Applicability and what to report.

Unless you are exempt as provided in paragraph D of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

a) In the subrecipient's preceding fiscal year, the subrecipient received—

(1) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. § 170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and



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b) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report subrecipient executive total compensation described in paragraph C.1. of this award term:

a) To the recipient.

b) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions.

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

1) Subawards, and

2) The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions.

For purposes of this award term:

1) “Entity”

This term means all of the following, as defined in 2 C.F.R. Part 25:

a) A Governmental organization, which is a State, local government, or Indian tribe;

b) A foreign public entity;

c) A domestic or foreign nonprofit organization;

d) A domestic or foreign for-profit organization;

e) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2) “Executive”

This term means officers, managing partners, or any other employees in management positions.

3) “Subaward”:

a) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

b) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II .210 of the attachment to OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit



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Organizations’’).

c) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4) “Subrecipient”

This term means an entity that:

- a) Receives a subaward from you (the recipient) under this award; and
- b) Is accountable to you for the use of the Federal funds provided by the subaward.

5) “Total compensation”

This term means the cash and noncash dollar value earned by the executive during the recipient’s or subrecipient’s preceding fiscal year and includes the following (for more information see 17 C.F.R. § 229.402(c)(2)):

- a) Salary and bonus.
- b) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- c) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- d) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- e) Above-market earnings on deferred compensation which is not tax-qualified.
- f) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

5. Intangible Property and Data Rights.

A. Data (42 C.F.R. §75.322(d)). The federal government has the right to: 1) Obtain, reproduce, publish, or otherwise use the data produced under this award; and 2) Authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

B. Copyright (42 C.F.R. §75.322(b)). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

C. Patents and Inventions (42 C.F.R. §75.322(c)). The recipient is subject to applicable regulations governing patents and inventions, including government- wide regulations issued by the Department of Commerce at 37 CFR part 401.

6. Acknowledgement of Federal Grant Support. When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter “statements”) — describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:



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- 1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
- 2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be approved by the OASH grants management officer after consultation with the federal project officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance with sufficient time to allow for coordination.

7. Whistleblower Protections. The recipient is hereby given notice that the 48 C.F.R. § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled “Enhancement of contractor protection from reprisal for disclosure of certain information”) applies to this award.

8. Reporting of Matters Related to Recipient Integrity and Performance. As the recipient, you are responsible for:

A. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.



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B. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- 1) Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;
- 2) Reached its final disposition during the most recent five-year period; and
- 3) If one of the following:
 - a) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - b) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - c) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - d) Any other criminal, civil, or administrative proceeding if:
 - (1) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (2) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (3) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

C. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph B of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

D. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph A of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

E. Definitions



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For purposes of this award term and condition:

- 1) Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- 2) Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- 3) Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - a) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and
 - b) The value of all expected funding increments under a Federal award and options, even if not yet exercised.

F. Disclosure Requirements.

Consistent with 45 C.F.R. § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

*HHS OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852*

AND

*US Department of Health and Human Services Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026*

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp>

(Include “Mandatory Grant Disclosures” in subject line)

Fax: 1-800-223-8164 (Include “Mandatory Grant Disclosures” in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371 (“Remedies for noncompliance”), including suspension or debarment (See also 2 C.F.R. Parts 180 & 376 and 31 U.S.C. § 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.



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- 9. Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.** As the recipient, You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws require taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights

provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>

For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.

For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html>.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

- 10. Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104)

A. Provisions applicable to a recipient that is a private entity.

- 1) You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not
 - a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - b) Procure a commercial sex act during the period of time that the award is in effect; or
 - c) Use forced labor in the performance of the award or subawards under the award.
- 2) We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
 - a) Is determined to have violated a prohibition in paragraph A.1 of this award term; or
 - b) Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph A.1 of this award term through conduct that is either-
 - (1) Associated with performance under this award; or



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(2) Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

B. Provision applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

- 1) Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
- 2) Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either
 - a) Associated with performance under this award; or
 - b) Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

C. Provisions applicable to any recipient.

- 1) You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph A.1 of this award term
- 2) Our right to terminate unilaterally that is described in paragraph A.2 or B of this section:
 - a) Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7104(g)), and
 - b) Is in addition to all other remedies for noncompliance that are available to us under this award.
- 3) You must include the requirements of paragraph A.1 of this award term in any subaward you make to a private entity.

D. Definitions. For purposes of this award term:

- 1) "Employee" means either:
 - a) An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - b) Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.



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2) “Forced labor” means:

Labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3) “Private entity”:

a) Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 C.F.R. § 175.25.

b) Includes:

(1) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 C.F.R. § 175.25(b).

(2) A for-profit organization.

4) “Severe forms of trafficking in persons,” “commercial sex act,” and “coercion”

These terms have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. § 7102)

11. Prohibition on certain telecommunications and video surveillance services or equipment. As the recipient you are responsible for the following.

A. As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

1) Procure or obtain,

2) Extend or renew a contract to procure or obtain; or

3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

a) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

b) Telecommunications or video surveillance services provided by such entities or using such equipment.

c) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the



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government of a covered foreign country.

REPORTING REQUIREMENTS

1. **Financial Reporting Requirement—Federal Financial Report (FFR) SF 425.** As a recipient, you must submit your SF-425 to OASH using the Department of Health and Human Services (HHS) Payment Management System (PMS). Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications. Submission of your SF-425 will enhance the reconciliation of expenditures and disbursements and allow for timely closeout of grants. To assist in your preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>. You must complete **all** sections of the FFR.

A. Quarterly FFR Due Date.

Your FFR is due 30 days after the end of each Quarter in the federal fiscal year. That is for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

B. Final FFR Due Date. Your final FFR covering the entire project is due 120 days after the end date for your project period.

C. Past due FFRs. If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your PMS account and contact information are up to date so you receive notifications.

D. Electronic Submission.

Electronic Submissions are accepted only via the PMS – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the award with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the PMS Help Desk or your assigned Grants Management Specialist. Please reference box/line 9 pf page 1 of this NoA for the name of your assigned Grants Management Specialist.

2. **Semiannual Progress Report Requirements.** You must submit semiannual progress reports 30 days after the end of each performance reporting period unless otherwise required under Special Terms and Requirements or Special Conditions as required by statute, regulation, or specific circumstances warranting additional monitoring for this award. Your progress reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance may be provided by the Program Office. Reports must be submitted electronically via the Performance Project Report (PPR) Module in GrantSolutions.



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3. **Audit Requirements.** The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all non-Federal entities expending Federal funds, and must be consistent with the standards set out at 45 CFR Part 75, Subpart F (“Audit Requirements”). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <https://harvester.census.gov/facides/Account/Login.aspx>.

4. **Closeout Requirements.** Once the project period has ended, as the recipient, you are required to submit a Final Program Progress report, the SF-425 using the Department of Health and Human Services (HHS) Payment Management System and the SF-428 Tangible Personal Property report and/or Disposition report **within 120 calendar days after the project and final budget period end date**. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active or future projects or activities involving your organization.

A. The Final Program Progress Report:

Your report must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via the Performance Project Report Module in GrantSolutions.

B. SF-425 Final Federal Financial Report:

Submit your Final FFR using the Department of Health and Human Services (HHS) Payment Management System. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards. Electronic Submissions are accepted only via the HHS Payment Management System – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the HHS Payment Management System Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of your assigned Grants Management Specialist.

C. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports:

Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Grants & Acquisitions Management Division.

CONTACTS

1. **Fraud, Waste, and Abuse.** The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

Internet: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

Phone: 1-800-HHS-TIPS (1-800-447-8477)



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*Mail: US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026*

For additional information visit <https://oig.hhs.gov/fraud/report-fraud/index.asp>.

- 2. Payment Procedures.** Payments for grants awarded by OASH Program Offices are made through the Payment Management System (PMS, previously known as the Division of Payment Management) <https://pms.psc.gov/home.html>.

PMS is administered by the Program Support Center (PSC), HHS. Contact PMS to establish an account if you do not have one.

Inquiries regarding payments should be directed to <https://pms.psc.gov/home.html>; or

*Payment Management Services
P.O. Box 6021
Rockville, MD 20852*

or 1-877-614-5533

- 3. Use of Grant Solutions.** GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Program Director/Principal Investigator roles only. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official.

For assistance on GrantSolutions issues please contact: GrantSolutions User Support at 202-401-5282 or 866-577-0771, email help@grantsolutions.gov, Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at <https://grantsolutions.secure.force.com/>.

- 4. Grants Administration Assistance.** For assistance on **grants administration** issues please contact the Grants Management Specialist listed in Box 9 on page 1 of this Notice of Award or mail:

*OASH Grants and Acquisitions Management Division
Department of Health and Human Services
Office of the Secretary
Office of the Assistant Secretary for Health
1101 Wootton Parkway, Rockville, MD 20852*

EXHIBIT B



Office of the Secretary

Award# 5 TP1AH000316-02-00

FAIN# TP1AH000316

Federal Award Date: 06/21/2024

Recipient Information

1. Recipient Name

PLANNED PARENTHOOD MAR MONTE INC
1691 The Alameda
Education
San Jose, CA 95126-2203

2. Congressional District of Recipient

19

3. Payment System Identifier (ID)

1941583439A1

4. Employer Identification Number (EIN)

941583439

5. Data Universal Numbering System (DUNS)

077170694

6. Recipient's Unique Entity Identifier (UEI)

MK1HG1DKY1Z9

7. Project Director or Principal Investigator

[REDACTED]
Capacity Building Manager

8. Authorized Official

Ms. Stacy Cross
[REDACTED]
[REDACTED]

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information

Miss Deborah Hayes
Grants Management Specialist
deborah.hayes@hhs.gov
240-453-8802

10. Program Official Contact Information

Ms. Roslyn Thomas
Public Health Advisor
Division of Program Development and Operation
roslyn.thomas@hhs.gov
2404532835

Federal Award Information

11. Award Number

5 TP1AH000316-02-00

12. Unique Federal Award Identification Number (FAIN)

TP1AH000316

13. Statutory Authority

Division D, Title II of the Further Consolidated Appropriations Act, 2024 (Public Law No. 118-47)

14. Federal Award Project Title

Planned Parenthood Mar Monte (PPMM) Education's Sex Ed Equity (S.E.E.) Project

15. Assistance Listing Number

93.297

16. Assistance Listing Program Title

Adolescent Health Programs

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2024 - End Date 06/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$985,867.00

20a. Direct Cost Amount \$1,826,979.70

20b. Indirect Cost Amount \$90,896.81

21. Authorized Carryover \$301,899.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$630,110.51

25. Total Federal and Non-Federal Approved this Budget Period \$1,615,977.51

26. Period of Performance Start Date 07/01/2023 - End Date 06/30/2028

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$2,601,845.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Scott Moore
Grants Management Officer

30. Remarks

This Notice of Award provides FY24 federal funding as shown on line 20 and the approved use of prior year's unobligated balance as authorized carryover (line 21) and/or offset (line 22). See terms and conditions for more information about authorized carryover and offset.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Office of the Secretary

Award# 5 TP1AH000316-02-00

FAIN# TP1AH000316

Federal Award Date: 06/21/2024

Recipient Information**Recipient Name**

PLANNED PARENTHOOD MAR MONTE INC

1691 The Alameda

Education

San Jose, CA 95126-2203

Congressional District of Recipient

19

Payment Account Number and Type

1941583439A1

Employer Identification Number (EIN) Data

941583439

Universal Numbering System (DUNS)

077170694

Recipient's Unique Entity Identifier (UEI)

MK1HG1DKY1Z9

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,045,461.71
b. Fringe Benefits	\$157,829.66
c. Total Personnel Costs	\$1,203,291.37
d. Equipment	\$0.00
e. Supplies	\$38,000.00
f. Travel	\$30,000.00
g. Construction	\$0.00
h. Other	\$325,688.33
i. Contractual	\$230,000.00
j. TOTAL DIRECT COSTS	\$1,826,979.70
k. INDIRECT COSTS	\$90,896.81
L. TOTAL APPROVED BUDGET	\$1,917,876.51
m. Federal Share	\$1,287,766.00
n. Non-Federal Share	\$630,110.51

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-19999SQ	TP1AH0316A	TPP01	41.51	93.297	\$0.00	75-23-0120
4-19999SQ	TP1AH0316A	TPP01	41.51	93.297	\$985,867.00	75-24-0120



Office of the Secretary

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FAIN# TP1AH000316

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35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Prior Terms, Conditions, and Requirements.** Unless specifically removed, all prior terms, conditions, and requirements under this award remain in effect.
2. **Authorized Carryover of Unobligated Balance.** The authorized carryover amount in line 21 of this Notice of Award is the maximum amount authorized based on recipient reports of unobligated funds. Should additional unobligated funds exist, the recipient must seek prior approval to expend those additional funds. Should the unobligated balances be determined to be less than the amount authorized in line 21, the recipient is only authorized to spend the actual amount available. It is the recipient's responsibility to reconcile reports submitted to PMS and to OASH. Reconciliation consists of ensuring that disbursements equal obligations and drawdowns or making any adjustments as necessary, e.g., for an overpayment. OASH is not liable should recipient expenditures exceed the actual amount available.

Carryover amounts do not add to the total authorized; they are funds re-authorized from a previous budget period(s) for expenditure during the current budget period. The total Federal funds authorized to date for the period of performance is the amount in Block 27 of this Notice of Award.

3. **Offset.** If the value on line 22 is non-zero, this Notice of Award provides an offset of the unobligated balance from your previous budget period(s) to the budget period authorized by this award. The total approved budget is a combination of offset funds from prior year(s) and new funds. The amount of offset is not reclaimable in future budget periods nor is it appealable. If the final reconciliation of your previous budget period(s) or resolution of an audit determines that the unobligated balance differs from this amount, OASH is not obligated to make additional Federal funds available.

EXHIBIT 11



Making Adaptations Tip Sheet



Making Adaptations to Evidence-Based Programs Overview

Adaptation is a process of making changes to an Evidence-Based Program (EBP) so that it is more suitable for a particular population or an organization's setting or program structure without compromising or deleting its core components.

This Tip Sheet can serve as a guide for grantees considering program adaptations and provides information that can be utilized to implement appropriate adaptations that do not negatively impact program outcomes.

What is an Evidence-Based Program (EBP)?

An evidence-based program (EBP) is a program proven through rigorous evaluation to be effective at changing sexual risk-taking behavior among youth.

Although there are countless teen pregnancy, STI and/or HIV prevention programs implemented throughout the United States and internationally, not all have been proven effective in changing sexual risk-taking behavior. The US Department of Health and Human Services (DHHS) Office contracted with Mathematica Policy Research, Inc to identify EBPs that have been researched and scientifically proven to effectively change sexual risk-taking behavior.
(www.hhs.gov/ash/oah/prevention/research/programs/index.html).

Evidence-Based Programs on the DHHS list demonstrate:

- Evidence of a positive, statistically significant impact on at least one of the following outcomes:
 - o Sexual activity (initiation; frequency; rates of vaginal, oral and/or anal sex; number of sexual partners)
 - o Contraceptive use (consistency of use or one-time use, for either condoms or another contraceptive method)
 - o Sexually transmitted infections (STIs)
 - o Pregnancy or birth
- A positive, statistically significant impact for either the full analytic sample or a subgroup defined by (1) gender or (2) sexual experience at baseline.

EBPs have typically been proven effective with specific populations (e.g., race, ethnicity, age, and grade-level) and in a particular setting (e.g., schools, clinics, communities). Knowing which population and setting were used in the original evaluation study or replicated studies is important when selecting the most appropriate program for youth, the organization, and achievement of health goals.

PREP Grantees are not limited to selecting one of the 28 model EBPs identified in the DHHS study. Additionally, grantees have the option of replicating EBPs or substantially incorporating elements of effective programs that have been proven on the basis of rigorous scientific research. (See State PREP Funding Opportunity Announcement, Section I.3.ii.)

Why Make Adaptations to a Selected EBP?

When an evidence-based program is being considered for use with a particular organization and target population, it is important to assess not only the fit of that particular program, but also any concerns and potential adaptations that might need to be made. Doing so prior to implementing the program will increase the likelihood of the program's acceptance by the target population, thereby leading to positive behavioral outcomes for participants. (Please see the PREP *Fit and Selection Tip Sheet* for details on selecting an EBP that best fits organizational and target population needs).

Not all adaptations are good ones, especially if they are not easily integrated with the EBP's core components. It is important to use tools such as core components and adaptation guidelines when assessing the appropriateness of all adaptations and planning for any changes to EBPs.

The decision to make adaptations should also be driven by acceptable motives. For example, updating an EBP's factual information and/or adjusting activity scenarios to make them more suitable to the population being served are typically seen as acceptable motives for adaptations. Other acceptable motives for adaptations may take into account organizational/contextual limitations (e.g., either shorter or block schedule classes, policies against condom demonstrations, etc.). However, adaptations are not encouraged when the purpose is to make it easier or more convenient to implement the program; to stick to what is familiar or fun; to drop controversial topics; or because educators lack appropriate training or preparation.

All adaptation changes, regardless of their motives, need to be reviewed and approved in the context of maintaining fidelity to the core components.

Fidelity to EBPs and Core Components

Fidelity is the faithfulness with which a curriculum or program is implemented; that is, how well the program is implemented without compromising the program's core components.

Core components of an evidence-based program are the characteristics that must be kept intact when the program is being replicated or adapted, in order for it to produce program outcomes similar to those demonstrated in the original evaluation research (i.e., the essential ingredients of an evidence-based program).

Core components are separated into three categories:

1. **Content:** WHAT is being taught

- Content involves the knowledge, attitudes, values, norms, and skills that are addressed in the program's learning activities and that are most likely to change sexual behaviors.
- This component is also referred to as "**adherence**," or whether the program was delivered or implemented as it was designed or written.

2. **Pedagogy:** HOW the content is taught
 - Pedagogy involves the teaching methods, strategies, and youth-facilitator interactions that contribute to the program's effectiveness.
 - This component is also referred to as "**quality of program delivery**," or the manner in which a facilitator delivers/implements the program (e.g., what were the facilitator's credentials, skills in using the methods prescribed in the programs, enthusiasm, preparedness, attitudes, etc.). For this component, fidelity includes the interactive processes that are used to provide the information, such as class discussion, role-plays, modeling, etc.
3. **Implementation:** LOGISTICS that are responsible for a conducive learning environment
 - Logistics involve the program setting, facilitator-youth ratio, dosage, and sequence of sessions.
 - This component includes "**exposure**" or "**dosage**" - the number of sessions implemented, length of each session or the frequency with which program techniques/methodologies were implemented; or, amount of material received.
 - This component also includes "**participant responsiveness**," or the extent to which participants are engaged or involved in the activities and content of the program.

How to Plan and Implement an Adaptation to a Selected EBP

As noted above, not all adaptations are acceptable in the PREP program, especially if they are not informed by the EBP's core components. There are several theoretical approaches on how to make adaptations to EBPs in a planned and thoughtful way (see References and Resources). Most include the following steps:

1. **Assess:** Analyze the results of assessments of the target population(s) and the organization's capacity. These will highlight the important factors to include in the program.
2. **Know the selected program(s):** Identify and review the goals, objectives, logic model, curriculum activities and cultural appropriateness of the selected EBP(s) and compare the factors addressed in the program (i.e. increasing negotiation skills) to the determinants most relevant to the target population (i.e. self-efficacy in negotiating with sexual partners).

(Please see the PREP Fit and Selection Tip Sheet for more information on Steps 1 and 2.)

3. **Identify adaptation challenges:** Assess fidelity concerns or adaptation challenges that emerge from considering how the curriculum activities may conflict with the target population needs and/or agency capacity and logistical constraints. Assess acceptability of the motives for these changes as well.

In addition to having the appropriate motives for adaptations, there are only certain things that can be changed in an EBP in order to maintain fidelity to the core components and maintain the program's effectiveness in achieving identified behavior change and/or sexual health outcomes. Please see the *PREP Fidelity Monitoring Tip Sheet* for detailed guidance on this topic.

4. **Select and plan adaptations:** Using information about the EBP (i.e. curriculum, core components, logic model) and adaptation resources (i.e. adaptation guidelines, fidelity

monitoring tools), determine whether or not each proposed adaptation is an acceptable change and maintains program fidelity.

5. **Pilot and monitor adaptations:** Before full implementation, pilot the entire curriculum and/or pilot test the proposed adaptations with a subgroup of participants. This will serve as an opportunity to correct glitches and to test assumptions (e.g., how long an activity might take, whether the audience reacts as intended, whether concepts are clear, etc.). Then, gather feedback and make changes as needed. Use a fidelity monitoring tool to monitor and assess the success of the adaptations, and to provide feedback and continuous quality improvement for implementation, as well as evaluate the overall EBP implementation.

How to Identify Adaptation Challenges

In order to identify and address adaptation challenges, consider the following activities.

- When reviewing the EBP(s) selected, consider how the content, pedagogy and implementation structure may conflict with the target population needs and/or agency capacity.
- Take note of any fidelity concerns or adaptation challenges that emerge from considering how the curriculum matches the population and organization.
- Assess the acceptability of the motives for these intended changes to ensure they are intended to make the EBP more suitable for the program's population or structural limitations and not to solely make things more convenient for the educators.

In addition to having the appropriate motives for adaptations, there are only certain things that can be changed in an EBP in order to maintain fidelity to the core components and keep the program's effectiveness on behavior change and/or sexual health outcomes. General guidelines on changes that can be made versus ones that cannot are outlined below as green, yellow and red light adaptations.

Green, Yellow and Red Light Adaptations

When adaptation challenges are identified, proposed changes should be considered alongside the core components of the EBP to determine whether or not removing or changing this particular element is a green, yellow or red light adaptation.

- o **Green Light Adaptations:** Go for it! These adaptations are appropriate and are encouraged so that program activities better fit the age, culture, and context of the population. In many cases these changes should be made because they ensure the program is current and relevant to the community.
- o **Yellow Light Adaptations:** Caution! These adaptations should be made with caution so that the core components are adhered to and the adaptation does not cause other issues (e.g. time constraints, competition of topics, etc.). When making yellow light adaptations, it is recommended to consult more detailed adaptation tools and/or an expert in the EBP, such as the model developer (if available) before making the change.

- o **Red Light Adaptations:** Stop! These adaptations remove or alter key aspects of the program that will result in weakening the EBP's effectiveness.

Examples and Tips: Green Light Adaptations

- Updating and/or customizing statistics and other reproductive health information.
 - o Ensure your resources are reliable, up-to-date and medically accurate.
- Customizing role play scenarios (e.g., using wording, names or settings more reflective of youth being served).
 - o Be sure not to change the type of pressure (e.g., pressure to have sex without a condom) or the skill being practiced (e.g. 4 step refusal skill).
- Making activities more interactive, appealing to different learning styles.
 - o Keep the information and/or skill-building content the same.
- Tailoring learning activities and instructional methods to youth culture, developmental stage, gender, sexual orientation.
 - o Make the words, images and scenarios inclusive of all participants to increase engagement and effectiveness.

Examples and Tips: Yellow Light Adaptations

- Changing session order or sequence of activities.
 - o Curricula tend to build upon previous activities and lessons. Be careful not to undermine this logical progression and decrease understanding or skill-building.
- Adding activities to reinforce learning or to address additional risk and protective factors.
 - o Added activities should reinforce the EBP's key positive health behaviors. Adding too many activities could dilute the core messages, make the program too long and create retention problems.
- Modifying condom and/or birth control method activities.
 - o Activities that demonstrate steps to the correct use of condoms and birth control are critical to affect these specific behaviors. However, activities may be altered from using demonstration models to using a video or verbally walking through the steps in a mini-lecture or interactive activity. Be creative and come up with ways to get across the same information while adhering to local policies and appropriateness.
- Replacing videos with other videos or activities or using supplemental videos to replace a lecture.
 - o Caution must be taken in replacing or supplementing videos to ensure the same content and prevention messages from the original lesson are addressed.
- Implementing program with a different population or in a different setting.
 - o Ensure that any changes made to curricula based on group size, setting or culture are done appropriately for the population while also considering the original content and purpose of the activities.

Examples of Red Light Adaptations

- Shortening a program.
- Reducing or eliminating activities that allow youth to personalize risk or practice skills.
- Removing condom activities.
- Contradicting, competing with or diluting the program's goals.

- Replacing interactive activities with lectures or individual work.

How to Pilot and Monitor Adaptations

A pilot test is like a dress rehearsal for the real thing and serves as an opportunity to correct glitches as well as test assumptions (e.g., how long an activity might take, whether the audience reacts as intended, whether concepts are clear, etc.). Many green light adaptations may not require a full pilot test (e.g., updating HIV/STD data or changing the names and situations in a role play). Educators may instead work with small groups of youth to solicit input on adaptations. Other adaptations – such as incorporating a new TV clip or a more current video — are definitely worth testing.

Monitoring program implementation is important to track the effectiveness of adaptations over time. Using Fidelity Monitoring Tools helps track a variety of adaptations (both planned and unplanned) and allows the facilitator to make improvements for future implementation. Please see the *PREP Fidelity Monitoring Tip Sheet* for detailed guidance on this topic.

Online Resources and Tip Sheet References

Online Resources

- Making Adaptations to Science-based Pregnancy and STD/HIV Prevention Programs – including comprehensive Adaptation Kits for BART, RTR and Safer Choices from ETR's Resource Center for Adolescent Pregnancy Prevention (ReCAPP):
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.AdaptationsHome>
- BDI Logic Model and Online Course, ETR Associates:
<http://www.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf>
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ProfessionalCreditsDetail&pageID=226&PageTypeID=17>
- Compendia of Science-based Programs:
www.etr.org/recapp/index.cfm?fuseaction=pages.ebphome
- Diffusion of Evidence-based Intervention (DEBI) on CDC's Division of HIV and AIDS Prevention website: <http://www.effectiveinterventions.org/en/home.aspx>
- Evidence-Based Programs from ETR's ReCAPP:
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebphome>
- Evidence-Based Resource Center, Healthy Teen Network:
http://healthyteennetwork.org/index.asp?Type=B_BASIC&SEC={5E80FC23-E52F-4B64-8E81-C752F7FF3DB6}
- Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Disease*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. <http://www.thenationalcampaign.org/ea2007/>
- Kirby, D. et al. (2006). *Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics*
<http://www.etr.org/recapp/documents/programs/SexHIVedProgs.pdf>
- Little Promoting Science Based Approached (PBSA) to Teen Pregnancy Prevention Using Getting to Outcomes (GTO):
www.cdc.gov/reproductivehealth/adolescentreprohealth/PDF/LittlePSBA-GTO.pdf

- Manlove, J., Romano Papillio, & Ikramullah, E. (2004). Not Yet: Programs to Delay First Sex Among Teens. Washington DC: National Campaign to Prevent Teen Pregnancy.
<http://www.teenpregnancy.org/works/pdf/NotYet.pdf>
- OAH Pregnancy Prevent Research Evidence Review (List of EBPs):
<http://www.hhs.gov/ash/oah/prevention/research/programs/index.html>
- OAH PowerPoint Presentation for Tier 1 Grantees:
http://www.hhs.gov/ash/oah/prevention/grants/ta/tpp_tier_1/tier_1_slides_4-14-2010.ppt
- Program Archive on Sexuality, Health & Adolescence (PASHA). Los Altos, CA: Sociometrics. <http://www.socio.com/pasha.htm>
- Putting What Works to Work. (2010). Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
<http://www.thenationalcampaign.org/resources/works/PWWTWabout.aspx>
- Science and Success: Science Based Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections among Hispanics/Latinos. (2009). Washington DC: Advocates for Youth.
<http://www.advocatesforyouth.org/storage/advfy/documents/sslatino.pdf>
- Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections in the United States. (2008). Washington DC: Advocates for Youth.
<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>
- Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs
<http://www.etr.org/recapp/documents/programs/tac.pdf>
- Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (in Spanish): "Herramienta de Valoracion de Programas de Educacion Sexual para la Prevencion de VIH y Las ITS"
<http://www.etr.org/recapp/documents/programs/TACspanishVersion.pdf>
- United Nations "International Technical Guidance on Sexuality Education"
<http://www.etr.org/recapp/documents/programs/InterGuidanceSexualityEducation.pdf>

References

- McKleroy, V. S., Galbraith, J. S., Cummings, B., Jones, P., Harshbarger, C., Collins, C., Gelaude, D., Carey, J. W. and the ADAPT Team. (2006). Adapting evidence-based behavioral interventions for new settings and target populations. *AIDS Education and Prevention*, 18, Supplement A, 59-73.
- Solomon, J., Card, J. J., Malow, R. M. (2006). Adapting efficacious interventions: Advancing translational research in HIV prevention. *Evaluation & Health Professions*, 29 No. 2, 162-194.
- Tortolero, S. R., Markham C. M., Parcel, G. S., Peters, R. J., Escobar-Chaves, L., Basen-Enquist K., Lewis, H. L (2005). Using Intervention Mapping to Adapt an Effective HIV, Sexuality Transmitted Disease and Pregnancy Prevention Program for High-Risk Minority Youth. *Health Promotion Practice*, 6; 286.
- Wingood, G. M., DiClemente, R. J. (2008). The ADAPT-ITT model: A novel method of adapting evidence-based hiv interventions. *Acquired Immune Deficiency Syndrome*, 47 supplement 1.
- Wandersman, A., Imm, P., Chinman, M., & Kaftarian, S. (2000). Getting To Outcomes: A results-based approach to accountability. *Evaluation and program planning*, 23, 389-395.

EXHIBIT 12

July 2020

OPA EVALUATION TA



Documenting Adaptations Tip Sheet

This tip sheet guides Teen Pregnancy Prevention grantees conducting evaluations on how to adapt a program. It explains what adaptations are and why it's important to document them.

What is an adaptation?

An adaptation is a change to a program's content, delivery, or core components.¹

Minor adaptations are changes to the program that make it a better fit for the population served, more current, or more engaging, but they do not significantly change the program's core components or compromise program fidelity.

Major adaptations are changes to the program that alter the program's core components. A major adaptation could compromise fidelity of the program and might reduce the impact of the program on intended outcomes. As an implementer, you should be extremely cautious about making major adaptations to a program with an existing evidence base.

What are examples of *minor adaptations*?

Reason	Examples of minor adaptations
To better meet the needs of the population	• Updating examples for the target audience • Customizing role-play activities • Modifying language to make it more culturally appropriate • Adding icebreakers and energizers to make the program's activities more interactive • Extending the length of sessions to provide more time for group activities or group processing
To implement in a different setting	• Implementing as an after-school program instead of in-school • Implementing during a summer program.

Grantees should always check with the program developers for program-specific guidance on adaptations.





Recommended steps to *adapt* a program

STEP 1

Understand the program and identify adaptation challenges. Assess the fit of the program to the target population and the context in which you are implementing.

Determine whether there are any implementation challenges that might require adaptation to better align the program and needs of the target population or to address contextual limitations.

STEP 2

Select and plan adaptations. Use existing resources, such as summaries from focus groups or fidelity logs, to identify adaptation options that would address the identified challenges, and choose an option that does not alter the program's core components. Program developers often have guidelines on adaptations, so check the developer's website, curricular materials, or reach out directly to the developer for suggestions.

You can plan an adaptation before or after program implementation begins. It is important to follow these steps regardless of whether an adaptation was planned before or after program implementation.

STEP 3

Obtain the project officer's approval on the adaptations. Reach out to your project officer to discuss your proposed adaptation and determine the appropriate steps for approval. OPA has guidance available regarding documentation that needs to be submitted as part of the decision process. Documentation includes describing the planned adaptation, the rationale for the change, a statement (ideally from the developer) of why this adaptation will not compromise the fidelity of the program, and a summary of implications related to data collection, analyses, and reporting.

STEP 4

Pilot, document, and monitor adaptations. Pilot the full adapted program or just the proposed adaptations on a subgroup of participants to gather feedback on the adaptations and adjust as needed. Document adaptations using the information that follows to guide what information you should track. Monitor and assess the success of adaptations using a fidelity monitoring tool. If feedback and other implementation or outcome data indicates that the adaptation is not achieving its intended goals, then consider removing or refining the adaptation.

Why is it important to document program adaptations?

- To monitor program implementation and fidelity
- To identify successes and lessons learned from the adaptations
- To support continuous quality improvement
- To help others in the future who might be interested in implementing the program using the same adaptations

What should I document for approved program adaptations?

Maintain a tracker with the following information for each approved program adaptation:

- ✓ Describe the adaptation.
- ✓ Denote whether the adaptation is major or minor.
- ✓ Include the start and end (when appropriate) date of implementation.
- ✓ Indicate the type of adaptation (setting, facilitator, method, sequencing, cultural, and so on).
- ✓ Provide a reason for the adaptation.
- ✓ Note whether a similar adaptation has been implemented in other settings.
- ✓ Document whether and how the adaptation fits within the logic model.
- ✓ Document approval from developer and project officer.
- ✓ Describe the plan for implementing the adaptation.
- ✓ Address how the organization will document and assess whether the adaptation addressed the challenge.
- ✓ Document if the adaptation met its intended goals.

Additional resources

"Adaptations for Evidence-based Teen Pregnancy Prevention Programs." from the U.S. Department of Health and Human Services, Office of Adolescent Health, is available at https://www.hhs.gov/ash/oah/sites/default/files/adaptations_for_tpp_programs.pdf.

"General Adaptations," from the U.S. Department of Health and Human Services, Office of Adolescent Health, is available at https://www.hhs.gov/ash/oah/sites/default/files/general_adaptations.pdf.

"Making Adaptations TipSheet," from the U.S. Department of Health and Human Services, Family and Youth Services Bureau, is available at <https://www.acf.hhs.gov/sites/default/files/fysb/prep-making-adaptations-ts.pdf>.

"How Much Change is Too Much Change? Preserving Fidelity While Making Informed Adaptations," from the U.S. Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau, is available at https://www.hhs.gov/ash/oah/sites/default/files/fidelity_and_adaptation_20130216.pdf.

Endnote

¹ This definition of program adaptations is available in Office of Population Affairs's resource on general adaptations here: https://www.hhs.gov/ash/oah/sites/default/files/general_adaptations.pdf.

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**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

PLANNED PARENTHOOD OF	)	
GREATER NEW YORK <i>et al.</i>	)	Civil Action No. 1:25-cv-1334-TJK
	)	
Plaintiffs,	)	
v.	)	
	)	
U.S. DEPARTMENT OF HEALTH AND	)	
HUMAN SERVICES, <i>et al.</i>	)	
	)	
Defendants.	)	
	)	

**MEMORANDUM IN SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY INJUNCTION**

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<i>Chaplaincy of Full Gospel Churches v. England</i> , 454 F.3d 290 (D.C. Cir. 2006).....	38
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<i>City of Houston v. Dep’t of Hous. & Urb. Dev.</i> , 24 F.3d 1421 (D.C. Cir. 1994).....	42
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Hawai'i Revised Statutes § 321-11.1	35
Iowa Code § 279.5	35
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GAO, Principles of Federal Appropriations Law 2-3 (4th ed. 2016)	28

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Exec. Order No. 14147, 90 Fed. Reg. 8235 (Jan. 20, 2025)	25
Exec. Order No. 14149, 90 Fed. Reg. 8243 (Jan. 20, 2025)	25

Exec. Order No. 14150, 90 Fed. Reg. 8337 (Jan. 20, 2025).....	25
Exec. Order No. 14151, 90 Fed. Reg. 8,339 (Jan. 29, 2025).....	26, 31
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Exec. Order No. 14172, 90 Fed. Reg. 8629 (Jan. 20, 2025).....	25
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Exec. Order No. 14187, 90 Fed. Reg. 8,771 (Jan. 28, 2025).....	26
Exec. Order No. 14190, 90 Fed. Reg. 8,853 (Jan. 29, 2025).....	26, 31
Exec. Order No. 14222, 90 Fed. Reg. 11095 (Feb. 26, 2025)	25
Exec. Order No. 14241, 90 Fed. Reg. 13673 (Mar. 20, 2025).....	25

Other Authorities

Carolyn Johnson, Scott Dance, and Joel Achenbach, <i>Here Are the Words Putting Science in the Crosshairs of Trump’s Orders</i> , Wash. Post (Feb. 4, 2025)	26
Congressional Research Service, Adolescent Pregnancy: Federal Prevention Programs, https:// www.congress.gov/crs-product/R45183	4
Congressional Research Service, Federal Adolescent Pregnancy Prevention Program, Aug. 22, 2024, https://www.congress.gov/crs-product/IF10877	10
<i>Defining Sex: Guidance for Federal Agencies, External Partners, and the Public Implementing Executive Order 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government</i> , Dep’t of Health and Hum. Servs. (Feb. 19, 2025), http://bit.ly/44eLQ	32
Evelyn M. Kappeler & Amy Feldman Farb, <i>Historical Context for the Creation of the Office of Adolescent Health and the Teen Pregnancy Prevention Program</i> , 54 J. Adolescent Health S3 (2014)	5
H. Comm. on Gov’t Operations, 85th Cong., Executive Orders and Proclamations: A Study of a Use of Presidential Powers 1 (Comm. Print 195).....	24

HHS, OPA & OASH, <i>Updated Findings from the HHS Teen Pregnancy Prevention Evidence Review (TPPER)</i> , < https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-program-evaluations/tpp-evidence-review	6, 7
<i>Litigation Tracker: Legal Challenges to Trump Administration Actions</i> , Jus Security (May 7, 2025), https://bit.ly/3SqEN	25
Off. of Population Aff., HHS Announces \$68.5 Million for Teen Pregnancy Prevention Opportunities, June 23, 2023, https://content.govdelivery.com/accounts/USHHSOPA/bulletins/3613e0e	9, 10
<i>Replicate</i> , Merriam-Webster, https://www.merriam-webster.com/dictionary/replicate	30
U.S. Dep't of Health & Hum. Servs., HHS Grants Policy Statement (effective Apr. 16, 2025), https://bit.ly/3RFge	9

INTRODUCTION

This case challenges an extraordinary eleventh-hour effort to upend the Teen Pregnancy Prevention Program (TPP Program). The U.S. Department of Health and Human Services (HHS) issued a rule entitled *Guidance for Preparing a Non-Competing Continuation (NCC) Award Application* (NCC Notice) requiring funding recipients to “align” their programs with at least 139 Executive Orders—a new, impossibly vague mandate—as a condition of their continued participation in the program. To the extent the vague new requirements can be discerned at all, they contravene the TPP Program’s statutory mandate to “replicat[e]” “medically accurate,” evidence-based programs proven to reduce teen pregnancy and associated risks, and numerous administrative-law doctrines, including the change-in-position doctrine, the fair notice doctrine, and the reasoned decisionmaking requirement. Relief cannot wait. The current grant period expires on June 30, 2025, and under the status quo, Plaintiffs stand to potentially lose mission-critical funding by that date. Absent a preliminary injunction, Plaintiffs will suffer irreparable harm—projects will terminate abruptly, specialized staff will be laid off, and critical services will be withdrawn from communities facing the gravest adolescent health disparities—all compounded by lasting reputational damage. HHS’s unlawful new requirements fundamentally altering the TPP Program should be set aside, and any reliance on them preliminarily enjoined.

Congress created the TPP Program in 2009 in response to an alarming rise in teen pregnancy rates. Congress appropriated \$110 million annually, of which \$75 million would be set aside for “Tier 1” grants to “replicat[e]” “medically accurate” rigorously evaluated, evidence-based programs proven to reduce adolescent pregnancy. Congress charged HHS with implementing and administering the TPP Program. HHS typically implements the TPP Program via five-year project periods. The awards are disbursed on an annual basis; however, each year

Tier 1 grantees must submit a non-competing continuation application with a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year.

The Plaintiffs in this case are five participants in the TPP Program, each of which was awarded a five-year project period award in 2023. Planned Parenthood of Greater New York (PPGNY) and Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana and Kentucky (PPGNHAIK) have been grantees in the TPP Program since its inception in 2010. Planned Parenthood of the Heartland (PPH) joined the program in 2015, while Planned Parenthood Mar Monte (PPMM) joined in 2021, and Planned Parenthood California Central Coast (PPCCC) became a grantee for the first time in 2023. All five were awarded five-year grants to “replicat[e]” rigorous, medically accurate, and age appropriate evidence-based teen pregnancy prevention initiatives in their respective communities.

The five-year project period awards are about to enter their third year. Ex. 1. For the second year of the projects, HHS awarded Tier 1 funds for a budget period of July 1, 2024, to June 30, 2025. To continue receiving funds for the project’s third budget year, grantees were required to submit a non-compete continuation application to the agency by April 15, 2025. Shortly before the submission deadline, on March 31, 2025, HHS distributed, via email, the NCC Notice (attached as Exhibit 2), setting forth substantial and onerous new requirements for FY 2023 Tier 1 cohort organizations seeking continuation of funding for the budget year beginning on July 1, 2025—just under two months from now. In particular, the NCC Notice requires grantees to demonstrate “that the NCC award application is aligned with current Presidential Executive Orders,” and then expressly identifies several Executive Orders as examples of those that “may be of most relevance to the work of the TPP program” while requiring grantees to adhere to existing program expectations. Ex. 2 at 4-5. These new requirements are impossible for Plaintiffs to meet.

HHS’s abrupt Executive Order alignment requirement is unlawful. The alignment requirement is unconstitutionally vague, stripping grantees of any roadmap for compliance and inviting capricious enforcement. Rather than giving clear guidance on what is prescribed, the HHS notice slips in a novel, opaque mandate and then offers no yardstick for measuring adherence—leaving grantees stumbling through a legal minefield where any misstep risks the abrupt loss of critical funding.

The alignment requirement also brazenly clashes with the program’s statutory mission. Tier 1 grantees are charged with faithfully “replicating” “medically accurate,” evidence-based models across multiple settings; yet this notice appears to require grantees to commandeer the core curricula, eviscerating the very fidelity requirement that Congress and HHS established and undermining the proven interventions on which the program depends.

The alignment requirement also flouts the Administrative Procedure Act’s basic demands for reasoned agency decisionmaking and fair notice. HHS never accounted for grantees’ reliance interests, quantified the real-world costs or logistical burdens of ripping out or amending core program models, or even considered whether fidelity to evidence-based interventions could coexist with the Executive Orders’ dictates. By skirting any genuine analysis of the complexities involved in “aligning” TPP Program curricula with hundreds of Executive Orders, HHS failed to engage in the kind of reasoned decisionmaking the APA demands.

Plaintiffs need immediate relief. The current grant period ends June 30, 2025. Unless this Court enjoins or vacates HHS’s new unlawful alignment requirement and permits grantees to submit new or amended applications in short order, critical funding will run out on June 30. Grantees and those that they serve will then suffer irreparable harms—loss of vital, medically accurate and age appropriate education services; layoffs of specialized program staff; abrupt

disruption of school and community partnerships; erosion of trust with youth and families; and the attendant spike in unintended teen pregnancies, sexually transmitted infections, and health disparities among already vulnerable populations the TPP Program was enacted to prevent. The Court should preliminarily enjoin the unlawful alignment requirement and order HHS to accept new or amended applications that HHS can consider and grant before TPP Program funding expires on June 30, 2025.

STATEMENT OF FACTS

Teenage pregnancy has long been a public health concern in the United States. “Despite a substantial decline over the past two decades, the rate of [unintended] adolescent pregnancy in the United States remains higher than that of comparable high-income countries, with persistent racial, ethnic, and geographic disparities.”¹ Unintended teenage pregnancy, childbirth, and in some cases, parenthood, can have significant and determinative short- and long-term impacts on the health and quality of a young person’s life and can be associated with adverse health, social, and economic challenges.² As a result, public health organizations, including the Centers for Disease Control and Prevention, agree that reducing unintended teenage pregnancy and preventing sexually transmitted infections is in the best interest of not only teenagers, but society as a whole.³

In 2009, Congress mandated the creation of the TPP Program to fund a wide array of evidence-based approaches that are rigorously tested through scientific methods, in order to combat unintended teen pregnancy.⁴ Congress established the TPP Program “to create evidence-based social policy initiatives to improve policymaking and program outcomes” by “designing

¹ Congressional Research Service, Adolescent Pregnancy: Federal Prevention Programs, <https://www.congress.gov/crs-product/R45183>.

² *Id.*

³ *Id.*

⁴ Consolidated Appropriations Act, 2010, Pub. L. No. 111-117, 123 Stat. 3034, 3253 (2009).

new initiatives to build rigorous data, rather than treating evaluation as an afterthought, and using the evidence that emerges for action.”⁵

A. The TPP Program from 2010 to 2024

In FY 2010, Congress appropriated \$110 million in funds to the TPP Program and directed that such funds “shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants.”⁶ Since then, Congress has continuously funded the TPP Program at approximately the same levels in the same manner and with the same statutory requirements.⁷ The program competitively awards grants to public and private entities to implement a variety of evidence-based or innovative models that seek to influence adolescent sexual behavior. Ex. 1, U.S. Dep’t of Health and Hum. Servs., Notice of Funding Opportunity: Advancing Equity in Adolescent Health Through Evidence-Based Teen Pregnancy Prevention Programs and Services (FY 2023 NOFO), at 16, 18. Such models focus on sexual abstinence or information about the use of contraception, among other approaches. Kappeler & Feldman, *supra* note 5, at S4.

The TPP program funds two types of grants. *Id.* at S3-S4; Ex. 5, Declaration of Leslie M. Kantor, PhD, MPH, ¶ 22. Relevant to this case are grants of the first type, known as “Tier 1” grants, which Congress charged with the task of replicating models that HHS has already determined to be proven effective in reducing unintended teen pregnancy or impacting associated sexual risk behaviors and consequences through a systematic review of rigorous evaluation studies

⁵ Evelyn M. Kappeler & Amy Feldman Farb, *Historical Context for the Creation of the Office of Adolescent Health and the Teen Pregnancy Prevention Program*, 54 J. Adolescent Health S3, S3 (2014).

⁶ Consolidated Appropriations Act, 2010, Pub. L. No. 111-117, 123 Stat. 3034, 3253 (2009).

⁷ See Pub. L. 118-47, 138 Stat. 460, 671 (2024).

of these programs.⁸ After federal administration costs, 75% of available TPP funds are reserved for Tier 1 grants.⁹

Tier 1 grantees are statutorily required to replicate, with fidelity, established evidence-based programs. The most recent appropriation for the TPP Program (which is materially identical to the language in every appropriation since the program’s start in 2009) provides:

That of the funds made available [to HHS’s Office of the Secretary], \$110,000,000 shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not less than \$75,000,000 shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors ¹⁰

Programs eligible for “replication” are identified by HHS, through the agency’s Teen Pregnancy Prevention Evidence Review (TPPER) process.¹¹ Relying on a systematic review of studies and program evaluations, TPPER determines whether a program is proven effective in serving the required TPP goals: reducing teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.¹² The TPPER “currently identifies 52

⁸ See, e.g., Pub. L. 118-47, 138 Stat. 460, 671 (2024) (allocating funds “for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors”); see also Ex. 5 ¶ 23 (describing Tier 1 programs).

⁹ Pub. L. 118-47, 138 Stat. 460, 671 (2024). The remaining 25% of TPP program funds are awarded to “Tier 2” research and demonstration grants. *Id.*; Ex. 5 ¶ 46. These Tier 2 grants are focused on programs that are designed to develop, replicate, and refine additional evidence-based models and innovative strategies for reducing unintended teenage pregnancy rates. See, e.g., Pub. L. 118-47, 138 Stat. 460, 671 (2024) (allocating funds to “research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy”); see also Ex. 5 ¶ 46 (describing Tier 2 programs).

¹⁰ Pub. L. 118-47, 138 Stat. 460, 671-72 (2024) (emphasis added).

¹¹ HHS, OPA & OASH, *Updated Findings from the HHS Teen Pregnancy Prevention Evidence Review (TPPER)*, <https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-program-evaluations/tpp-evidence-review> (last visited May 8, 2025).

¹² *Id.*

programs that meet the review criteria for evidence of effectiveness.”¹³ Each of Plaintiffs’ TPP Program projects implements and replicates, with fidelity, at least one of these evidence-based programs that HHS has identified as effective and consistent with Congress’s mandate for the program.¹⁴

B. The TPP Program Application and Award Process

Tier 1 funding recipients, including Plaintiffs in this case, receive funding for their projects through two distinct processes: a competitive award cycle, in which they propose and are selected to replicate evidence-based programs up to a five-year period, and an annual non-competitive continuing award process in which funding recipients apply to HHS to receive a one-year continuing award of funds as part of the five-year project period. *See* Ex. 1 at 2. The procedures governing this practice are codified in HHS’s regulations. *See* 45 C.F.R. § 52.6.

HHS regulations governing the award of grants and cooperative agreements are primarily codified at 45 C.F.R. Part 75. Additionally, 45 C.F.R. § 52.6(c) allows HHS to notice an award for a “project period,” during which HHS intends to support the project “without requiring the project to recompete for funds.” Consistent with these regulations, the TPP Program competitive grantmaking process necessarily begins with a notice of funding opportunity (NOFO), *i.e.*, a public announcement in which HHS’s Office of Population Affairs (OPA) declares its intention to award

¹³ *Id.*

¹⁴ *See* Ex. 6, Declaration of Wendy Stark on behalf of PPGNY, ¶ 23; Ex. 7 Declaration of Rebecca Gibron on behalf of PPGHNAIIK, ¶ 17; Ex. 8, Declaration of Jenna Tosh on behalf of PPCCC ¶ 22; Ex. 9, Declaration of Christine Cole on behalf of PPH, ¶ 19; Ex. 10, Declaration of Courtney Macavinta on behalf of PPMM, ¶ 20; <https://rhntc.org/resources/evidence-based-teen-pregnancy-prevention-programs-glance> (listing approved programs). HHS has removed the Teen Pregnancy Prevention Evidence Review website, which listed the HHS-approved evidence based programs. However, the list of eligible evidence-based programs is available on the Reproductive Health National Training Center’s website. *See* <https://rhntc.org/resources/evidence-based-teen-pregnancy-prevention-programs-glance>.

funds and outlines the program goals, objectives, and conditions for applying. *See, e.g.*, Ex. 1, at 20-22.

The TPP Program has awarded funds to multiple cohorts of Tier 1 grantees since FY 2010. Ex. 5 (Kantor Decl.) ¶ 22. The current cohort of Tier 1 grantees, including Plaintiffs, were selected based on a FY 2023 NOFO titled “Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Program and Services.” Ex. 1 at 1. In particular, this NOFO solicited “applications for projects to serve communities and populations with the greatest needs and facing significant disparities to advance equity in adolescent health through the replication of evidence-based teen pregnancy prevention programs (EBPs) and services.” *Id.*; *see also* Ex. 3, OASH, OPA, *Advancing Equity Through Replication of EBPs and Services (TPP23 Tier 1)*.

In justifying the need for programs that “advance equity in adolescent health,” the FY 2023 NOFO highlighted the “significant disparities in adolescent sexual health outcomes by race, ethnicity, geography, and among those that have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.” *Id.* at 1, 5. One of the eight “expectations” for the projects required that programs “[f]ocus on [a]reas of [g]reatest [n]eed and [f]acing [s]ignificant [d]isparities” and “serv[e] youth who are . . . disproportionately affected by unintended teen pregnancies (including rapid repeat pregnancy) and STIs due to factors such as: [r]ace; [e]thnicity; [g]eography; and/or [o]therwise historically underserved or marginalized. This includes those that have been adversely affected by persistent poverty and inequality (*e.g.*, youth experiencing homelessness, youth in foster care, youth in juvenile justice, LGBTQI+ youth, youth with disabilities, expectant and/or parenting teens, etc.).” *Id.* at 6-7.

The FY 2023 NOFO also required applicants to select evidence-based programs that were “a good fit, demonstrating clear alignment between the selected EBPs, project goals and desired

outcomes, needs of the community/population, and the capacity/readiness of the implementation site(s) and implementing organization(s).” *Id.* at 8. HHS defined “evidence-based” approaches as those “that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.” *Id.* at 2; *see also id.* at 64-66 (glossary defining each of these terms). HHS further emphasized the importance of grantees using materials accompanying the evidence-based programs that are “age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive of all youth.” *Id.* at 8; *see also id.* at 64-66 (glossary defining each of these terms). In evaluating applications for the FY 2023 cohort, HHS considered seven criteria, placing most weight on whether a program served areas of greatest need and disparities. *Id.* at 43-46.

Per the NOFO, for each year of the approved performance period grantees would “be required to submit a noncompeting continuation application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year.” *Id.* at 56. “Specific guidance [would be provided annually by OASH and OPA] via Grant Solutions well in advance of the application due date. OASH [then] will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government.” *Id.*; *see also* U.S. Dep’t of Health & Hum. Servs., HHS Grants Policy Statement at 21 (effective Apr. 16, 2025), <https://bit.ly/3RFgeir>.

In the FY 2023 Tier 1 cohort, 53 grantees in 29 states and Puerto Rico were awarded more than \$68.5 million to “replicate and scale evidence-based programs” that had been proven effective

to improve sexual and reproductive health outcomes and promote positive youth development.¹⁵ In its announcement, HHS emphasized that through this cohort of grantees, the agency sought “to advance equity in adolescent health by supporting projects that serve communities and populations with the greatest needs and facing significant disparities” with a “focus on reaching communities and populations that are disproportionately affected by unintended teen pregnancy and STIs.”¹⁶ Grantees served 140,935 youth in FY 2023,¹⁷ the most recent period for which this data is available.

C. Plaintiffs’ Tier 1 Programs

Plaintiffs are Tier 1 funding recipients who were selected to execute five-year sex-education projects under the FY 2023 funding opportunity. All of their projects are modeled on programs that were selected from HHS’s pre-approved list, which have been proven through rigorous evaluation to reduce unintended teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, and which were determined to be a good fit for the communities they serve.¹⁸ For the last two years since Plaintiffs’ five-year awards were granted, each Plaintiff has diligently worked to replicate these evidence-based programs.¹⁹ Consistent with Congress’s mandate, each has worked to “replicat[e]” “medically accurate and age appropriate” programs “that have been proven effective through rigorous evaluation to reduce

¹⁵ Off. of Population Aff., HHS Announces \$68.5 Million for Teen Pregnancy Prevention Opportunities, June 23, 2023, <https://content.govdelivery.com/accounts/USHHSOPA/bulletins/3613e0e>.

¹⁶ *Id.*

¹⁷ Congressional Research Service, Federal Adolescent Pregnancy Prevention Program, Aug. 22, 2024, at 1, available at <https://www.congress.gov/crs-product/IF10877>.

¹⁸ Ex. 6 (PPGNY Decl.) ¶¶ 22-23, 57-58; Ex. 7 (PPGNHAIK Decl.) ¶¶ 17, 19-20; Ex. 8 (PPCCC Decl.) ¶¶ 22-23; Ex. 9 (PPH Decl.) ¶¶ 19-21; Ex. 10 (PPMM Decl.) ¶¶ 16, 20.

¹⁹ Ex. 6 (PPGNY Decl.) ¶¶ 17-37; Ex. 7 (PPGNHAIK Decl.) ¶¶ 17-30; Ex. 8 (PPCCC Decl.) ¶¶ 25-33; Ex. 9 (PPH Decl.) ¶¶ 17-33; Ex. 10 (PPMM Decl.) ¶¶ 21-28.

teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.”²⁰ And, as required by the NOFO, each does so in a manner that “serve[s] communities and populations with the greatest needs and facing significant disparities” within their regions in order “to advance equity in adolescent health.” Ex. 1 at 1.

Specifically, each Plaintiff’s program is designed to reach age groups and communities that have been determined, based on abundant evidence, to face significant disparities in access to high-quality, fact-based sexual and reproductive health education, and who therefore face disproportionately high rates of teenage pregnancy and STIs.²¹ For example, based on clear public health data demonstrating communities most in need across New York City, PPGNY’s program focuses on all youth aged 10-24; youth who identify as LGBTQ+; youth who are English language learners; and youth with intellectual and developmental disabilities. Ex. 6 (PPGNY Decl.) ¶ 18. As another example, PPGNHAIK’s project is designed to reach native Hawaiian/Native American Pacific Islander and LGBTQ+ youth who experience teen birth and HIV/STI incidence rates two-to four-times higher than the national average. Ex. 7 (PPGHNAIK Decl.) ¶¶ 13, 19.

In order to achieve their project goals, each Plaintiff has invested considerable resources into building and expanding their projects, consistent with the five-year plans that were approved by HHS. All of Plaintiffs’ TPP projects are fully funded by the federal appropriations they receive through the program.²² In accordance with the terms of their grants, Plaintiffs use the money received to fund personnel (including salaries and wages), supplies and equipment associated with

²⁰ Pub. L. 118-47, 138 Stat. 460, 671 (2024); Ex. 6 (PPGNY Decl.) ¶ 23; Ex. 7 (PPGHNAIK Decl.) ¶ 17; Ex. 8 (PPCCC Decl.) ¶ 32; Ex. 9 (PPH Decl.) ¶ 19; Ex. 10 (PPMM Decl.) ¶ 20.

²¹ Ex. 6 (PPGNY Decl.) ¶¶ 17-18; Ex. 7 (PPGHNAIK Decl.) ¶¶ 13, 19; Ex. 8 (PPCCC Decl.) ¶¶ 22-23; Ex. 9 (PPH Decl.) ¶¶ 19-20, 49; Ex. 10 (PPMM Decl.) ¶¶ 16-19.

²² Ex. 6 (PPGNY Decl.) ¶ 63; Ex. 7 (PPGNHAIK Decl.) ¶ 32; Ex. 8 (PPCCC Decl.) ¶ 49; Ex. 9 (PPH Decl.) ¶ 66; Ex. 10 (PPMM Decl.) ¶¶ 58, 59.

the project, and contracts or subawards for goods, services and location sites, including third-party contractual agreements with other organizations and businesses.²³ Plaintiffs each hired and trained multiple staff members specifically to fulfill the demands of their TPP projects, and also trained other staff internally and externally in order to implement the programs.²⁴ In order to set up and grow their projects, Plaintiffs also conducted curricula reviews, conducted community need and resource assessments, developed promotional materials, and established the necessary community partnerships to ensure their programs would be a success.²⁵ In addition, as contemplated by the grant, Plaintiffs created youth and community Advisory Boards in order to solicit feedback from stakeholders.²⁶

As a result of Plaintiffs' adherence to a medically accurate evidence-based approach, and the considerable resources they have invested, their programs have consistently succeeded in the first two years and are projected to achieve even greater results going forward:

- Plaintiff PPGNY's program receives annual funding of approximately \$1,091,185, and offers education programs in multiple settings across New York City. Ex. 6 (PPGNY Decl.) ¶¶ 1, 12. During the 2023/2024 program year, PPGNY's Project reached 506 youth. By the end of the five-year grant period, PPGNY's project is expected to reach approximately 6,300 youth throughout New York City. *Id.* ¶ 38.
- Plaintiff PPGNHAIK's program receives annual funding of approximately \$487,013. Ex. 7 (PPGNHAIK Decl.) ¶ 12. During the 2023/2024 program year, PPGNHAIK's Project reached 449 youth. *Id.* ¶ 30. By the end of the five-year grant period, the project is projected to reach approximately 1,900 youth. *Id.* ¶ 30].
- Plaintiff PPH's program receives annual funding of approximately \$773,619, and aims to reach underserved communities in Iowa and Nebraska. Ex. 9 (PPH Decl.)

²³ Ex. 6 (PPGNY Decl.) ¶¶ 66-68; Ex. 7 (PPGNHAIK Decl.) ¶¶ 32, 61, 68; Ex. 8 (PPCCC Decl.) ¶¶ 25, 50-51; Ex. 9 (PPH Decl.) ¶¶ 17, 71; Ex. 10 (PPMM Decl.) ¶¶ 58-60.

²⁴ Ex. 6 (PPGNY Decl.) ¶ 68; Ex. 7 (PPGNHAIK Decl.) ¶¶ 32, 61; Ex. 8 (PPCCC Decl.) ¶¶ 25; Ex. 9 (PPH Decl.) ¶¶ 17, 71; Ex. 10 (PPMM Decl.) ¶¶ 58-59.

²⁵ Ex. 6 (PPGNY Decl.) ¶¶ 21-22; Ex. 7 (PPGNHAIK Decl.) ¶¶ 27-29; Ex. 8 (PPCCC Decl.) ¶ 25; Ex. 9 (PPH Decl.) ¶¶ 17-19, 24; Ex. 10 (PPMM Decl.) ¶¶ 13, 21.

²⁶ Ex. 6 (PPGNY Decl.) ¶ 22; Ex. 7 (PPGNHAIK Decl.) ¶ 27; Ex. 8 (PPCCC Decl.) ¶ 28; Ex. 9 (PPH Decl.) ¶ 23; Ex. 10 (PPMM Decl.) ¶ 24.

¶ 9. During the 2023/2024 program year, PPH's Project reached 145 youth. *Id.* ¶ 22. From July 2023-present, PPH has reached over 13,000 youth through education and outreach activities. *Id.* ¶ 23. By the end of its five-year grant period, PPH's project is expected to have impacted approximately 2,100 youth. *Id.* ¶¶ 22-23, 34.

- Plaintiff PPCCC's program receives annual funding of \$798,636, and focuses on underserved communities in California's tri-county Central Coast region. Ex. 8 (PPCCC Decl.) ¶ 24. During the 2023/2024 program year, PPCCC's Project reached approximately 360 youth. *Id.* ¶ 32. By the end of the five-year grant period, CSEC is projected to reach 2,900 individuals. *Id.*
- Plaintiff PPMM's program receives annual funding of \$985,867, and is designed to reach underserved communities in certain counties of California and Nevada. Ex. 10 (PPMM Decl.) ¶ 11. In the first two years of the program, PPMM's Project reached 1,962 participants. *Id.* ¶ 21. By the end of the five-year grant period, PPMM's Project is projected to reach an estimated 10,100 individuals. *Id.* ¶ 30.

In sum, Plaintiffs' projects were created in reliance on TPP Program funds and with the expectation that the 5-year grant period would be completed. Plaintiffs will thus be forced to shut down their projects prematurely if the remaining funding is withheld.²⁷

D. The President's Executive Orders and HHS's New Requirements Imposed on the TPP Program

In January 2025, OPA distributed information for preparing the Year 3 NCC award application to Tier 1 Recipients, which mirrored the information received in prior years. Ex. 6 (PPGNY Decl.) ¶ 40; Ex. 7 (PPGNHAIK Decl.) ¶ 33; Ex. 8 (PPCCC Decl.) ¶ 34; Ex. 9 (PPH Decl.) ¶ 35; Ex. 10 (PPMM Decl.) ¶ 31. These applications were due on April 15, 2025 at 6:00 PM. Ex. 4, Office of Population Affairs, Guidance for Preparing a Non-Competing Continuation Award Application (dated January 2025). That same month, OPA distributed another version of the information with only minor updates. Ex. 6 (PPGNY Decl.) ¶ 41; Ex. 7 (PPGNHAIK Decl.) ¶ 34; Ex. 8 (PPCCC Decl.) ¶ 34; Ex. 9 (PPH Decl.) ¶ 36; Ex. 10 (PPMM Decl.) ¶ 32.

²⁷ Ex. 6 (PPGNY Decl.) ¶ 63; Ex. 7 (PPGNHAIK Decl.) ¶ 59; Ex. 8 (PPCCC Decl.) ¶ 49; Ex. 9 (PPH Decl.) ¶ 66; Ex. 10 (PPMM Decl.) ¶ 58.

On March 31, 2025, a little more than two weeks before the applications were due, OPA emailed recipients of TPP Tier 1 Program funding the NCC Notice, which imposed new requirements for recipients' NCC application. Ex. 2 at 1. This Notice's contents and requirements were starkly different from the prior versions distributed in January, but did not modify the April 15, 2025 6:00 PM EST deadline for application submissions. *See id.* The NCC Notice indicated that it "prescribes the content, information, and requirements for the OPA NCC award application" and "should be used in conjunction with the [FY 2023 NOFO]," which "provides information and guidance for recipients for the entire project period." *Id.* at 3. Most notably, the NCC Notice introduced a vague new requirement that mandates "alignment" of TPP projects with all current Executive Orders.

The NCC Notice first mentioned the alignment requirement on page 3 where it stated that award applications will be reviewed, in part, for whether "NOFO expectations are being met, to the extent aligned with Presidential Executive Orders (see Table 1)." Ex. 2, at 3. On the next page, it provided that "Recipients are expected to review and be aware of current Presidential Executive Orders" and "are encouraged to revise their projects, as necessary, to demonstrate that the NCC award application is aligned with current Executive Orders." *Id.* at 4. It further stated: "Recipients *should review and be aware of all current Presidential Executive Orders.*" *Id.* (emphasis in original). It then continued: "[H]owever, the following may be of most relevance to the work of the TPP program" and lists five specific Executive Orders:

- Executive Order 14168 Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;
- Executive Order 14190 Ending Radical Indoctrination in K-12 Schooling;
- Executive Order 14187 Protecting Children From Chemical and Surgical Mutilation;
- Executive Order 14151 Ending Radical and Wasteful Government DEI Programs and Preferencing; and

- Executive Order 14173 Ending Illegal Discrimination and Restoring Merit-Based Opportunity.

Id. at 4-5. Immediately thereafter, on the same page, the NCC Notice stated that “[s]uccessful applications will include the following information in the project narrative” and listed first among its three criteria “[d]escription of changes made to align with Executive Orders, if applicable” and second “[s]ummary of proposed changes in scope.” *Id.* (emphasis added). The Notice elaborated on these new requirements later on the same page, stating:

Description of Changes Made to Align with Executive Orders

Provide information on the changes made by the recipient to align the TPP project with Presidential Executive Orders, if applicable, including the steps taken to review the project and identify the modifications proposed. Examples of changes that recipients may make to align their projects include, but are not limited to, selecting a different evidence-based program for implementation, making adaptations to existing curriculum, and updating policies, staffing, and training, etc.

Summary of Changes in Scope

Provide a *brief* summary of any proposed substantial changes to the project work plan from the previous budget year, including any proposed changes in scope to align the project with Presidential Executive Orders, such as change in geographic location, change in population of focus, bringing on or parting ways with major partners, etc. Changes in scope from the currently approved project should be clearly highlighted in your work plan and justified in your application. See HHS Grants Policy Statement for explanation of change of scope.

Id. Under another heading on the same page entitled “Work Plan,” the NCC Notice stated that “[t]he work plan should address the expectations outlined in the original NOFO, to the extent aligned with Presidential Executive Orders.” *Id.* The other mention of the alignment requirement appeared on page 15 of the NCC Notice: “As part of the NCC award application, recipients are expected to submit program materials to OPA for review. Recipients are expected to align program materials with Presidential Executive Orders.” *Id.* at 15.

Notably, the Notice did not eliminate other existing expectations and requirements for TPP-funded projects under the current grant—*e.g.*, that the projects “focus on areas of greatest need” and “replicate to scale evidence-based teen pregnancy prevention programs with fidelity and

quality.” *Id.* at 7; *see also* Ex. 1 at 6-7 (setting forth these same requirements in the NOFO governing the 5-year grant period); Ex. 3 at 1-2.

E. Plaintiffs’ NCC Applications Under the New “Alignment” Requirement

Defendants’ actions forced Plaintiffs into an impossible choice. The first option was to submit an application that attempted to comply with the “alignment” requirement by modifying existing evidence-based programs to, for example, remove certain aspects of the curriculum or target population. Even then, Plaintiffs would have to certify compliance, despite lack of guidance as to what alignment even looked like and thus without knowing whether it had actually been achieved. The second option was to face exclusion from the program by declining to modify their program in order to avoid eliminating essential elements of their projects and to ensure that their projects continue implementing evidence-based programs with fidelity in the populations they are designed to serve.

All Plaintiffs but one submitted an application. Those that submitted applications asserted that the NCC Notice was unlawful, that the applications were being completed under protest, and that the applications were being submitted without certifying alignment with the Executive Orders. Some Plaintiffs, such as PPGNY and PPGNHAIK, submitted applications stating that no meaningful changes could be made to the programs to “align” with the Executive Orders. *See* Ex. 6 (PPGNY Decl.) ¶¶ 50-51; Ex. 7 (PPGNHAIK Decl.) ¶ 53. Both organizations determined that overhauling their TPP Programs to cease all services that might be considered “DEI”-related, or remove reference to LGBTQIA+ identities, would materially compromise the programs’ mandate to advance equity in adolescent health, diminish their relevance to the communities they are designed to serve, erode the original intention of this funding, and significantly impair their ability

to achieve the intended public health outcomes. *See* Ex. 6 (PPGNY Decl.) ¶¶ 52-54; Ex. 7, (PPGNHAIK Decl.) ¶¶ 44-49.

Others, such as PPH and PPCCC, noted the lack of clarity about the requirement to “align” with Executive Orders but explained their attempts to make some changes in response to the NCC Notice and then stated that they could not make any further changes (e.g., to cease all programming that might be considered “DEI”-related, or remove reference to LGBTQIA+ identities) while continuing to provide evidence-based programs and to meet their project goals. *See* Ex. 8 (PPCCC Decl.) ¶¶ 41-42, 44-46; Ex. 9 (PPH Decl.) ¶¶ 48-56, 59-60. One Plaintiff, PPMM, was unable to identify any changes it could make and documentation that it could submit, even under protest, without abandoning all of the essential components of its project and organizational mission. *See* Ex. 10 (PPMM Decl.) ¶¶ 43, 46-47, 51-53.

LEGAL STANDARD

“A plaintiff seeking a preliminary injunction must establish [1] that he is likely to succeed on the merits, [2] that he is likely to suffer irreparable harm in the absence of preliminary relief, [3] that the balance of equities tips in his favor, and [4] that an injunction is in the public interest.” *Sherley v. Sebelius*, 644 F.3d 388, 392 (D.C. Cir. 2011) (quoting *Winter v. NRDC*, 555 U.S. 7, 20 (2008)). “The last two factors ‘merge when the Government is the opposing party.’” *Guedes v. ATF*, 920 F.3d 1, 10 (D.C. Cir. 2019) (quoting *Nken v. Holder*, 556 U.S. 418, 435 (2009)).

ARGUMENT

All of the preliminary injunction factors are met here; the Court should preliminarily enjoin the NCC Notice’s unlawful “alignment” requirement and issue all necessary and appropriate relief to preserve the status quo.

A. Plaintiffs Are Likely to Succeed on the Merits.

Plaintiffs are likely to succeed on the merits. As a threshold matter, Plaintiffs clearly have standing. And Defendants' actions: (1) violate Plaintiffs' due process rights; and (2) violate the Administrative Procedure Act because they are both contrary to statute, and arbitrary and capricious.

1. Plaintiffs Have Standing to Challenge the NCC Notice

As a threshold matter, there can be no doubt that Plaintiffs have Article III standing. *See generally TransUnion LLC v. Ramirez*, 594 U.S. 413, 423 (2021); *Lujan v. Defs. of Wildlife*, 504 U.S. 555, 560-61 (1992) (requiring injury, traceability, and redressability). Indeed, two courts have already expressly held that TPP program applicants, including some plaintiffs here, have standing to challenge changes to the program's terms. *See Planned Parenthood of Greater Wash. & N. Idaho v. HHS*, 946 F.3d 1100, 1108-09 (9th Cir. 2020); *Planned Parenthood of New York City, Inc. v. HHS*, 337 F. Supp. 3d 308, 319-24 (S.D.N.Y. 2018).

First, Plaintiffs are suffering an "injury in fact that is concrete, particularized, and actual or imminent." *Transunion LLC*, 594 U.S. at 423. As TPP funding recipients who are two years into a five year grant, Plaintiffs are directly affected by the NCC Notice, which mandates compliance with unlawful new requirements. *State Nat. Bank of Big Spring v. Lew*, 795 F.3d 48, 53 (D.C. Cir. 2015) (quoting *Lujan*, 504 U.S. at 561-62) ("The Supreme Court has stated that 'there is ordinarily little question' that a regulated individual or entity has standing to challenge an allegedly illegal statute or rule under which it is regulated."); *Sierra Club v. E.P.A.*, 292 F.3d 895, 899-900 (D.C. Cir. 2002) (A "petitioner's standing to seek review of administrative action is self-evident" where "the complainant is 'an object of the action (or forgone action) at issue.'" (quoting *Lujan*, 504 U.S. at 561-62)). Indeed, because of the unlawful Notice, Plaintiffs have already been forced to start expending significant resources in connection with deciphering the vague new requirements and

developing options for addressing them. Ex. 6 (PPGNY Decl.) ¶ 50; Ex. 7 (PPGNHAIK Decl.) ¶¶ 37, 55-56; Ex. 8 (PPCCC Decl.) ¶ 43; Ex. 9 (PPH Decl.) ¶¶ 42-43; Ex. 10 (PPMM Decl.) ¶ 37. This diversion of resources to address the impact of the Notice’s new requirements will remain ongoing absent an injunction, and is sufficient alone to establish harm for purposes of standing.

Plaintiffs have further been harmed by the NCC Notice because they were forced to incorporate its unlawful requirements into their continuation applications—which expressly required them to certify compliance with the Executive Order “alignment” directive. Ex. 6 (PPGNY Decl.) ¶ 59; Ex. 7 (PPGNHAIK Decl.) ¶ 57; Ex. 8 (PPCCC Decl.) ¶ 45; Ex. 9 (PPH Decl.) ¶ 56. Thus, when submitting applications, Plaintiffs had no choice but to address the new requirements—whether through proposing changes to their programs, submitting “protest language,” or both. Having to amend their applications in order to address or overcome these unlawful requirements is a harm unto itself. *Cf. Gratz v. Bollinger*, 539 U.S. 244, 262 (2003) (holding that the harm for standing purposes may be the unconstitutional “imposition of the barrier” to receiving a federal benefit, rather than “the ultimate inability to obtain the benefit”). In other words, regardless of whether Plaintiffs’ applications are ultimately denied, harm is already occurring.²⁸

Finally, while the Court need not also address Plaintiffs’ loss of critical funding to find standing here, it bears mentioning that this harm also exists and is substantial. It is obvious that

²⁸ This same principle applies for Plaintiff PPMM, which was compelled to forgo submitting its Year 3 NCC application entirely as a result of the new requirements in the NCC Notice, and because it could not reconcile the NCC Notice’s vague alignment obligation with its statutorily-mandated programming. As another court held in finding that a TPP recipient had standing to challenge program requirements despite not having submitted an application, “[i]t is a plaintiff’s ability and readiness to bid that ensures an injury-in-fact is concrete and particular” and “deciding not to bid makes the injury imminent.” *Planned Parenthood of Greater Wash. & N. Idaho*, 946 F.3d at 1109.

HHS would not have dramatically transformed the requirements for receiving continuation funding unless compliance with the requirement was a material and substantial factor in receiving continuation awards. And as the Notice makes clear, applicants who fail to “align with Executive Orders” will not be “[s]uccessful” in their applications. *Id.* at 5. Given Defendants’ emphasis on the dispositive nature of these unlawful requirements, coupled with Plaintiffs’ clear statements that they are unable to certify compliance with them, there can be no serious doubt that Plaintiffs’ continuation funding will be denied. Under these circumstances, the likelihood of that harm is beyond substantial. *See Pub. Citizen, Inc. v. NHTSA*, 489 F.3d 1279, 1296 (D.C. Cir. 2007) (Kavanaugh, J.) (holding that where “increase in the risk of harm [] is ‘substantial,’ and the ultimate risk of harm also is ‘substantial’ then the individual or organization has demonstrated an injury in fact”); *see NRDC v. EPA*, 464 F.3d 1, 6 (D.C. Cir. 2006); *Mountain States Legal Found. v. Glickman*, 92 F.3d 1228, 1235 (D.C. Cir. 1996). Notably, as detailed *infra* in Part B, the harms that will flow from the loss of these critical funds would be devastating and irreparable—including shuttering entire education programs that are proven to combat unintended teen pregnancy and STI rates within otherwise-underserved communities.

Traceability and redressability are also present here. Harm to Plaintiffs directly flows from the new requirements in the NCC Notice. *See Cherokee Nation v. U.S. Dep’t of the Interior*, 643 F. Supp. 3d 90, 106 (D.D.C. 2022) (traceability is satisfied where unlawful conduct is the but-for cause of plaintiffs’ injuries). And a preliminary injunction would restore Plaintiffs’ ability to submit Year 3 NCC applications under the same criteria on which they were selected—thereby eliminating their need to expend further resources to address the unlawful requirements, removing the unlawful barriers imposed upon their current continuation applications, relieving them from the harm of having submitted applications that forced them to address the unlawful requirements,

and preventing the loss of critical funding that would result in the shutdown of vital public-health programming. *Summers v. Earth Island Inst.*, 555 U.S. 488, 493 (2009) (redressability met if it is “likely that a favorable judicial decision [on the claim] will prevent or redress the [plaintiff’s] injury.”).

2. The NCC Notice Is Unlawful Under the Constitution and the APA

Plaintiffs are likely to succeed on the merits of their claims because the NCC Notice’s Executive Order “alignment” requirements are plainly unlawful. The “alignment” requirement is: (1) unconstitutionally vague; (2) violates the APA because it is contrary to law and arbitrary and capricious.

a. The NCC Notice’s “Alignment” Requirement Is Unconstitutionally Vague

The NCC Notice’s “alignment” requirement is unconstitutionally vague and, as a result, violates the Fifth Amendment’s Due Process Clause and the requirements of the APA. Under the APA, a court shall “hold unlawful and set aside agency action” that is “contrary to constitutional right, power, privilege, or immunity.” 5 U.S.C. § 706(2)(B). The Fifth Amendment to the United States Constitution guarantees that no person shall be deprived of life, liberty, or property without due process of law. A fundamental aspect of due process is that government-imposed obligations must be stated with sufficient clarity to provide fair notice and prevent arbitrary enforcement. In *Grayned v. City of Rockford*, 408 U.S. 104, 108-09 (1972), the Supreme Court held that a law is unconstitutionally vague if it fails to provide a person of ordinary intelligence fair notice of what is prohibited or if it encourages arbitrary enforcement. *See also FCC v. Fox Television Stations, Inc.*, 567 U.S. 239, 253 (2012); *Connally v. Gen. Constr. Co.*, 269 U.S. 385, 391 (1926) (“[A] statute which either forbids or requires the doing of an act in terms so vague that men of common

intelligence must necessarily guess at its meaning and differ as to its application, violates the first essential of due process of law.”).

As a threshold issue, Plaintiffs have a property interest protected by due process here: an interest in receiving money from a successful non-competing continuing award application under the TPP Program. The protections of due process extend to the denial of a government benefit that a person has an interest in receiving. *See Goldberg v. Kelly*, 397 U.S. 254, 261-62 (1970); *Mathews v. Eldridge*, 424 U.S. 319, 332-33 (1976). A person has a protected property interest if that “person would be entitled to receive the government benefit *assuming* she satisfied the preconditions to obtaining it” and “award of the benefit would follow from satisfaction of applicable eligibility criteria.” *NB ex rel. Peacock v. D.C.*, 794 F.3d 31, 41 (D.C. Cir. 2015). “[I]f the statute or implementing regulations place substantive limitations on official discretion to withhold award of the benefit upon satisfaction of the eligibility criteria, there is a legitimate claim of entitlement, as to which the Due Process Clause affords protection.” *Id.* at 41-42 (cleaned up). That is the case here. As the NOFO states: “OASH *will* award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government.” Ex. 1 at 56 (emphasis added). So long as those criteria are met, non-competing continuation awards must be made.

The void for vagueness doctrine, specifically, has long been held to protect the interests that derive from similar benefits, even if the vague government requirement at issue is not a statute or regulation, but rather an administrative action. *See Kareem v. Trump*, 960 F.3d 656, 665 (D.C. Cir. 2020) (upholding vagueness challenge to revocation of a White House press pass); *Sherrill v. Knight*, 569 F.2d 124, 130-31, 131 n.22 (D.C. Cir. 1977) (upholding vagueness challenge to denial of a White House press pass). Courts have applied the void-for-vagueness doctrine to review

administrative action. *See United States Telecom Ass’n v. Fed. Commc’ns Comm’n*, 825 F.3d 674, 734 (D.C. Cir. 2016); *Timpinaro v. SEC.*, 2 F.3d 453, 460 (D.C. Cir. 1993) (remanding unconstitutionally vague SEC rule); *see also Fox Television Stations, Inc.*, 567 U.S. at 253 (similar).

The void for vagueness doctrine “addresses at least two connected but discrete due process concerns: first, that regulated parties should know what is required of them so they may act accordingly; second, precision and guidance are necessary so that those enforcing the law do not act in an arbitrary or discriminatory way.” *Fox Television Stations, Inc.*, 567 U.S. at 253. Thus, a court will find an agency action unconstitutionally vague if it either (1) “fails to provide people of ordinary intelligence a reasonable opportunity to understand what conduct it prohibits” or (2) “authorizes or even encourages arbitrary and discriminatory enforcement.” *Hill v. Colorado*, 530 U.S. 703, 732 (2000); *see Coates v. City of Cincinnati*, 402 U.S. 611, 611-14 (1971) (holding ordinance against “annoying” conduct unconstitutionally vague); *Smith v. Goguen*, 415 U.S. 566, 573-77 (1974) (holding prohibition against treating the American flag “contemptuously” unconstitutionally vague).

The NCC Notice’s new alignment requirements flunk both prongs of the void-for-vagueness test. A reasonable person has no way of understanding what is required to bring a program into “alignment” with the more than 139 Executive Orders the new Administration has issued, particularly as several of those EOs have already been found unconstitutionally vague. *See infra*, note 31. And the breadth of meanings that the alignment requirement could have encourages arbitrary and discriminatory enforcement.

Vagueness As To What Is Required. Notably, the NCC Notice does not require applicants to “comply” with the Executive Orders—presumably because the Executive Orders

themselves are not self-executing as to private entities (i.e., they direct *agencies* to take various actions) and, therefore, do not in and of themselves create any new obligations for funding recipients.²⁹ So, instead, Defendants take a sweeping and indecipherable approach by demanding “alignment.” The first and most basic problem with this approach is that it is completely unclear what constitutes “alignment” with an Executive Order. Unlike a word like “comply” that has a settled legal meaning, the word “alignment” is a word—like the words “‘annoying’ or ‘indecent’”—whose meaning turns on “wholly subjective judgments without statutory definitions, narrowing context, or settled legal meanings.” *United States v. Williams*, 553 U.S. 285, 306 (2008).

The word “alignment” is never defined in the NCC Notice. Nor does the NCC Notice even clearly indicate what specific requirements it is that grantees are supposed to be aligning with. The NCC Notice nowhere specifies any provision of any Executive Order that it puts forward as binding on grantees (or even as something grantees should prioritize or consider). Instead, the NCC Notice states that “Recipients *should review and be aware of all current Presidential Executive Orders*,” Ex. 2. at 4—over 139 at last count. And there are also countless Executive Orders still in effect from past presidential administrations (which may number in the many hundreds). Some of the orders issued just in the first few months of this administration are directed to national security and immigration, trade issues, free-speech protections and censorship rollbacks, reorganization of federal agencies and workforce controls, technology and financial innovation mandates, historical record declassification and cultural-renaming initiatives, natural resources initiatives, foreign-policy realignments and foreign aid re-evaluations, and purported

²⁹ H. Comm. on Gov’t Operations, 85th Cong., *Executive Orders and Proclamations: A Study of a Use of Presidential Powers* 1 (Comm. Print 1957) (“Executive orders are generally directed to, and govern actions by, Government officials and agencies. They usually affect private individuals only indirectly.”).

“weaponization of the federal government.”³⁰ Many have been enjoined.³¹ Many consist of instructions to Federal agencies rather than private parties. No reasonable person can discern what the NCC Notice means when it states that grantees should “align” their programs with “all” of these myriad orders. The NCC Notice fails to provide any guidance as to how grantees are to reconcile potentially conflicting directives within and among Executive Orders, or what grantees are supposed to do in the event of a clash between “alignment” with Executive Orders and the statutory requirements of the TPP Program.

The NCC Notice highlights five specific Executive Orders that “may be of most relevance to the work of the TPP program,” but that list only adds to the confusion. It is unclear how or why these Executive Orders apply to the TPP program.³² The Orders themselves contain broad and

³⁰ See, e.g., Exec. Order No. 14161, 90 Fed. Reg. 8451 (Jan. 20, 2025) (entitled “Protecting the United States From Foreign Terrorists and Other National Security and Public Safety Threats”); Exec. Order No. 14150, 90 Fed. Reg. 8337 (Jan. 20, 2025) (entitled “America First Policy Directive to the Secretary of State”); Exec. Order No. 14149, 90 Fed. Reg. 8243 (Jan. 20, 2025) (entitled “Restoring Freedom of Speech and Ending Federal Censorship”); Exec. Order No. 14222, 90 Fed. Reg. 11095 (Feb. 26, 2025) (entitled “Implementing the President’s ‘Department of Government Efficiency’ Cost Efficiency Initiative”); Exec. Order No. 14178, 90 Fed. Reg. 8647 (Jan. 23, 2025) (entitled “Strengthening American Leadership in Digital Financial Technology”); Exec. Order No. 14172, 90 Fed. Reg. 8629 (Jan. 20, 2025) (entitled “Restoring Names That Honor American Greatness”); Exec. Order No. 14241, 90 Fed. Reg. 13673 (Mar. 20, 2025) (entitled “Immediate Measures to Increase American Mineral Production”); Exec. Order No. 14169, 90 Fed. Reg. 8619 (Jan. 20, 2025) (entitled “Reevaluating and Realigning United States Foreign Aid”); Exec. Order No. 14147, 90 Fed. Reg. 8235 (Jan. 20, 2025) (entitled “Ending the Weaponization of the Federal Government”).

³¹ See, e.g., *Chicago Women in Trades v. Trump*, No. 25-cv-2005, 2025 WL 1118659, at *1 (N.D. Ill. Apr. 15, 2025) (enjoining enforcement of EOs 14151 and 14173 insofar as they mandated termination of equity-related grant or compliance certification by grantee); see also *Litigation Tracker: Legal Challenges to Trump Administration Actions*, Just Security (May 7, 2025), <https://bit.ly/3SqEN2M> (collecting cases in which injunctions have been issued). The NCC Notice’s failure to distinguish those Executive Orders that remain in effect from others compounds both the arbitrariness and vagueness of the Notice’s alignment requirements and the difficulty of compliance.

³² The Executive Orders are: *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* (14168), *Ending Radical Indoctrination in K-12 Schooling* (14190), *Protecting Children From Chemical and Surgical Mutilation* (14187), *Ending*

undefined (or underdefined) terms like “gender ideology” (EO 14168), “discriminatory equity ideology” (EO 14190), and “illegal DEI” (EO 14173). The orders also contain vague and conditional directives, such as directives to take “appropriate steps,” (EO 14187) or to implement the order “to the maximum extent allowed by law” (EO 14151). The specific orders are also all directed to government agencies, not private actors, making any specific application to the activities of private grantees in the TPP Program totally unclear.

Adding further to the confusion is the fact that the administration has offered varying and capacious interpretations of the requirements of these orders in other contexts. For example, public reporting reflects that the government has deemed grant-funded programming to amount to prohibited DEI for “including words like ‘trauma,’ ‘barriers,’ ‘equity,’ and ‘excluded.’”³³ The variance between what the Executive Orders say and what Executive Branch officials *say* that they say makes the requirements HHS is seeking to impose even more incomprehensible. A reasonable person is left to guess what is required to “align” a program with these Executive Orders consistent with the statutory requirements of the TPP Program.

Invitation to Arbitrary Enforcement. The NCC Notice is also void because it invites arbitrary and discriminatory enforcement. For all the reasons discussed above, the NCC Notice is vague about the degree to which a grantee must modify its program to satisfy the “alignment” requirement. These fundamental ambiguities permit HHS to use these new requirements to make *ad hoc* decisions based on political or ideological views, or any other myriad factors or preferences that are inconsistent with the criteria for inclusion in the TPP Program. The result is to empower

Radical and Wasteful Government DEI Programs and Preferencing (14151), and *Ending Illegal Discrimination and Restoring Merit-Based Opportunity* (14173).

³³ Carolyn Johnson, Scott Dance, and Joel Achenbach, *Here Are the Words Putting Science in the Crosshairs of Trump’s Orders*, Wash. Post (Feb. 4, 2025), <https://www.washingtonpost.com/science/2025/02/04/national-science-foundation-trump-executive-orders-words/>.

HHS to deny applications for arbitrary and discriminatory reasons in the name of failure to “align” programs with Executive Orders. Because the “alignment” requirement is so standardless, grantees denied continuation awards in the name of failure to “align” will have no way of testing whether the denial is legitimate or pretextual.

This is a textbook case for application of the void-for-vagueness doctrine. No reasonable person could determine based on the NCC Notice what program participants are supposed to do to bring their programs into “alignment” with Executive Orders, whether that is read expansively to require alignment with the hundreds on the books, or the five specifically called out in the NCC Notice.

b. The “Alignment” Requirement Violates the APA Because it is Contrary to Law and Arbitrary and Capricious

Defendants’ unlawful “alignment” requirement violates the APA because it is contrary to law and arbitrary and capricious.

As a threshold matter, the NCC Notice is final agency action that is therefore reviewable under the APA. Indeed, as at least one court has already held, a document that sets terms and conditions for the TPP Program is a reviewable final agency action. *Planned Parenthood of New York City*, 337 F. Supp. 3d at 326. By its terms, the NCC Notice “prescribes the content, information, and requirements” for continuing awards for FY2023 cohort funding recipients, and thus finally determines the requirements they must meet to remain in the TPP Program. Ex. 2, at 3. Because the NCC Notice imposes binding requirements with which recipients must comply, or else face the end of their grant and loss of funds, it “mark[s] the consummation of the agency’s decisionmaking process” and determines “rights or obligations ... from which legal consequences will flow.” *Bennett v. Spear*, 520 U.S. 154, 178 (1997) (citation omitted); *see also U.S. Army Corps of Eng’rs v. Hawkes Co.*, 578 U.S. 590, 599-600 (2016) (holding that an agency document

announcing program requirements is “immediately reviewable” even if it has yet to be applied “against a particular [regulated party].”).

Turning to the substance, the NCC Notice is unlawful under the APA for multiple reasons: (a) it contravenes Congress’s directives for the TPP program; and (b) it is devoid of any reasoned decisionmaking, much less explanation, and thus is arbitrary and capricious.

i. The “Alignment” Requirement Contravenes Congress’s Directives for the TPP Program

The NCC Notice violates the APA because it is contrary to law. The law is clear that Congressional appropriations requirements must be followed when an agency administers a federally-funded program. *See United States v. McIntosh*, 833 F.3d 1163, 1175 (9th Cir. 2016). Appropriations “represent legal authority granted by Congress to incur obligations and to make disbursements for the purposes, during the time periods, and up to the amount limitations specified in the appropriation acts.” GAO, *Principles of Federal Appropriations Law* 2-3 (4th ed. 2016).

The “alignment” requirement in the NCC Notice defies two key aspects of Congress’s longstanding directive that TPP Program funding recipients provide medically accurate and evidence-based programming. First, since the TPP Program’s inception, Congress has mandated that Tier 1 funding recipients “replicat[e] programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.” 138 Stat. at 671 (current appropriation) (emphasis added); *see, e.g.*, 123 Stat. at 3253 (2010 appropriation); *see also Planned Parenthood of Greater Washington & N. Idaho v. U.S. Dep’t of Health & Hum. Servs.*, 946 F.3d 1100, 1113 (9th Cir. 2020). What it means to “replicate[] a program” is well established in the public health field: it requires the program administrator to “provid[e] the program the way it was conducted when it was researched and found to be effective.” Ex. 5 (Kantor Decl.) ¶ 20(b). To replicate a particular

program with fidelity, the provider “must adher[e] *very closely* to the way the program” was conducted when it was originally tested and found to be effective. *Id.* Though adaptations of approved programs are permitted, such adaptations must “be carefully thought out.” *Id.* at ¶ 28. Indeed, “[i]n the past, any adaptations that were made to evidence based teen pregnancy programs were closely overseen by the Office of Population Affairs,” which issued “very specific guidelines about the types of adaptations that could be made.” *Id.* HHS published a “Making Adaptations Tip Sheet,” which provides that “[a]ll adaptation changes, regardless of their motives, need to be reviewed and approved *in the context of maintaining fidelity to core components*—i.e., the characteristics necessary to ensure that a replicating program produces outcomes similar to those demonstrated in the original evaluation research.”³⁴

Second, all TPP Program funds must be spent on “medically accurate and age appropriate programs that reduce teen pregnancy.” 138 Stat. at 671. “Information is medically accurate if it is supported by the weight of scientific evidence that is conducted consistent with generally recognized scientific theory and under accepted scientific methods.” Ex. 5 (Kantor Decl.) ¶ 20(e). “Such evidence also must be published in peer-reviewed scientific journals and recognized as accurate and objective by mainstream professional organizations.” *Id.*

The NCC Notice contravenes each of these requirements.

³⁴ The HHS Tip Sheet, attached as Exhibit 11, provides examples of “green light,” “yellow light,” and “red light” adaptations. *Id.* at 5; *see also* Ex. 5 (Kantor Decl.) ¶ 31. “Green light” adaptations include “using wording, names, or settings more reflective of the youth being served” and “making activities more interactive.” Tip Sheet at 5. “Yellow light” adaptations include changing session order or sequence of activities. *See id.* “Red light” activities include “shortening a program,” “reducing or eliminating activities that allow youth to personalize risk or practice skills,” and “contradicting, or competing with or diluting the program’s goals.” *Id.* *See also* OPA, Documenting Adaptations Tip Sheet (July 2020), attached as Exhibit 12 (applying these guidelines specifically to the TPP Program).

First, the NCC Notice violates the requirement that the programs “replicat[e] programs that have been proven effective,” because it expressly requires funding recipients to make “changes” to approved evidence-based programs with no regard for whether the programs can be modified to align with the EOs while still maintaining fidelity to the program’s core components, as Congress has required. Ex. 2, at 5; *Planned Parenthood of Greater Wash.*, 946 F.3d at 1113 (“[T]he 2018 Tier 1 [NOA] would incorrectly permit grants for programs not proven effective, contrary to the TPPP”); *Planned Parenthood of New York City, Inc.*, 337 F. Supp. 3d at 331-37 (“Defendants have violated their statutory obligation to select model ‘programs’ ‘proven effective through rigorous evaluation.’”); *Multnomah Cnty. v. Azar*, 340 F. Supp. 3d 1046, 1067-68 (D. Or. 2018) (vacating 2018 Tier 1 Funding Announcement as “not in accordance with law” because “HHS ... ignore[d] the qualifier that the programs ‘must be proven effective by rigorous evaluation.’”). As set forth in the Notice, the unspecified changes required for alignment may be “substantial,” and include, among other changes, “adaptations to existing curriculum, and updating policies, staffing, and training.” Ex. 2, at 5. Making substantial “changes,” “modifications,” and “adaptations” to approved programs and curricula without a rigorous analysis of how such changes affect the program’s core components, *id.*, is the opposite of “replicating” them, 138 Stat. at 671; *see Replicate*, Merriam-Webster, <https://www.merriam-webster.com/dictionary/replicate> (last visited May 7, 2025) (defining “replicate” as to “duplicate” or “repeat”).

Indeed, to the extent the Executive Orders highlighted in the Notice impose discernible standards at all, those standards appear to be fundamentally incompatible with the agency-approved programs Plaintiffs implement. As just one example, under the NOFO, Plaintiffs are required to adopt programs that are calibrated to “Ensure Equitable, Safe, Supportive, and Inclusive Environments.” Ex. 1; Ex. 4, at 6-7. Yet Executive Order 14151 purports to require

agencies to terminate any “‘equity-related’ grants or contracts.” 90 Fed. Reg. 8,339, 8,339 (Jan. 29, 2025), and Executive Order 14173 purports to require agencies to terminate all “‘equity,’ ‘equitable decision-making,’ ‘equitable deployment of financial and technical assistance,’ ‘advancing equity,’ and other like mandates, requirements, programs, or activities,” 90 Fed. Reg. 8633, 8634 (Jan. 31, 2025). In other words, any “alignment” with EO 14151 and EO 14173 appears inextricably at odds with the core nature of the approved programs at issue, under any interpretation.

Many of the specific programs Plaintiffs replicate likewise run afoul of the broad interpretations of the Executive Orders the government has advanced in other contexts. Some of Plaintiffs’ projects, for example, are required to reach underserved communities with the highest unmet needs including LGBTQ+ youth, but the gender-ideology Executive Orders purportedly require funding recipients to disavow that individuals may have gender identities differing from their sex assigned at birth. *Compare, e.g.*, Ex. 6 (PPGNY Decl.) ¶¶ 52-53; Ex. 7 (PPGNHAIK Decl.) ¶¶ 44, 47, 49; Ex. 9 (PPH Decl.) ¶¶ 48-50, *with* Executive Order 14168 (Jan. 20, 2025) (defining prohibited “gender ideology” to “include[] the idea that there is a vast spectrum of genders that are disconnected from one’s sex”); Executive Order 14190 (Jan. 29, 2025) (barring from receipt of federal funding entities that “directly or indirectly support or subsidize the instruction, advancement, or promotion of gender ideology”). Requiring Plaintiffs to change their programming around these ideological requirements is incompatible with the statutory mandate that TPP Program funding recipients replicate the evidence-based programs the agency has approved.

Second, the NCC Notice violates the statutory requirement that TPP programming be “medically accurate.” 138 Stat. at 671. Executive Order 14168 instructs that there are “two sexes,

male and female,” which “are not changeable and are grounded in fundamental and incontrovertible reality.” 90 Fed. Reg. at 8,615. Implementing guidance defines sex based on whether an individual’s reproductive system has “the biological function of producing eggs (ova)” or “the biological function of producing sperm.”³⁵ The Executive Order further asserts that it is a “false claim” to assert that “males can identify as and thus become women and vice versa.” 90 Fed. Reg. at 8,615.

As a matter of medical science, a program that adopted the Executive Order’s definitions could neither be “medically accurate” nor effectively “reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors” in populations with highest risk. 138 Stat. at 671. For one, the Executive Order’s sex definitions deny the existence of intersex persons altogether. *See* Ex. 5 (Kantor Decl.) ¶ 44 (“[A] large scientific literature on the biological basis of sex concludes that there is significant variation within the category of biological sex.”). And notwithstanding this omission, individuals can and do identify with gender identities that differ from their sex assigned at birth. *See* Ex. 5 (Kantor Decl.) ¶ 45. “Youth who identify as transgender are a particularly vulnerable group in the United States,” with heightened sexual risk compared with their cisgender peers. *Id.* ¶ 47. Plaintiffs cannot provide “medically accurate” programming, much less replicate the equitable and inclusive programs mandated in the 2023 NOFO, while denying the existence of transgender and gender-nonconforming youth and excluding them from programming. The requirement that funding recipients “align” their

³⁵ *Defining Sex: Guidance for Federal Agencies, External Partners, and the Public Implementing Executive Order 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, Dep’t of Health and Hum. Servs. (Feb. 19, 2025), <http://bit.ly/44eLQmz>.

programming with views contrary to medical science contravenes the Congress’s express command.

ii. The “Alignment” Requirement Violates The APA Because it is Arbitrary and Capricious

The APA requires courts to “hold unlawful and set aside” any agency action that is “arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.” 5 U.S.C. § 706(2)(A). Under that standard, a reviewing court “must confirm that the agency has fulfilled its duty to ‘examine the relevant data and articulate a satisfactory explanation for its action including a rational connection between the facts found and the choice made.’” *Ark Initiative v. Tidwell*, 816 F.3d 119, 127 (D.C. Cir. 2016) (quoting *Motor Vehicle Mfrs. Ass’n of the United States, Inc. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983)). Agency action is arbitrary and capricious “if the agency has relied on factors which Congress has not intended it to consider, entirely failed to consider an important aspect of the problem, offered an explanation for its decision that runs counter to the evidence before the agency, or is so implausible that it could not be ascribed to a difference in view or the product of agency expertise.” *Id.* (citation omitted). And agency action must be “upheld, if at all, on the same basis articulated in the order by the agency itself.” *Burlington Truck Lines, Inc. v. United States*, 371 U.S. 156, 169 (1962).

The new “alignment” requirement is arbitrary and capricious agency action for several reasons: (1) it is neither reasonable nor reasonably explained; (2) it constitutes an unexplained change-in-position that significantly upsets existing reliance interests; and (3) it is so vague that it fails to provide parties with fair notice of what it requires. Each of these grounds would independently require setting the NCC Notice aside. Together they show overwhelmingly that the new “alignment” requirement is unlawful.

Neither Reasonable Nor Reasonably Explained. The “alignment” requirement is neither reasonable nor reasonably explained. Agency action must be “reasonable and reasonably explained” to survive arbitrary and capricious review. *Cytori Therapeutics, Inc. v. Food & Drug Admin.*, 715 F.3d 922, 926 (D.C. Cir. 2013) (Kavanaugh, J.). Here, Defendants have failed to “identif[y] and explain[] the reasoned basis” for the sudden introduction of the new “alignment” requirement. *Transactive Corp. v. United States*, 91 F.3d 232, 236 (D.C. Cir. 1996). The NCC Notice offered no explanation or justification whatsoever for the imposition of a vague and sweeping condition for continuation of funding. And even if Defendants could articulate some goal that they believed the “alignment” requirement served, they have not—and cannot—explain why a vague and sweeping order to “align” with “all Presidential Executive Orders” was necessary to achieve it. Nor have they explained why they did not implement a more straightforward or targeted approach, such as the imposition of specific, concrete requirements. *See Allied Loc. & Reg’l Mfrs. Caucus v. EPA*, 215 F.3d 61, 80 (D.C. Cir. 2000) (“To be regarded as rational, an agency must also consider significant alternatives to the course it ultimately chooses.”).

Moreover, there is no evidence that HHS spent any time at all considering the real-world implications of the alignment requirement. For example, it did not consider whether grantees could practicably align any existing programs with the cited Executive Orders without sacrificing core, evidence-based elements required by statute. And there is no indication that HHS considered how “alignment” with the EOs would change recipients’ TPP projects in a manner that would negatively impact the very communities that the TPP Program is designed to serve—which includes underserved youth populations that are disproportionately affected by unintended teen pregnancies (including rapid repeat pregnancy) and STIs. There is also no evidence that HHS considered how requiring alignment might create potential conflicts with state laws that require

sex education to be, *inter alia*, medically accurate, comprehensive, and/or inclusive.³⁶ Nor is there evidence that HHS considered the administrative and financial burdens imposed by retrofitting curricula, staff training, data systems, and evaluation metrics to track “alignment.”

Accordingly, Defendants have “entirely failed to consider ... important aspect[s] of the problem.” *State Farm*, 463 U.S. at 43. There is no evidence that Defendants spent even a moment contemplating the decision to impose this requirement. Defendants cannot demonstrate that it was a reasonable action and have not attempted to reasonably explain why it was taken. This is the definition of arbitrary and capricious action.

Unexplained Change in Position. Compounding the arbitrary and capricious violation here is that the alignment requirement constitutes an unexplained and unreasonable change in longstanding agency position, and Defendants failed to account for the substantial reliance interests their actions have eviscerated. “When an agency changes course ... it must be cognizant that longstanding policies may have engendered serious reliance interests that must be taken into account.” *DHS v. Regents of the Univ. of Cal.*, 591 U.S. 1, 30 (2020) (citation and quotation marks omitted). Yet Defendants did not consider the effect the new requirement would have on grantees

³⁶ For example, Hawai’i requires that “[s]exuality health education programs funded by the State . . . provide *medically accurate* and factual information that is age appropriate and includes education on abstinence, contraception, and methods of disease prevention to prevent unintended pregnancy and sexually transmitted disease, including human immunodeficiency virus.” Hawai’i Revised Statutes (HRS) § 321-11.1 (emphasis added). Similarly, California requires that “[e]ach school district . . . ensure that all pupils in grades 7 to 12, inclusive, receive *comprehensive* sexual health education and HIV prevention education.” Cal. Educ. Code § 51934. This “comprehensive sexual health education and HIV prevention education” must be “age appropriate,” “medically accurate and objective,” and “appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.” *Id.* 51933. Iowa requires that “each school board . . . provide age-appropriate and research-based instruction in human growth and development.” Iowa Code § 279.5. Research-based is defined as “medically accurate and objective,” and “free of racial, ethnic, sexual orientation, and gender biases.” *Id.*

and their employees, community partners, and communities—all of whom have relied on the TPP Program’s longstanding adherence to evidence-based programs and prior grant requirements. Defendants have failed to “display [any] awareness that [they are] changing position[s],” much less articulated “good reasons” for the shift. *Encino Motorcars, LLC v. Navarro*, 579 U.S. 211, 221 (2016) (quotation marks omitted); *Fox Television Stations, Inc.*, 556 U.S. at 515-16 (when an agency departs from a prior policy, it ordinarily must “display awareness that it *is* changing position” and offer “a reasoned explanation” for doing so, particularly where regulated parties have relied on the old rule).

For over a decade, since its creation in 2009, HHS has operated the TPP Program by requiring Tier 1 grantees to carry out the statutory mandate to “replicat[e]” “medically accurate” evidence based programs. There has been no additional requirement that grantees “align” their programs with Executive Orders. Nor has there been any requirement to “align” programs with some of the topics addressed in the Executive Orders mentioned in the NCC Notice. Defendants’ eleventh-hour imposition of this vague new requirement, which allowed just two weeks for grantees to research and modify programs to “align” with over 137 Executive Orders, posed significant implementation challenges to grantees. This plainly triggered the change-of-position doctrine, requiring the agency to display awareness it was changing its position and provide a reasoned explanation for the shift. *See FDA v. Wages & White Lion Invs., L.L.C.*, 145 S. Ct. 898, 916-17 (2025). Here, HHS provided no explanation at all for its change in position. Nor did HHS even display an awareness that it was upsetting significant reliance interests by imposing the new “alignment” requirement. This is an open-and-shut case of a change-in-position violation.

Lack of Fair Notice. The NCC Notice is arbitrary and capricious for yet another reason, which is that it is so vague that it fails to provide regulated parties fair notice. Any agency

requirement that is unconstitutionally vague is *per se* arbitrary and capricious. An agency must promulgate standards that “give the person of ordinary intelligence a reasonable opportunity to know what is prohibited” or required; otherwise the rule is impermissibly vague under the APA’s notice and arbitrariness constraints. *See Grayned*, 408 U.S. at 108; *see also Fox Television Stations, Inc.*, 567 U.S. 239, 253-56 (2012) (standard must “provide a person of ordinary intelligence fair notice of what is prohibited”). For all the reasons that the alignment requirement is unconstitutionally vague, it is also arbitrary and capricious.

3. The “Alignment” Requirement is *Ultra Vires*

“It is central to the real meaning of the rule of law and not particularly controversial” that executive branch actors have no power to act unless authorized to do so by Congress or the Constitution. *Transohio Sav. Bank v. Dir., Off. of Thrift Supervision*, 967 F.2d 598, 621 (D.C. Cir. 1992) (quotation marks omitted), *abrogated on other grounds*, 864 F.3d 591 (D.C. Cir. 2017). This principle is such a “cardinal principle” of American law, *Cath. Health Initiatives v. Sebelius*, 617 F.3d 490, 497 (D.C. Cir. 2010) (Brown, J., concurring), that no express statutory cause of action is necessary to sue to enjoin *ultra vires* executive action. Courts “presume that Congress intends the executive to obey its statutory commands and, accordingly, that it expects the courts to grant relief when an executive agency violates such a command.” *Chamber of Com. of U.S. v. Reich*, 74 F.3d 1322, 1328 (D.C. Cir. 1996).

Here, Defendants have imposed requirements that directly conflict with the relevant appropriations statutes. The TPP Program, as provided in the relevant appropriations statutes, allocates funds for “medically accurate and age appropriate programs that reduce teen pregnancy,” with specific allocation for “replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or

other associated risk factors.” Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, 138 Stat. 460, 671 (2024). The NCC Notice’s requirement for grantees to align their programs with specific Executive Orders imposes additional obligations not contemplated by the statutory framework established by Congress for the TPP Program. Moreover, Defendants’ actions are patently outside of their statutory authority because the NCC Notice is incompatible with Congress’s mandate for the TPP Program and contradicts the text, structure, and purpose of the TPP Program that 75% of remaining appropriated funds go to replicating rigorously evaluated programs. By conditioning appropriated funds on the fulfillment of criteria irreconcilable with those Congress prescribed, Defendants have acted beyond their authority, violated the separation of powers and encroached upon Congress’s spending power, and thereby acted *ultra vires*.

B. Plaintiffs Will Suffer Irreparable Harm Absent Injunctive Relief

To demonstrate irreparable harm, the moving party must satisfy two requirements. “First, the harm must be ‘certain and great,’ ‘actual and not theoretical,’ and so ‘imminen[t] that there is a clear and present need for equitable relief to prevent irreparable harm.’” *League of Women Voters of U.S. v. Newby*, 838 F.3d 1, 7-8 (D.C. Cir. 2016) (alteration in original) (quoting *Chaplaincy of Full Gospel Churches v. England*, 454 F.3d 290, 297 (D.C. Cir. 2006)). “Second, the harm ‘must be beyond remediation.’” *Id.* at 8 (quoting *Chaplaincy of Full Gospel Churches*, 454 F.3d at 297). This standard is clearly met here.

Absent removal of the unlawful barriers imposed by the Notice, Plaintiffs will lose access to all of their TPP funds and their projects will be forced to shut down when the present budget year concludes on June 30, 2025. As detailed *supra* in Part A, Plaintiffs are unable to satisfy the new requirements; they cannot certify that they will “align” their Tier 1 projects with the over 100

newly-issued Executive Orders, both because that directive is impossibly vague and because it contravenes other core facets of the program at issue. Plaintiffs thus had no choice but to make this position explicit in their continuation applications, Ex. 6 (PPGNY Decl.) ¶ 59; Ex. 7 (PPGNHAIK Decl.) ¶ 54; Ex. 8 (PPCCC Decl.) ¶ 42; Ex. 9 (PPH Decl.) ¶ 60, or else not submit an application at all, Ex. 10 (PPMM Decl.) ¶ 56. If Plaintiffs’ continuation applications are denied, there will be no time to challenge the denial before program funds expire on June 30. Thus, if the Notice’s unlawful new requirements are not enjoined, Plaintiffs could face abrupt termination of all funding for Plaintiffs’ five-year projects, forcing them to shutter those projects, irreversibly harming their businesses and the communities they serve.

The harm from this loss of funds would be tremendous and irreparable, since Plaintiffs’ TPP programs are fully funded by the appropriations at issue. “Obviously, when an organization is created to fulfill the objectives of a grant and its existence relies on grant money, harm is certain once the grant funds are withdrawn.” *Climate United Fund v. Citibank, N.A.*, No. 25-cv-698, 2025 WL 1131412, at *17 (D.D.C. Apr. 16, 2025). While ordinary economic injuries are usually insufficient to require injunctive relief, financial harm can “constitute irreparable harm . . . where the loss threatens the very existence of the movant’s business.” *Id.* at *10 (quoting *Wis. Gas Co. v. FERC*, 758 F.2d 669, 674 (D.C. Cir. 1985)).

If Plaintiffs are foreclosed from obtaining their TPP funds, they will have no choice but to shut down their projects altogether midstream, and they will have to lay off most or all of the staff that administer their TPP programs. Ex. 6 (PPGNY Decl.) ¶¶ 63, 68; Ex. 7 (PPGNHAIK Decl.) ¶¶ 59-62; Ex. 8 (PPCCC Decl.) ¶¶ 49-51; Ex. 9 (PPH Decl.) ¶¶ 66, 71; Ex. 10 (PPMM Decl.) ¶¶ 58-

59. See *Express One Int’l, Inc. v. U.S. Postal Serv.*, 814 F. Supp. 87, 91 (D.D.C. 1992) (finding irreparable injury where the monetary loss would cause significant capital costs and employee layoffs); *McGregor Printing Corp. v. Kemp*, No. 91-3255, 1992 WL 118794, at *5 (D.D.C. May 14, 1992) (finding that “the irretrievable monetary loss to [plaintiff] in combination with the loss in employment to [plaintiff’s] employees” amounted to irreparable harm); cf. *Wis. Gas Co. v. FERC*, 758 F.2d 669, 674 (D.C. Cir. 1985) (monetary loss that “threatens the very existence of the movant’s business” constitutes irreparable harm). The end of these TPP programs will effectively shut down some Plaintiffs’ education departments altogether, or else eliminate a huge bulk of their education programming, and it will also end all evidence-based sex education programming in many of the regions served. See Ex. 6 (PPGNY Decl.) ¶¶ 67-69; Ex. 7 (PPGNHAIK Decl.) ¶ 62; Ex. 9 (PPH Decl.) ¶¶ 67-71. For Plaintiffs who are able to maintain other parts of their education departments, the loss of TPP funding will nonetheless still impact their other education work as well; because TPP projects are central to some Plaintiffs’ education work, TPP funds are a significant part of how the staff within those departments are funded, and Plaintiffs will still have no choice but to lay off staff members within those departments absent the continuation of TPP funding. See Ex. 8 (PPCCC Decl.) ¶¶ 50, 52; Ex. 10 (PPMM Decl.) ¶ 58. In addition, losing TPP funds will force Plaintiffs to terminate ongoing contracts prematurely, leaving them to pay penalties and still remain liable for covering costs of partial deliveries. See Ex. 6 (PPGNY Decl.) ¶ 66; Ex. 7 (PPGNHAIK Decl.) ¶¶ 68-69; Ex. 9 (PPH Decl.) ¶ 71; Ex. 10 (PPMM Decl.) ¶ 58.

The loss of TPP programs, along with other capacity reductions that will flow to Plaintiffs’ education departments, will impede Plaintiffs’ ability to sustain and deliver high-quality sexual

and reproductive health education for youth, to serve as a reliable resource for the community, to connect young people and families to essential care services, and provide critical support to schools, community-based organizations, and residential sites that rely on these services. *See* Ex. 6 (PPGNY Decl.) ¶ 64; Ex. 7 (PPGNHAIK Decl.) ¶ 62; Ex. 8 (PPCCC Decl.) ¶ 50; Ex. 9 (PPH Decl.) ¶¶ 67-68; Ex. 10 (PPMM Decl.) ¶¶ 58-60. This loss will acutely impact youth who rely on Plaintiffs’ programs, many of whom are already part of underserved communities. *See* Ex. 6 (PPGNY Decl.) ¶ 65; Ex. 7 (PPGNHAIK Decl.) ¶ 66; Ex. 8 (PPCCC Decl.) ¶¶ 52, 54; Ex. 9 (PPH Decl.) ¶¶ 68-69; Ex. 10 (PPMM Decl.) ¶ 61. The loss of these resources will only contribute to the historic exclusion and neglect that indisputably have contributed to the disproportionate rates of unintended teen pregnancy and STI rates within these groups.

The “obstacles” created by Defendants’ conduct “make it more difficult for the [plaintiffs] to accomplish their primary mission,” *League of Women Voters*, 838 F.3d at 9, which includes providing evidence-based programming that is effective within the communities they serve and fostering relationships in those communities. *See* Ex. 6 (PPGNY Decl.) ¶ 8; Ex. 7 (PPGNHAIK Decl.) ¶ 6; Ex. 8 (PPCCC Decl.) ¶ 8; Ex. 9 (PPH Decl.) ¶¶ 4, 6; Ex. 10 (PPMM Decl.) ¶¶ 4-6. The abrupt shuttering of programs that youth and their families have come to rely upon will undermine the trust that Plaintiffs have built, and this inability to meet ongoing commitments, *see* Ex. 6 (PPGNY Decl.) ¶ 67; Ex. 7 (PPGNHAIK Decl.) ¶¶ 63-64; Ex. 8 (PPCCC Decl.) ¶ 55; Ex. 9 (PPH Decl.) ¶ 71; Ex. 10 (PPMM Decl.) ¶ 60, will erode Plaintiffs’ “goodwill, reputation, and relationships with employees, partners, subcontractors,” *AIDS Vaccine Advoc. Coal. v. United States Dep’t of State*, No. 25-cv-400, 2025 WL 485324, at *3 n.2 (D.D.C. Feb. 13, 2025); *see also*

Armour & Co. v. Freeman, 304 F.2d 404, 406 (D.C. Cir. 1962) (holding that irreparable harm was apparent where defendant’s conduct “could not fail to damage [plaintiff’s] good name”); *Atlas Air, Inc. v. Int’l Bhd. of Teamsters*, 280 F. Supp. 3d 59, 103 (D.D.C. 2017) (holding that reputational injury can “rise to the level necessary to support the issuance of an injunction”); *Xiaomi Corp. v. Dep’t of Def.*, No. 21-cv-280, 2021 WL 950144, at *9 (D.D.C. Mar. 12, 2021) (collecting cases).

Finally, absent immediate relief, the funding that Plaintiffs rely upon may become unrecoverable. The new budget period begins on July 1, 2025, at which time HHS may allocate the appropriated funds to other recipients if they—incorrectly and unlawfully—deem Plaintiffs ineligible. “[I]n cases involving government expenditures, ‘once the relevant funds have been obligated, a court cannot reach them in order to award relief.’” *Climate United Fund*, 2025 WL 1131412, at *17 (quoting *City of Houston v. Dep’t of Hous. & Urb. Dev.*, 24 F.3d 1421, 1426-27 (D.C. Cir. 1994)); *cf. id.* (“Any transfer, re-allocation, or re-obligation of these funds would be an irreparable loss—one that threatens the very existence of Plaintiffs’ businesses.”); *see also, e.g., Ambach v. Bell*, 686 F.2d 974, 986 (D.C. Cir. 1982) (“Once the chapter 1 funds are distributed to the States and obligated, they cannot be recouped. It will be impossible in the absence of a preliminary injunction to award the plaintiffs the relief they request if they should eventually prevail on the merits.”); *Population Inst. v. McPherson*, 797 F.2d 1062, 1081 (D.C. Cir. 1986) (noting that “if the government in the instant case is permitted to *distribute* the \$10 million to other organizations, the appeal will become moot”).

C. The Balance of Equities and Public Interest Weigh Heavily In Plaintiffs’ Favor

“When the movant seeks to enjoin the government, the final two TRO factors—balancing the equities and the public interest—merge.” *D.A.M. v. Barr*, 474 F. Supp. 3d 45, 67 (D.D.C. 2020)

(citing *Pursuing Am.'s Greatness v. FEC*, 831 F.3d 500, 511 (D.C. Cir. 2016)). “It is well established that the Government cannot suffer harm from an injunction that merely ends an unlawful practice.” *C.G.B. v. Wolf*, 464 F. Supp. 3d 174, 218 (D.D.C. 2020) (quotation marks and citations omitted). Likewise, “[t]here is generally no public interest in the perpetuation of unlawful agency action.” *Open Cmty. All. v. Carson*, 286 F. Supp. 3d 148, 179 (D.D.C. 2017) (quotation marks and citation omitted). “To the contrary, there is a substantial public interest in having governmental agencies abide by the federal laws—such as the APA, as well as regulations ... — that govern their existence and operations.” *Id.* (internal quotation marks and citations omitted). That is especially true where, as here, constitutional rights are at stake. The Constitution “is the ultimate expression of the public interest,” so “government actions in contravention of the Constitution are always contrary to the public interest.” *Turner v. U.S. Agency for Global Media*, 502 F. Supp. 3d 333, 386 (D.D.C. 2020) (cleaned up); *see also, e.g., Costa v. Bazron*, 456 F. Supp. 3d 126, 137 (D.D.C. 2020) (“[I]t is always in the public interest to prevent the violation of a party’s constitutional rights.” (internal quotation marks and citation omitted)). Thus, for the same reasons that Plaintiffs are likely to succeed on the merits, equity and the public interest require relief.

Granting preliminary relief is also in the public interest because it will preserve a vital resource—critical teen pregnancy prevention programs—for communities most in need. Tens of thousands of people, and particularly youth from historically underserved communities, rely upon TPP programs to deliver medically accurate, current, and high-quality sexual and reproductive health education. *See supra* at pp. 12-13. Without these programs, youth and their families will lose access to those effective resources, which will only contribute to the dearth of sexual education

information available to young people within those communities. Evidence shows that pregnancy prevention programs reduce sexual activity, reduce STIs, increase use of contraceptives, including condom use, and reduce teen pregnancy. *See* Ex. 8 (PPCC Decl.) ¶ 11; *see also* Ex. 5 (Kantor Decl.) ¶¶ 17, 39, 42. This loss will have long-term effects, since lowering the rate of unintended pregnancies ultimately improves health outcomes, such as decreased risk of maternal mortality and adverse child health outcomes. Plaintiffs’ projects have made tremendous strides to address these issues over the past two years, and have invested significant resources to build and expand their programs with great success, all of which progress will be lost if they are stopped in their tracks. Ex. 6 (PPGNY Decl.) ¶¶ 68-69; Ex. 7 (PPGNHAIK Decl.) ¶¶ 58-62; Ex. 8 (PPCCC Decl.) ¶ 55; Ex. 9 (PPH Decl.) ¶¶ 66-71; Ex. 10 (PPMM Decl.) ¶¶ 58-60.

On the other side of the ledger, the burden of an injunction on HHS would be minimal. The TPP program has been administered using the same criteria for over a decade, and HHS would suffer no harm from merely continuing to administer funding consistent with that criteria. There is also a “substantial public interest in having governmental agencies abide by the federal laws that govern their existence and operations.” *League of Women Voters*, 838 F.3d at 12 (internal quotation marks omitted); *Serono Labs., Inc. v. Shalala*, 158 F.3d 1313, 1326 (D.C. Cir. 1998) (when an agency failed to adhere to a statute’s standards, the “public interest balance plainly would weigh in favor of an injunction”); *Tex. Children’s Hosp. v. Burwell*, 76 F. Supp. 3d 224, 246 (D.D.C. 2014) (recognizing an independent and compelling public interest in ensuring the Secretary of HHS complies with the applicable statute). In the context of the APA, “[t]he public

interest is served when administrative agencies comply with their obligations.” *N. Mariana Islands v. United States*, 686 F. Supp. 2d 7, 21 (D.D.C. 2009). An injunction would require nothing more.

CONCLUSION

For the foregoing reasons, the Court should grant Plaintiffs’ motion, preliminarily enjoin the NCC Notice and any actions to implement its requirements, and permit Tier 1 funding recipients to submit new or amended applications, as set forth in the contemporaneously filed proposed order.

Plaintiffs respectfully request that the Court rule on their motion by no later than June 15, 2025, so that applicants can submit applications and have them resolved before the new funding cycle begins on July 1, 2025.

Dated: May 12, 2025

Respectfully submitted,

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

PLANNED PARENTHOOD OF	)	
GREATER NEW YORK <i>et al.</i>	)	
	)	
Plaintiffs,	)	
v.	)	Civil Action No. 1:25-cv-1334-TJK
	)	
U.S. DEPARTMENT OF HEALTH AND	)	
HUMAN SERVICES, <i>et al.</i>	)	
	)	
Defendants.	)	
	)	

[PROPOSED] ORDER

Upon consideration of Plaintiffs Planned Parenthood of Greater New York (“PPGNY”), Planned Parenthood Great Northwest, Hawai‘i, Alaska, Indiana and Kentucky (“PPGNHAIK”), Planned Parenthood of the Heartland (“PPH”), Planned Parenthood California Central Coast (“PPCCC”), and Planned Parenthood Mar Monte (“PPMM”) (collectively, “Plaintiffs”) Motion for a Preliminary Injunction, any responses and replies thereto, and the entire record, it is hereby:

ORDERED that Plaintiffs’ Motion for Preliminary Injunction is **GRANTED**. It is further

ORDERED that Defendants and their agents are preliminarily enjoined from implementing the new requirements imposed through the *Guidance for Preparing a Non-Competing Continuation Award Application* (NCC Notice) on Teen Pregnancy Prevention Program Tier 1 funding recipients and any actions implementing those requirements, including, without limitation:

- by requiring Tier 1 funding recipients to modify the evidence-based programs they implement to align with Executive Orders;

- by requiring Tier 1 funding recipients to demonstrate or certify alignment with Executive Orders;
- by requiring Tier 1 funding recipients to submit program materials to the Defendant agencies demonstrating alignment with Executive Orders or memorializing changes to the evidence-based programs they implement to align with Executive Orders;
- by denying any Tier 1 non-competing continuation award application on the ground that the application fails to align with, to document changes to evidence-based programs to align with, or to certify alignment with Executive Orders. It is further

ORDERED that Defendants shall reopen the period for Tier 1 non-competing continuation award applications to permit applicants to submit applications without regard to the new requirements imposed through the enjoined NCC Notice. Such requirement shall apply with respect to all Tier 1 funding recipients subject to the enjoined NCC Notice, regardless whether such applicants have already submitted a non-competing continuation award application, and shall be implemented without delay to the receipt of funding by any Tier 1 funding recipient. It is further

ORDERED that Defendants shall provide written notice of this Order to all Tier 1 funding recipients subject to the enjoined NCC Notice, regardless whether such applicants have already submitted a non-competing continuation award application. It is further

ORDERED that, within seven days of the issuance of this Order, Defendants shall file a status report confirming compliance with this Order.

IT IS SO ORDERED.

Date: _____

The Honorable Timothy J. Kelly
United States District Judge