

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

PLANNED PARENTHOOD OF
GREATER NEW YORK,
26 Bleecker Street
New York, NY 10012

PLANNED PARENTHOOD
CALIFORNIA CENTRAL COAST,
518 Garden Street
Santa Barbara, CA 93101

PLANNED PARENTHOOD OF THE
HEARTLAND, INC.
818 5th Avenue
Des Moines, IA 50309

Plaintiffs,
v.

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES,
200 Independence Avenue SW
Washington, DC 20201

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the U.S.
Department of Health and Human Services,
200 Independence Avenue SW
Washington, DC 20201

Defendants.

Civil Action No. 25-cv-2453

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

INTRODUCTION

1. This case challenges the U.S. Department of Health and Human Services’ (HHS) unlawful imposition of sweeping new requirements on grantees under Tier 1 of the Teen Pregnancy Prevention (TPP) Program, a successful evidence-based public health initiative intended to reduce unintended teen pregnancy and associated risk factors. Plaintiffs—three nonprofits that receive funding from the Tier 1 program to provide sexual education programs across the country—bring this action to challenge Defendants’ unlawful attempts to rewrite the TPP Program’s requirements in ways that would fundamentally undermine the program.

2. The same day HHS approved Plaintiffs’ continued funding through June 2026, HHS published the *OASH Teen Pregnancy Prevention Program Policy Notice* (Program Mandate), which upended the statutory framework governing the TPP Program by conditioning continued access to funding on compliance with harmful mandates that are contrary to law, and that directly contravene the TPP Program’s purpose—to provide effective, medically accurate programming to reduce teen pregnancy and associated health risks.

3. HHS’s actions represent a pattern of agency overreach that threatens to gut a successful, bipartisan, evidence-based public health program. Through these agency actions, HHS has imposed novel and undefined requirements, including that grantees “align” their programs with all current Presidential Executive Orders—regardless of relevance, legality, or scientific validity—and introduce a host of additional content-based restrictions that are vague, unrelated to the purpose of and fundamentally incompatible with the statutory mandate Congress established for the TPP Program.

4. HHS’s unlawful new Program Mandate threatens grantees that fail to comply with its requirements with suspension, termination, and other consequences including the claw-back of

already allocated funds. But these new programmatic requirements are not only unlawful, they are also unworkable. They force grantees to guess how the agency will enforce a requirement mandating “alignment,” to censor medically accurate and inclusive content, and to abandon programming that has already been rigorously evaluated and approved by HHS itself.

5. Plaintiffs seek declaratory and injunctive relief on both administrative law and constitutional grounds—to preserve the integrity of the TPP Program, to protect the communities they serve, and to ensure that federal funding decisions are made based on law and science.

6. HHS’s actions are unlawful and dangerous. They jeopardize years of progress in reducing teen pregnancy and sexually transmitted infections, particularly among underserved communities. They force grantees to choose between compromising their missions or losing critical funding. And they send a chilling message: that evidence, expertise, and equity can be discarded in favor of ideology.

7. This Court should not allow it. Plaintiffs respectfully ask the Court to enjoin the enforcement of the Program Mandate, declare it unlawful, and, in doing so, preserve the ability of Plaintiffs to continue delivering the high-quality, evidence-based programming that Congress intended the TPP Program to support.

JURISDICTION AND VENUE

8. This Court has subject matter jurisdiction over this action pursuant to 28 U.S.C. § 1331, because the action arises under federal law, including the U.S. Constitution and the Administrative Procedure Act (APA), 5 U.S.C. § 551 *et seq.* An actual controversy exists between the parties within the meaning of 28 U.S.C. § 2201(a), and this Court may grant declaratory relief, injunctive relief, and other appropriate relief pursuant to 28 U.S.C. §§ 2201-02 and 5 U.S.C. §§ 704-06.

9. Venue is proper in this Court under 28 U.S.C. § 1391(e)(1) because this action seeks relief against federal agencies and officials acting in their official capacities; at least one defendant resides in this district; and a substantial part of the events or omissions giving rise to the claim occurred in this district.

PARTIES

10. **Plaintiff Planned Parenthood of Greater New York (PPGNY)** is a not-for-profit corporation organized under the laws of New York. PPGNY provides high-quality, affordable, evidence-based sexual health care and education throughout New York. PPGNY was awarded a five-year TPP grant in June 2023. PPGNY's request for year three funding was approved on July 2, 2025.

11. **Plaintiff Planned Parenthood California Central Coast (PPCCC)** is a not-for-profit corporation organized under the laws of California. PPCCC provides high-quality, affordable, evidence-based sexual health care and education in three counties along the Central Coast of California. PPCCC's mission is to improve its communities' sexual health outcomes through healthcare, education, and advocacy. PPCCC was awarded a five-year TPP grant in June 2023. PPCCC's request for year three funding was approved on July 2, 2025.

12. **Plaintiff Planned Parenthood of the Heartland (PPH)** is a not-for-profit organization organized under the laws of Minnesota. PPH provides high-quality, affordable, evidence-based sexual health care and education throughout Iowa, Minnesota, Nebraska, North Dakota, and South Dakota. PPH's mission is to provide, promote, and protect reproductive and sexual health through high quality care, education, and advocacy. PPH was awarded a five-year TPP grant in June 2023. PPH's request for for year three funding was approved on July 2, 2025.

13. **Defendant HHS** is a Department of the Executive Branch of the U.S. Government and is an agency within the meaning of 5 U.S.C. § 551(1). HHS is the federal agency responsible for awarding and administering funds under the TPP Program. Since 2019, the Office of Population Affairs, within the Department of Health and Human Services, has administered the TPP Program.

14. **Defendant Robert F. Kennedy, Jr.** is Secretary of HHS and is sued in his official capacity.

FACTUAL ALLEGATIONS

A. Teenage Pregnancy in the United States

15. While unintended teenage pregnancy rates in the United States have steadily decreased since the 1960s, teenage pregnancy continues to be a “significant public health concern” in this country “because of the range of health, social, and economic effects adolescent childbearing can have on adolescents, their children, and broader society.”¹

16. At the time Congress passed the TPP Program, “teen childbearing in the U.S. cost[] taxpayers (federal, state, and local) at least \$9.4 billion annually.”² 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.

¹ Alexandria K. Mickler & Jessica Tollestrup, Cong. Rsrch. Serv., R45184, *Teen Births in the United States: Overview and Recent Trends*, at 1 (2025), <https://www.congress.gov/crs-product/R45184>.

² OAH, HHS, *Results from the OAH Teen Pregnancy Prevention Program*, <https://opa.hhs.gov/sites/default/files/2020-07/tpp-results-factsheet.pdf>.

17. Public health organizations, including the Centers for Disease Control and Prevention, agree that reducing unintended teenage pregnancy and preventing sexually transmitted infections (STIs) is in the best interest of not only teenagers, but society as a whole.³

18. Since the 1980s, Congress has authorized—and HHS has administered—programs with a focus on adolescent pregnancy prevention.⁴

B. The TPP Program

19. In 2009, Congress created the TPP Program to fund a wide array of evidence-based, scientifically rigorous approaches to combating unintended teen pregnancy and additional evaluation and development of evidence-based programs.⁵ Congress designed the TPP Program “to create evidence-based social policy initiatives to improve policymaking and program outcomes” using “new initiatives to build rigorous data, rather than treating evaluation as an afterthought[.]”⁶

20. Consistent with those objectives, Congress initially appropriated \$110 million in funds to the TPP Program in fiscal year (FY) 2010, directing 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.”⁷

³ Jessica Tollestrup, Cong. Rsch. Serv., R45183, Adolescent Pregnancy: Federal Prevention Programs 1 (2024), [https:// www.congress.gov/crs-product/R45183](https://www.congress.gov/crs-product/R45183).

⁴ *Id.*

⁵ *Id.*

⁶ 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. ADOLESC. HEALTH S1, S2 (2014).

⁷ Consolidated Appropriations Act, 2010, Pub. L. No. 111-117, 123 Stat. 3034, 3253 (2009).

21. HHS has consistently incorporated and described the reduction of STIs as part of the goal and objective of the program.⁸

22. Congress requires HHS to fund two tiers of TPP Programs, “Tier 1” and “Tier 2.”

23. Tier 1 grantees “replicat[e]” “medically accurate and age appropriate programs” that have “been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.” Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, 138 Stat. 460, 671 (2024).

24. HHS designates which programs are eligible for replication by Tier 1 grantees. Programs eligible for “replication” are identified by HHS through the agency’s Teen Pregnancy Prevention Evidence Review (TPPER) process, a rigorous process akin to expert peer review.⁹ HHS then puts the eligible Tier 1 programs on a list, and applicants must in turn select from this menu of HHS-designated options when making their project proposals (i.e., their proposals for implementation of HHS’s approved programs).

25. Tier 2 grantees are responsible for “develop[ing], replicat[ing], refin[ing], and test[ing]” new “medically accurate and age appropriate programs” “for preventing teenage pregnancy.” 138 Stat. at 671. In other words, “Tier 2 lets grantees test new programs, and programs that prove effective then become eligible for Tier 1.” *Planned Parenthood of Greater Wash. & N. Idaho v. HHS (PPGWN)*, 946 F.3d 1100, 1106 (9th Cir. 2020).

⁸ See OASH, OPA, *About the Teen Pregnancy Prevention Program*, HHS, <https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program/about-tpp-program> (last visited July 29, 2025); see also OASH, OPA, *Updated Findings from the HHS Teen Pregnancy Prevention Evidence Review*, HHS, <https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-program-evaluations/tpp-evidence-review> (last visited July 29, 2025).

⁹ OASH, OPA, *Updated Findings from the HHS Teen Pregnancy Prevention Evidence Review*, *supra* n.8.

26. TPP Program grant recipients, including Plaintiffs in this case, receive project funding through two types of application processes: a competitive award cycle and an annual non-competitive continuing award process.

27. Consistent with HHS's regulations, 45 C.F.R. § 52.6, the TPP Program's competitive award cycle necessarily begins with a notice of funding opportunity (NOFO), by which the agency declares its intention to award funds and outlines the program goals, objectives, and conditions for applying. *See, e.g.*, HHS, OASH, OPA, Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services, Notice of Funding Opportunity, AH-TP1-23-001 (2023 NOFO), at 5-6 (attached hereto as Ex. A).

28. HHS grants these awards for a "project period," during which HHS "intends to support the project without requiring the project to recompete for funds." 45 C.F.R. § 52.6(c).

29. Each year, grantees submit a non-competing continuation award application consisting of "a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year." 2023 NOFO, Ex. A at 56.

30. Continuous funding is "contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government." 2023 NOFO, Ex. A at 17.

C. Plaintiffs' TPP Programs

31. **PPGNY's TPP Program:** PPGNY operates a Tier 1 TPP program with annual funding of approximately \$1,091,185. Through its project, Supporting Teens' Access and Rights (STAR), PPGNY works to advance health equity and to improve the sexual health outcomes of youth in New York City. The project replicates age-appropriate, medically accurate, and evidence-based education programs across a network of PPGNY's partners in 15 community districts

throughout New York City and includes a parent-to-parent peer education component for parents, guardians, and other adults in young people's lives. Programming is offered in three settings: middle and high schools, after school and out-of-school time programs offered by community-based organizations, and residential facilities serving youth experiencing homelessness.

32. PPGNY implements various evidence-based programs selected from the HHS-approved list resulting from its TPPER process, which were determined to be culturally appropriate and proven effective to impact sexual risk behaviors within the target populations identified by PPGNY. PPGNY's most recent non-competing continuation award application (NCC Application) for year three of this five-year project was approved on July 2, 2025.

33. **PPCCC's TPP Program:** PPCCC operates a Tier 1 TPP program with annual funding of approximately \$798,636. Through its project, "Central Coast Comprehensive Sex Education" (CSEC), PPCCC has implemented a systems-based teen pregnancy prevention initiative with overarching goals of improving sexual health outcomes, promoting positive youth development and empowerment, and advancing health equity and inclusivity for adolescents, their families, and communities through replication of medically accurate and age-appropriate evidence-based teen pregnancy prevention programs. CSEC is focused on underserved areas of the Central Coast region in three California counties. It aims to provide the marginalized communities on the Central Coast with inclusive, culturally relevant, and medically accurate sex education.

34. CSEC implements various evidence-based programs selected from the HHS-approved list generated by its TPPER process, which were determined to be culturally appropriate and proven effective to impact sexual risk behaviors within the target populations identified by

PPCCC. PPCCC's most recent NCC Application for year three of this five-year project was approved on July 2, 2025.

35. **PPH's TPP Program:** PPH operates a Tier 1 TPP program with annual funding of approximately \$773,619. PPH's TPP project, titled "*Community-Responsive, Youth-Driven Comprehensive Sexual and Reproductive Health Interventions to Achieve Optimal Health for Adolescents in Western Iowa and Eastern Nebraska*," was designed 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.

36. PPH implements various evidence-based programs selected from the HHS-approved list resulting from its TPPER process, which were determined to be culturally appropriate and proven effective to impact sexual risk behaviors within the target populations identified by PPH. PPH's most recent NCC Application for year three of this five-year project was approved on July 2, 2025.

D. Defendants' Imposition of Unlawful Requirements on the TPP Program

37. Over the past several months, HHS has engaged in a pattern of escalating efforts to undermine the statutory goals of the TPP Program—first through the imposition on Plaintiffs' NCC applications of an Executive Order "alignment" requirement, and now through a sweeping Policy Mandate that not only cements the Executive Order "alignment" requirement as a condition of continued funding, but also introduces a host of additional unlawful and harmful restrictions that invite arbitrary enforcement and are fundamentally incompatible with the statutory requirements of the TPP Program.

HHS Issues the Tier 1 NCC Notice and Litigation Ensues

38. On March 31, 2025, roughly two weeks before the April 15, 2025, Tier 1 NCC application deadline for year three of the current five-year grant cycle, OPA unexpectedly emailed TPP Tier 1 funding recipients an updated NCC Notice, imposing, for the first time, a requirement that Tier 1 recipients “align” their programs with *all* Executive Orders.¹⁰

39. PPCCC and PPH made some modifications to their programs in response to the unlawful new requirements in the NCC Notice. PPGNY did not make any changes. Plaintiffs all timely submitted their NCC applications under protest, and made explicit that they were submitting their applications without certifying “alignment” with Executive Orders.

40. On May 1, 2025, PPGNY, PPCCC, and PPH filed suit alongside other TPP Tier 1 grantees challenging the imposition of the alignment requirement to the Tier 1 NCC application process. *See* Plaintiffs’ Complaint for Declaratory and Injunctive Relief, *Planned Parenthood of Greater N.Y. v. HHS (PPGNY)*, No. 25-1334 (TJK) (D.D.C. May 1, 2025).

41. On June 26, 2025, the District Court denied emergency relief solely on the ground that plaintiffs had not demonstrated irreparable harm. *PPGNY*, 2025 WL 1768100, at *6, 9 (D.D.C. June 26, 2025), Dkt. No. 27. The order did not address the likelihood of success on the merits.

42. On July 2, 2025, HHS granted Plaintiffs’ NCC applications. As a result, Plaintiffs no longer faced the potential that their applications would be denied and voluntarily dismissed their case on July 11, 2025.

¹⁰ OPA, *Guidance for Preparing a Non-Competing Continuation (NCC) Award Application, Teen Pregnancy Prevention (TPP) Program Recipients (AH-TP1-23-001)*, HHS (2025) (hereinafter the “NCC Notice”) (attached hereto as Ex. B).

43. Notwithstanding their NCC applications being granted, the Plaintiffs are now subject to the Program Mandate that HHS subsequently issued for the entire TPP program, which is discussed further below.

HHS Issues the Program Mandate

44. HHS's efforts to impose unlawful and harmful directives culminated with the publication of the Program Mandate, which imposes numerous harmful and unlawful requirements on all TPP program participants that are subject to arbitrary enforcement.

45. On July 2, 2025, HHS published an update to its website titled "*HHS Issues Policy to Stop the Radical Indoctrination of Children and Ensure Parental Oversight for Teen Pregnancy Prevention Program Grants*."¹¹ The update includes a link to a word document titled *OASH Teen Pregnancy Prevention Program Policy Notice* (Program Mandate), attached hereto as Exhibit C. Although the Program Mandate is dated July 1, 2025, it was not posted publicly until July 2, 2025, around 9:00 AM EST.

46. Notably, the Program Mandate was published on the same day that HHS granted the Plaintiffs' NCC applications. In other words, while HHS granted the Plaintiffs' applications notwithstanding their refusal to certify compliance with the Executive Order "alignment" requirements in connection with their application materials, it then turned around and made their projects subject to a host of unlawful requirements through a new mechanism and under a new method of enforcement.

¹¹ OASH, HHS, *HHS Issues Policy to Stop the Radical Indoctrination of Children and Ensure Parental Oversight for Teen Pregnancy Prevention Program Grants (HHS Issues Policy)* (Jul. 29, 2025), <https://health.gov/news/hhs-issues-policy-stop-radical-indoctrination-children-and-ensure-parental-oversight-teen>.

47. The Program Mandate states that “TPP Program grant recipients are expected to ensure all program materials comply” with its directives. Program Mandate, Ex. C at 5. The Program Mandate threatens that TPP Program grantees “determined [to be] noncompliant with the [Program Mandate] may face grant suspension under 45 C.F.R. § 75.371 and grant termination under 45 C.F.R. § 75.372(a) before October 1, 2025, and, starting October 1, 2025, termination under 2 CFR §§ 200.340(a)(1)-(4).” *Id.* OASH also warns that it “may re-evaluate the effectiveness of programs consistent with the statutory text and [the Program Mandate]” and “may impose additional conditions on grantees that fail to comply with any Federal statutes, regulations or terms and conditions that apply to their awards.” *Id.* at 6 (citing 45 C.F.R. § 75.371). 45 C.F.R. § 75.371 sets forth a range of “remedies” for noncompliance ranging from “temporary withhold[ing]” of funds, the initiation of “suspension . . . proceedings” or “enforcement actions” by the agency, or “other remedies that may be legally available.”

48. While HHS characterizes its Program Mandate as a “policy notice” that merely “clarif[ies] OASH policy,” the Program Mandate in fact imposes new and substantive harmful conditions on continued funding.

Executive Order “Alignment” Requirement

49. The Program Mandate codifies the NCC Notice’s requirement that TPP participants “align” their programs with “*all* current Presidential Executive Orders.” Program Mandate, Ex. C at 1 (emphasis added). The Program Mandate leaves the term “align” entirely undefined thereby failing to impose constraints on how agency officials may evaluate alignment with the more than 170 Executive Orders issued since January 20, 2025—and granting them unchecked discretion to enforce the requirement in an arbitrary or discriminatorily selective manner.

50. Of the 170 Executive Orders issued since January 20, 2025, most (if not all) are entirely irrelevant to teenage pregnancy prevention, ranging from everything from national security and immigration, to reorganization of federal agencies, to cultural-renaming initiatives.¹² Many of those Executive Orders contain vague, undefined, or underdefined terms. Many have been enjoined.¹³

51. Notably, the Program Mandate 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 themselves create any new obligations for funding recipients.¹⁴ Instead, Defendants take a sweeping and indecipherable approach by demanding “alignment.”

52. While the Program Mandate requires TPP grantees to be aware of *all* Executive Orders, it highlights five specific Executive Orders that “may be of most relevance to the work of the TPP program.” Program Mandate, Ex. C at 1. Those Executive Orders are: *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* (EO

¹² 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. 14222, 90 Fed. Reg. 11095 (Feb. 26, 2025) (entitled “Implementing the President’s ‘Department of Government Efficiency’ Cost Efficiency Initiative”); Exec. Order No. 14172, 90 Fed. Reg. 8629 (Jan. 20, 2025) (entitled “Restoring Names that Honor American Greatness”).

¹³ 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 (July 22, 2025), <https://perma.cc/8JKK-NJUG> (collecting cases in which injunctions have been issued). The Program Mandate’s failure to distinguish those Executive Orders that remain in effect from others compounds both the arbitrariness and vagueness of the “alignment” requirements.

¹⁴ 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.”).

14168), *Ending Radical Indoctrination in K-12 Schooling* (EO 14190), *Protecting Children From Chemical and Surgical Mutilation* (EO 14187), *Ending Radical and Wasteful Government DEI Programs and Preferencing* (EO 14151), and *Ending Illegal Discrimination and Restoring Merit-Based Opportunity* (EO 14173).

53. A brief review of the five enumerated Executive Orders that grantees are now required to “align” with reveals that the “alignment” requirement is fundamentally at odds with the statutory mandates and underlying public health goals of the Teen Pregnancy Prevention Program, and also that the “alignment requirement” violates the Constitution and the APA.

54. **Executive Order 14151.** On January 20, 2025, President Trump issued Executive Order 14151, titled *Ending Radical and Wasteful Government DEI Programs and Preferencing*. 90 Fed. Reg. 8,339 (Jan. 29, 2025). Order 14151 directs the Director of the Office of Management and Budget “to coordinate the termination of all discriminatory programs, including illegal DEI.” It further directs all agency heads to “terminate, to the maximum extent allowed by law, DEI offices, programs, and positions, as well as ‘equity-related’ grants or contracts.” The Order does not define “illegal DEI” or what it means for a grant to be “equity-related.”

55. **Executive Order 14168.** On January 20, 2025, President Trump issued Executive Order 14168, titled *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*. 90 Fed. Reg. 8,615 (Jan. 30, 2025). Order 14168 states that “[i]t is the policy of the United States to recognize two sexes, male and female,” which “are not changeable and are grounded in fundamental and incontrovertible reality.” It then defines “female” and “male” based on whether an individual belongs, “at conception, to the sex that produces the large reproductive cell” or “the small reproductive cell.” It further defines “gender ideology” as “replac[ing] 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,” which “includes the idea that there is a vast spectrum of genders that are disconnected from one’s sex.” In its operative provisions, Order 14168 directs agencies to adopt the definitions set forth in the Order and to “take all necessary steps, as permitted by law, to end the Federal funding of gender ideology.” It further directs agencies to “assess grant conditions and grant preferences and ensure grant funds do not promote gender ideology.”

56. Order 14168 also instructs the Secretary of HHS to “provide guidance expanding on the sex-based definitions set forth in th[e] order.” On February 19, 2025, HHS adopted guidance pursuant to the Order, largely repeating its language and adopting the Order’s definitions. The guidance provides that “[a] person’s sex is unchangeable and determined by objective biology” and that “[r]ecognizing the immutable and biological nature of sex is essential to ensure the protection of women’s health, safety, private spaces, sports, and opportunities.” 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* (Feb. 19, 2025), <http://bit.ly/44eLQmz>. According to the guidance, “[s]ex is a person’s immutable biological classification as either male or female.” “Female is a person of the sex characterized by a reproductive system with the biological function of producing eggs (ova).” “Male is a person of the sex characterized by a reproductive system with the biological function of producing sperm.” “Woman is an adult human female.” “Girl is a minor human female.” “Man is an adult human male.” “Boy is a minor human male.” “Mother is a female parent.” “Father is a male parent.” *Id.*

57. **Executive Order 14173.** On January 21, 2025, President Trump issued Executive Order 14173, titled *Ending Illegal Discrimination and Restoring Merit-Based Opportunity*. 90

Fed. Reg. 8,633 (Jan. 31, 2025). Order 14173 directs that “[t]he head of each agency shall include in every contract or grant award ... [a] term requiring that the contractual counterparty or grant recipient to agree that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the government’s payment decisions” and “[a] term requiring such counterparty or recipient to certify that it does not operate any programs promoting DEI that violate any applicable Federal anti-discrimination laws.” The government has publicly taken the position that merely “tout[ing] [one’s] commitment to diversity, equity, and inclusion” may, in its view, warrant investigation for unlawful discrimination.¹⁵

58. **Executive Order 14187.** On January 28, 2025, President Trump issued Executive Order 14187, titled *Protecting Children from Chemical and Surgical Mutilation* which directs agency heads to “immediately take appropriate steps to ensure that institutions receiving Federal research or education grants end the chemical and surgical mutilation of children.” 90 Fed. Reg. 8,771 (Feb. 3, 2025).

59. **Executive Order 14190.** On January 29, 2025, President Trump issued Executive Order 14190, titled *Ending Radical Indoctrination in K-12 Schooling*. 90 Fed. Reg. 8,853 (Feb. 3, 2025). Order 14190 directs agencies to develop recommendations to “eliminat[e] Federal funding or support for illegal and discriminatory treatment and indoctrination in K-12 schools, including based on gender ideology and discriminatory equity ideology.” It further directs that such recommendations shall contain and analyze “[a]ll Federal funding sources and streams, including grants or contracts, that directly or indirectly support or subsidize the instruction, advancement, or promotion of gender ideology or discriminatory equity ideology” and shall outline a “process to

¹⁵ See Equal Emp. Opportunity Comm’n, *Letter to Reed Smith* (Mar. 17, 2025), https://www.eeoc.gov/sites/default/files/2025-03/Law_Firm_Letters_-_03.17.2025.pdf.

prevent or rescind Federal funds, to the maximum extent consistent with applicable law, from being used ... to directly or indirectly support or subsidize the social transition of a minor student.”

60. None of the Executive Orders highlighted in the Program Mandate as “most relevan[t]” to the TPP program mention teen pregnancy or sexual education. Nor do they identify what characteristics an evidence-based program to prevent teen pregnancy must have to “align” with the order.

New Content Mandates

61. In addition to the Executive Order “alignment” requirement, the Program Mandate sets forth sweeping content-based restrictions. At best, the requirements set forth in the Program Mandate are impossibly vague; at worst, they conflict with statutory requirements and run afoul of well-established scientific consensus.

62. As detailed below, the Program Mandate imposes five content mandates: (1) an anti-DEI mandate; (2) a prohibition of certain LGBTQ+ content; (3) an anti-“normalizing” sex mandate; (4) the redefining of what qualifies as “medically accurate” information; and (5) the imposition of an opt-out requirement.

63. The Program Mandate’s prohibition may cover an untold number of undefined “ideologies.” Aside from three ideologies mentioned in the Program Mandate: (1) “content at issue in *Mahmoud*,” (2) “gender ideology,” and (3) “discriminatory equity ideology,” Program Mandate, Ex. C at 4, it is entirely unclear what criteria the agency will use in assessing which “ideologies” are not acceptable or how ideologies are to be excluded from TPP programs and materials. That is, while the Program Mandate *identifies* certain “ideologies,” it wholly fails to *define* them. At least as commonly used, the term “ideology” means “a systematic body of concepts especially about human life or culture.” *Ideology*, Merriam-Webster, <https://www.merriam->

webster.com/dictionary/ideology (last visited July 29, 2025). The Program Mandate does not direct that teenagers must be educated absent *any* ideology (assuming that is even possible), only that the programs must not include ideology that Administration views as “harmful.” The use of “ideology” as a benchmark for funding is thus particularly prime for arbitrary enforcement and—critically—viewpoint discrimination.

Anti-DEI Mandate

64. The Program Mandate imposes what can be described as an anti-DEI mandate—a vague set of requirements prohibiting programming from including “discriminatory equity ideology,” and “diversity, equity, or inclusion-related discrimination.” Program Mandate, Ex. C at 4-5. The Program Mandate also broadly forbids programs from promoting ideologies that the administration deems “harmful,” though it fails to define what those ideologies are. *Id.* at 4.

65. The Program Mandate expressly prohibits TPP programs from “teaching minors” about “discriminatory equity ideology,” as “defined in Executive Order 14190.” Program Mandate, Ex. C at 2; *see also HHS Issues Policy, supra* n.2 (“Program materials . . . may not promote anti-American ideologies such as discriminatory equity ideology.”).

66. Executive Order 14190 defines “discriminatory equity ideology” as follows:

an ideology that treats individuals as members of preferred or disfavored groups, rather than as individuals, and minimizes agency, merit, and capability in favor of immoral generalizations, including that:

- (i) Members of one race, color, sex, or national origin are morally or inherently superior to members of another race, color, sex, or national origin;
- (ii) An individual, by virtue of the individual's race, color, sex, or national origin, is inherently racist, sexist, or oppressive, whether consciously or unconsciously;
- (iii) An individual's moral character or status as privileged, oppressing, or oppressed is primarily determined by the individual's race, color, sex, or national origin;
- (iv) Members of one race, color, sex, or national origin cannot and should not attempt to treat others without respect to their race, color, sex, or national origin;

(v) An individual, by virtue of the individual's race, color, sex, or national origin, bears responsibility for, should feel guilt, anguish, or other forms of psychological distress because of, should be discriminated against, blamed, or stereotyped for, or should receive adverse treatment because of actions committed in the past by other members of the same race, color, sex, or national origin, in which the individual played no part;

(vi) An individual, by virtue of the individual's race, color, sex, or national origin, should be discriminated against or receive adverse treatment to achieve diversity, equity, or inclusion;

(vii) Virtues such as merit, excellence, hard work, fairness, neutrality, objectivity, and racial colorblindness are racist or sexist or were created by members of a particular race, color, sex, or national origin to oppress members of another race, color, sex, or national origin; or

(viii) the United States is fundamentally racist, sexist, or otherwise discriminatory.¹⁶

67. The Program Mandate also states that “OASH is concerned” about the definitions of several terms OASH has adopted in prior NOFOs.¹⁷ The Program Mandate does not identify what exactly in those definitions is “concern[ing].” Instead, the Program Mandate states that the terms “health equity,” “equitable environment,” “inclusivity,” and “adolescent-friendly services” “should not be construed to . . . permit unlawful diversity, equity, or inclusion-related discrimination.” The Program Mandate does not explain the basis for its concerns, nor how or why these terms would be construed unlawfully, nor does it offer alternative definitions for “health equity,” “equitable environment,” “inclusivity,” or “adolescent-friendly services.”

68. The Program Mandate does not define “diversity, equity, or inclusion” or “diversity, equity, or inclusion-related discrimination.” Nor do any of the referenced Executive Orders. *See generally* Exec. Order No. 14151, 90 Fed. Reg. 8339 (Jan. 29, 2025); *see also Am. Pub. Health Assoc. v. Nat’l Inst. of Health*, 2025 WL 1822487, at *5 (D. Mass. July 2, 2025) (“The

¹⁶ Exec. Order No. 14190, 90 Fed. Reg. 8853 (Jan. 29, 2025).

¹⁷ Those terms are “adolescent-friendly services,” “age appropriateness,” “equitable environment,” “health equity,” “inclusivity,” and “medical accuracy.” Program Mandate, Ex. C at 4-5.

Executive Branch decided early on, through Executive Orders, to focus on eradicating anything that it labels as Diversity, Equity and Inclusion (‘DEI’), an undefined enemy. No one has ever defined it to this Court—and this Court has asked multiple times.”).

69. The Program Mandate imposes prohibitions on “discriminatory equity ideology” and “diversity, equity, or inclusion-related discrimination” without articulating any limiting principles, thereby granting agency officials broad discretion to determine—based on subjective or discriminatory judgments—when a program has violated these vague standards, enabling arbitrary and discriminatory enforcement..

70. 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.’”¹⁸

71. “The phrase ‘diversity, equity, and inclusion’ commonly denotes ‘a set of values and related policies and practices focused on establishing a group culture of equitable and inclusive treatment and on attracting and retaining a diverse group of participants, including people who have historically been excluded or discriminated against.’” *Nat’l Educ. Ass’n v. U.S. Dep’t of Educ.*, No. 25-cv-091-LM, 2025 WL 1188160, at *19 (D.N.H. Apr. 24, 2025) (quoting *Diversity, equity, and inclusion*, Merriam-Webster, [https://www.merriam-webster.com/dictionary/diversity,% 20equity% 20and% 20inclusion](https://www.merriam-webster.com/dictionary/diversity,%20equity%20and%20inclusion)). “As is clear from this dictionary definition, to label a program as a ‘diversity, equity, and inclusion’ program necessarily involves ‘appeals to abstract principles . . . such that the practical meaning of the [Program Mandate] must, by definition, depend in significant part on the political, social, and moral

¹⁸ Carolyn Johnson, Scott Dance, & 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/>.

assumptions of the party enforcing it.” *Id.* (quoting *Tenn. Educ. Ass’n v. Reynolds*, 732 F. Supp. 3d 783, 807 (M.D. Tenn. 2024)).

72. Vague regulatory language like “DEI” and “discriminatory equity ideology” can lead to arbitrary or even discriminatory enforcement thereby bestowing upon the agency unfettered discretion to decide how to weaponize the term. *See Sessions v. Dimaya*, 584 U.S. 148, 182 (2018) (Gorsuch, J., concurring) (“Vague laws also threaten to transfer legislative power to police and prosecutors, leaving to them the job of shaping a vague statute’s contours through their enforcement decisions.”); *Grayned v. City of Rockford*, 408 U.S. 104, 108-09 (1972) (“A vague law impermissibly delegates basic policy matters to policemen, judges, and juries for resolution on an ad hoc and subjective basis.”).

73. It is “no surprise” that federal courts across the country have struck down similar DEI prohibitions as unconstitutionally vague and arbitrary and capricious. *Nat’l Educ. Ass’n*, 2025 WL 1188160, at *19; *see also, e.g., Santa Cruz Lesbian & Gay Cmty. Ctr. v. Trump*, 508 F. Supp. 3d 521, 529, 543-45 (N.D. Cal. 2020) (holding unconstitutional an Executive Order that prohibited the promotion of “divisive concepts” within federal trainings, including the idea that “the United States is fundamentally racist or sexist”); *Nat’l Ass’n of Diversity Officers in Higher Educ. v. Trump*, 2025 WL 573764, at *23, *26 (D. Md. Feb. 21, 2025) (holding an Executive Order directing the Attorney General “to encourage the private sector to end illegal discrimination and preferences, including DEI” was unconstitutionally vague); *Am. Pub. Health Assoc.*, 2025 WL 1822487, at *17 (D. Mass. July 2, 2025) (“Without a definition of DEI, [the agency] embarked on a fool’s errand resulting in arbitrary and capricious action.”).

Prohibition of LGBTQ+ Content

74. The Program Mandate also prohibits the inclusion of various LGBTQ+-inclusive content in TPP programming through a combination of harmful and sweeping restrictions, including explicitly banning so-called “gender ideology” and referencing the “content at issue in *Mahmoud*,” which were materials depicting same-sex marriage and LGBTQ+ identities. Collectively, these requirements could effectively be enforced to mandate the exclusion of any affirming or inclusive content related to gender identity or sexual orientation.

75. The Program Mandate does not define “gender ideology.” Instead, the Program Mandate refers to “gender ideology” “as such terms are defined in Executive Order 14190.” Program Mandate, Ex. C at 2. Executive Order 14190 does not define “gender ideology,” but does adopt the definitions of Executive Order 14168, which states the following:

“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.

“Gender identity” reflects a fully internal and subjective sense of self, disconnected from biological reality and sex and existing on an infinite continuum, that does not provide a meaningful basis for identification and cannot be recognized as a replacement for sex.

76. The Program Mandate’s prohibition on “gender ideology” can be arbitrarily enforced to disallow lesson plans or language that are inclusive of and respect the existence of transgender, gender non-conforming, and non-binary program participants. Such a prohibition can be enforced to preclude discussions about gender roles and expectations, which are essential to helping young people learn about the way that people may behave in relationships and corresponding skills that are important in TPP programs such as how to communicate, negotiate, and refuse unprotected sexual activity.

77. Moreover, a review of studies on teen pregnancy prevention programs shows that programs that address issues of gender are more likely to result in reductions of sexually transmitted diseases and teen pregnancy. Examining how gender roles and expectations may influence how adolescents engage in relationships is an important component of pregnancy prevention. Gender norms and expectations can influence sexual risk-taking behavior. For example, gender norms can influence the perception of which person is responsible for preventing teen pregnancy when in fact both people are responsible. HHS did not provide any justification for its change of position on why, contrary to previous research on effective teen pregnancy prevention programs, “gender ideology” is outside the scope of the TPP Program.

78. Additionally, the Program Mandate’s requirement that TPP programs maintain the “biological reality of sex” as including only “males and females” contravenes the statutory requirement that TPP programs be “medically accurate.” HHS’s assertion that “information” is not “medically accurate” if it “denies the biological reality of sex or otherwise fails to distinguish appropriately between males and females,” Program Mandate, Ex. C at 5, runs directly contrary to widely available scientific evidence, *see, e.g.*, Tiffany Jones, *Intersex Studies: A Systematic Review of International Health Literature*, 8 SAGE OPEN 2 (April 2018) (“Research has generally estimated that 1.7% to 4% of people go on to actually have intersex variations.”); Claire Ainsworth, *Sex Redefined*, 518 NATURE 288, 288-90 (February 19, 2015) (“[D]octors have long known that some people straddle the boundary—their sex chromosomes say one thing, but their gonads (ovaries or testes) or sexual anatomy say another.”). The agency’s decision to redefine sex—and in doing so erase the existence of individuals with intersex characteristics—therefore cannot be sustained because it “rests upon a factual premise that is unsupported by substantial evidence.” *Genuine Parts Co. v. Env’t Prot. Agency*, 890 F.3d 304, 346 (D.C. Cir. 2018).

79. The Program Mandate also identifies the “content at issue in *Mahmoud*” as “ideological content” to be excluded from TPP Programming and argues that the *Mahmoud* decision “confirms that the best reading of the TPP statute does not contemplate such ideological content.” Program Mandate, Ex. C at 3. The Program Mandate identifies the “content at issue” in *Mahmoud* as “LGBTQ+-inclusive” books and content that “portrayed messages and images about same-sex marriage and gender ideology.” *Id.* at 2. The Program Mandate thus bans any material that the agency may determine falls within these categories from program material.

80. The Program Mandate places no limits on how the agency can enforce the requirement that TPP grantees exclude certain LGBTQ+ content from their programs. Nor does it address that several Tier 1 projects are *required* to reach underserved communities with the highest unmet needs, including LGBTQ+ youth, as a part of their contractual agreements with HHS. For example, in the 2023 Tier 1 NOFO, HHS, citing public health data, identified the need for teen pregnancy prevention projects that addressed the existing health disparities between LGBTQ+ youth and their heterosexual and cisgender peers, with LGBTQ+ youth experiencing higher rates of unintended teen pregnancy and STIs than their counterparts. 2023 NOFO, Ex. A at 5, 7.

81. Requiring Tier 1 recipients to change their curriculum around these ideological requirements is also incompatible with the statutory mandate that TPP Program funding recipients replicate the evidence-based programs already approved by the agency.

Anti-Normalizing Sex Mandate

82. The Program Mandate also prohibits “content that encourages, normalizes, or promotes sexual activity for minors.” Asserting, in a conclusory fashion, that such content is “outside the scope of the TPP,” the Program Mandate does not define the terms “encourages,” “normalizes,” or “promotes.” And this problem is compounded by the fact that any discussion of

teen pregnancy prevention necessarily requires discussion, and acknowledgment, of sexual activity as an essential element of the curriculum to ensure that the program is effective. The Program Mandate provides no standards that the agency will use in determining what materials or instructions constitute “encouraging,” “normalizing,” or “promoting” sexual activity for minors, thereby granting agency officials broad discretion to enforce the provision based on subjective interpretations—enabling arbitrary and discriminatory enforcement in violation of the Fifth Amendment.

83. A prohibition on “normaliz[ing]” sex within TPP programs could, in effect, be enforced as a requirement that programs adopt abstinence-only curriculum, even if not explicitly labeled as such. Generally, effective sexual education programs teach about contraception, consent, healthy relationships, and strategies for reducing “other risk factors” associated with teen pregnancy that acknowledge the reality that some adolescents are or will become sexually active. If such instruction is deemed to “normalize” sex and is therefore restricted, educators may be limited to promoting abstinence as the only acceptable behavior to prevent teen pregnancy. But even abstinence-only programs could be construed as “normalizing” sex as activities in those programs—such as role plays to help young people learn to refuse sex—could be viewed as normalizing the idea that sex could occur among teenagers.

84. Abstinence-only-until-marriage programs have been shown to be ineffective in changing adolescent sexual behavior. Thus, by framing medically accurate, developmentally appropriate, and evidence-based information and programs about safe sex as impermissible “normalization,” the anti-normalizing sex mandate would effectively suppress critical health education and undermines the statutory goals of the TPP program aimed at reducing unintended

teenage pregnancy, behavioral risk factors underlying teenage pregnancy, and other associated risk factors.

85. The Program Mandate also excludes from the scope of the program content “that is not related to, or counter to the aim of reducing teen pregnancy,” listing “anal and oral sex.” These topics are vital to the TPP Program’s goal of reducing rates of STIs and are an important component of effective sexual education. Mandating exclusion of such content disregards rising rates of STIs among young people and the importance of addressing topics related to behaviors that pose a risk of STI transmission among program participants. *See also, e.g.,* Cora C. Breuner, MD, MPH *et al.*, *Sexuality Education for Children and Adolescents*, 138 Am. Acad. Pediatrics 2, e2 (2016) (“All children and adolescents need to receive accurate education about sexuality to understand ultimately how to practice healthy sexual behavior.”).

Redefining “Medically Accurate”

86. The Program Mandate also abandons the agency’s prior, evidence-based standard for determining whether content is “medically accurate” in favor of a vague and ideologically driven formulation.

87. Under prior NOFOs, OSHA defined medical accuracy as follows:

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.¹⁹

88. This definition is not only consistent with a well-established and longstanding meaning of medical accuracy within public health and evidence-based policy, but is also identical

¹⁹ Program Mandate, Ex. C at 5.

to the definition of “medically accurate and complete” in 42 U.S.C. § 713(e)(2), as a part of the Personal Responsibility Education Program.

89. The Program Mandate indicates that “OASH is concerned” about the prior definition, but does not identify the cause of these concerns, and what weight, if any, this prior definition still holds. Instead, the Program Mandate instructs as follows:

“Medically accurate” materials or instructions with pharmaceutical or health-related recommendations are expected to include information on a full range of health risks, so that minors and their parents or guardians can make fully informed decisions. Content that is not “medically accurate” may include inaccurate information about methods of contraception, including associated health risks, or information that denies the biological reality of sex or otherwise fails to distinguish appropriately between males and females, such as for the purpose of body literacy.

Program Mandate, Ex. C. at 4-5.

90. The Program Mandate insists that “OASH will determine whether program content is ‘medically accurate’ consistent with the statutory language,” Program Mandate, Ex. C at 5, but then provides no explanation of what is wrong with the prior definition or any justification for why the agency is changing its position on how to define “medically accurate.”

91. Moreover, the Program Mandate does not merely “clarify” what it considers to be medically accurate, but also imposes a novel obligation that TPP programs instruct participants on the “full range of health risks” associated with contraceptives.

92. TPP programs are not clinical settings, and it is neither practical nor appropriate within the context of a TPP program to require facilitators—who may not be medical professionals—to provide individualized medical guidance about contraception. Moreover, the mandate to present a “full range of health risks” is harmful and unworkable, and raises serious questions about whether, for instance, every mention of contraception must be accompanied by an

exhaustive, disclaimer-style disclosure beyond that which is required in TV ads for prescription drugs.²⁰

93. OASH cannot impose new affirmative obligations on TPP programs under the guise of “clarifying” a statutory term. *See Loper Bright Enters. v. Raimondo*, 603 U.S. 369, 385 (2024) (“The Administrative Procedure Act requires courts to exercise their independent judgment in deciding whether an agency has acted within its statutory authority[.]”).

Opt-Out Requirement

94. The Program Mandate, invoking the U.S. Supreme Court decision in *Mahmoud v. Taylor*, 606 U.S. ____ (2025), imposes yet another new requirement on TPP programs: to “provide parents advance notice (including relevant specifics) and the ability to opt out of any content or activities, especially those related to sexuality, that may burden their religious exercise.” Program Mandate, Ex. C at 3.

95. The Program Mandate’s opt-out requirement delegates sweeping enforcement discretion to agency officials by failing to specify how the agency will assess the propriety of an opt-out advance notice provided or what content is subject to it. By requiring grantees to allow parents to opt out of content that “may burden” their religious exercise—without defining the scope of that burden or the types of content implicated—the Mandate enables enforcement based on subjective and potentially discriminatory assessments. This standardless framework permits officials to selectively enforce the opt-out requirement depending on viewpoint, creating a serious

²⁰ Compare Program Mandate, Ex. C at 5 (requiring that “methods about contraception” must be accompanied by “information on a *full range* of health risks”) (emphasis added), *with* FDA, *Prescription Drug Advertising - Questions and Answers*, (Jun. 19, 2015) (requiring only disclosure of “the drug’s *most important* risks”) (emphasis added), https://www.fda.gov/drugs/prescription-drug-advertising/prescription-drug-advertising-questions-and-answers#non_requirements.

risk of arbitrary and discriminatory application. As such, the opt-out provision is unconstitutionally vague under the Fifth Amendment.

Threat of Non-Compliance

96. TPP funds are made available via Payment Management Services (PMS), a service provider that processes grant payments for the federal government. Through the process of accessing funds already awarded to them via an electronic reimbursement process—i.e., “drawing down” the awarded funds—TPP funding recipients certify that they will comply with program policies, including the Program Mandate.

97. However, if an agency determines that a recipient of TPP funds has been noncompliant, it may pursue a series of remedies including suspension and termination of funding. In certain circumstances, HHS regulations allow for recoupment of funds that the agency deems wrongfully issued through the “clawback” of funds previously issued to reimburse grantees for expenses and costs associated with the program.

HARMS SUFFERED BY PLAINTIFFS

98. Plaintiffs are nonprofit organizations dedicated to providing comprehensive, medically accurate, developmentally appropriate, and inclusive sexual education programming. In response to the TPP Tier 1 FY 2023 NOFO, Plaintiffs devised and operationalized five-year projects implementing evidence-based curricula that were designed—and approved—to provide services to communities with the highest unmet needs. The continued existence of these projects is threatened by the Program Mandate.

99. Presently, Plaintiffs’ TPP Projects have been approved for Year 3 funding for the budget year of July 1, 2025 through June 30, 2026. Each of these TPP Projects’ contents and

materials have been approved by the agency directly or through the TPPER process before the award of TPP funding.

100. In order to access funds awarded to them, the Plaintiffs must certify compliance with the Program Mandate. However, if Plaintiffs draws down funds subject to the Program Mandate, HHS may arbitrarily and abruptly decide that Plaintiffs' TPP Projects violate aspects of the Program Mandate and subject Plaintiffs to "noncompliance" proceedings, including requiring Plaintiffs to repay funds provided to reimburse costs and expenses incurred to carry out TPP Programs using materials and content that the agency had previously approved. That is, Plaintiffs—nonprofits that operate on tight budgets—face the prospect of being required to pay back funds already spent on agency-approved programming.

101. Drawing down the TPP funds that have been awarded to Plaintiffs is critical for their ability to continue their TPP programs. But because the Program Mandate forces funding recipients to agree to various new requirements, the need to draw down funds and the resulting threat of noncompliance creates an impossible situation, either: (1) agree to comply with the Program Mandate's harmful requirements under the threat of arbitrary enforcement; or (2) relinquish TPP funds and end their respective programs. Plaintiffs fear the chilling effect that the Program Mandate will have on their ability to carry out their TPP programs in accordance with their missions, values, and the underlying purpose of the TPP Program

102. For example, Plaintiffs fear that approved, evidence-based programs that acknowledge that young people may consider being sexually active and discuss the importance of using contraception to prevent unintended teen pregnancy or STIs may lead to accusations that they are in violation of the prohibition against "normalizing" sexual activity for minors. Or simply acknowledging disproportionate rates of unintended teen pregnancy and/or STI rates within certain

populations and communities in an effort to explain the purpose of the program could be deemed by agency officials as violating the Program Mandate’s anti-“normalizing” sex mandate.

103. As another example, Plaintiffs implement HHS-approved, evidence-based curricula that include activities during which program participants practice declining to engage in unsafe sexual behavior in different scenarios. Given the undefined nature of Program Mandate’s many terms, some Plaintiffs fear that HHS would allege such activities violate the Program Mandate’s prohibition against “role play.”

104. Because Plaintiffs are required to replicate the curricula approved by the agency, they are unable to simply discard chapters or substance from these materials without violating the TPP statutory requirement.

105. Plaintiffs, at the direction of HHS, committed significant resources, time, and capacity-building efforts to design and implement projects that are focused on communities and populations with the greatest needs and facing significant health disparities within their respective communities. In response to the 2023 NOFO, Plaintiffs carefully developed their projects based on public health data identifying rates of unintended pregnancy and STIs among adolescents that recognized the unique needs of many communities.

106. Choosing to relinquish TPP funds places the future of Plaintiffs’ TPP Projects and their programming in peril.

107. **PPGNY**: PPGNY provides evidence-based programming that is, by design and in response to the 2023 NOFO, intended to provide high-quality, fact-based sexual education to communities that PPGNY has identified as facing significant disparities in rates of unintended teen pregnancy and STIs. Consequently, PPGNY’s TPP programming—entitled Project STAR—addresses the unique needs of youth who identify as LGBTQ+, immigrant and/or English language

learners, and youth with intellectual and developmental disabilities. PPGNY's programming is taught in a variety of settings, including schools, community based organizations, and residential settings. Through implementation of various HHS-approved, evidence-based programs, PPGNY's programming involves a curriculum that covers a wide array of topics ranging from HIV prevention to educating parents on how to normalize conversations with their children about sexuality. Likewise, PPGNY's educators are trained on how to answer student questions in an accurate, developmentally appropriate, and non-judgmental manner and ensure that lessons are inclusive to the experiences and identities of all participants.

108. Under the Program Mandate, PPGNY would have to substantially modify its programs to mitigate accusations of noncompliance in a manner that is inconsistent with the organization's values and mission and would dilute the quality of sexual education programming that it offers and go against TPP requirements that EBPs be implemented with fidelity.

109. The Program Mandate would have a chilling effect on PPGNY's program staff, who would be forced to censor discussions related to and cease all programming that they fear could be considered by the agency to "promote gender ideology" or LGBTQ+ inclusion, or remove key content related to inclusivity, equity, trauma-informed practices, or youth identities, which would defeat the purpose of Project STAR. All of these changes would damage PPGNY's reputation in the community as a source of medically accurate and evidence-based information and services. It would also damage the goodwill that PPGNY has built with its community partners. For these reasons and absent relief, PPGNY will not draw down funds while the Program Mandate is enforceable against it.

110. Relinquishing TPP funds places future of Project STAR in peril. Without access to TPP funds, PPGNY will be limited in the sexual education programming that it can continue to

offer. The loss of TPP funds will result in the loss of irreplaceable funds and require termination of programming, layoffs of highly trained PPGNY staff, and the end of partnerships that PPGNY has established with communities that are often overlooked and underserved.

111. Because of its limited financial resources as a nonprofit and obligations to third parties in relation to its ability to provide expected programming, PPGNY must decide this week as to the future of its program.

112. **PPCCC**: PPCCC's TPP Program, CSEC, is a teen pregnancy prevention initiative that aims to improve sexual health outcomes; promote positive youth development and empowerment; and 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. CSEC engages in public education activities that work with bilingual community health educators to deliver sexual education and information to adults, teens, and families.

113. Because of the Program Mandate, PPCCC is forced to choose between (1) continuing the program as approved under the threat of investigation and claw back of funding; (2) being forced to make further changes that render the program less effective and run contrary to PPCCC's mission and even then still risk being deemed non-compliant with a vague directive in the Program Mandate; or (3) foregoing the third year of funding, which already has been awarded, shutting down the project and laying off program staff.

114. PPCCC has to make a decision imminently because PPCCC cannot operate the program, pay staff, and incur program related costs without a guarantee that those costs will be reimbursed. Moreover, PPCCC's education department's future has been placed in jeopardy as it is unable to make pressing decisions, including related to renewing contracts and properly

informing staff as to the potential termination of their roles. Every passing day adds further expense and risk.

115. PPCCC fears it may be subject to arbitrary accusations of noncompliance if it chooses to stay in the program. For example, while non of the educational materials that PPCCC uses depict sexual activity or anatomy in an erotic or explicit manner, PPCCC fears that its HHS approved evidence-based programming could be accused of “promoting” or “normalizing” sexual activity. The Program Mandate’s changes to the definitions of “age appropriate” and “medical accuracy” and the scope of the program have a chilling effect on the content that PPCCC’s educators can provide and restrict their ability to be transparent about the risks of sexual behavior and the safety measures needed to help prevent teen pregnancies and STIs, as they have done for the last few years under their grant. In addition, PPCCC is concerned that the agency could determine that the Program Mandate required PPCCC’s educators to make inappropriate and inaccurate disclosures about contraception and potentially restricts educators from answering questions in a straight-forward and honest way.

116. PPCCC’s continued participation in the program would put it at risk of arbitrary and discriminatory investigation and enforcement. Additionally, if an investigation resulted in the claw-back of funds that were already spent in reliance on the expectation of reimbursement under the TPP grant, this could jeopardize PPCCC’s financial viability.

117. The Program Mandate also threatens irreparable harm to PPCCC’s reputation among contracting partners and the communities it serves. For some of those communities, removing content and material that acknowledges their community’s unique needs will be perceived as betraying a commitment to provide effective and inclusive sex education.

118. Finally, PPCCC is concerned that under the Program Mandate, it may be required to make further changes to its approved, evidence-based programming that would likely defeat the very purpose of PPCCC's program: to ensure that sexual education and information is delivered to adults, teens, and families experiencing the highest unmet needs in the area in a manner that is effective, medically accurate, and appropriate to their individualized circumstances. Further programming changes would also entail additional unrecoverable costs, including staff time necessary to review and modify program materials.

119. If, on the other hand, PPCCC leaves the TPP Program, it will no longer be able to continue to run CSEC. This absence will harm the communities that have come to rely on CSEC programming. Further, PPCCC will be forced to lay off CSEC staff and find alternative funding for staff who were partially supported by TPP funding. This will reduce PPCCC's capacity and ability to serve its mission. Having to terminate the program early will also irreparably damage PPCCC's relationships with community partners and its reputation in the community.

120. Because PPCCC must submit its revised workplan to HHS on August 15, 2025, and in doing so certify compliance with the Program Mandate, relief is urgently needed before that date. PPCCC cannot operate its programs and incur programming expenses under the HHS's threat of compliance proceedings and potential claw-backs, and thus will be forced to withdraw from the TPP Program absent judicial relief.

121. **PPH**: PPH's TPP Project offers sexual education programming designed, in response to the 2023 NOFO, to meet the needs of communities in Iowa and Nebraska counties, including the Ponca and Winnebago Tribes of Nebraska, Black, Indigenous, and People of Color (BIPOC), and LGBTQIA2S+ communities.

122. Because of the Program Mandate, PPH is forced to decide between (1) continuing the program as approved and risking an arbitrary investigation or enforcement of the Program Mandate; (2) incorporating further changes that render the program less effective and even then still risk being deemed non-compliant with a vague directive in the Program Mandate; (3) or leaving the program and shutting down the project.

123. PPH is committed to providing comprehensive and inclusive sexual education that meets young people where they are, and relies on programming proven to be effective by research. While PPH's use of specific EBPs has been approved, PPH fears arbitrary enforcement of many of the terms of the Program Mandate, notwithstanding the approval. PPH fears that in implementing the EBPs and materials approved by the HHS, they will be accused of violating the Program Mandate. PPH also fears that HHS may accuse it of violating aspects of the Program Mandate such as the "anti-normalization" mandate in circumstances where educators are willing to answer young people's questions about sex and pregnancy prevention in a developmentally appropriate and medically accurate manner, especially in live presentation and question/answer environments that are a central feature of the program.

124. Additionally, the Program Mandate's anti-DEI mandate and prohibition on some LGBTQ+ content goes against PPH's TPP project goals, designed in response to the 2023 NOFO, which are to increase the community's capacity to engage with BIPOC and LGBTQIA2S+ youth around their sexual health in an effort to decrease teen pregnancy and STI rates across Nebraska and Iowa. These project goals are undermined by the requirements of the Program Mandate, including the restrictions on inclusion of lawful diversity, equity, and inclusion (DEI) language, references to gender identity, disability, and related components.

125. Alternatively, if PPH were to relinquish its TPP funding, the results would be devastating. PPH's infrastructure depends on PPH's ability to obtain TPP funds. PPH would be forced to lay off staff and would have to cease its TPP programming, meaning that it would not be able to support subgrantees and other partners. This would have a negative impact on communities where PPH is a trusted partner and at times, the primary provider of sexual health information and resources, and cause PPH to suffer reputational harm.

126. Given the options currently before PPH, and the irreparable impacts that would result without its TPP funds, PPH anticipates drawing down funds in order to stave off those alternate harms. PPH must make this decision imminently because it has limited financial resources readily accessible to operate such programs. But once PPH draws down its funding, it must accept the Project Mandate's terms and conditions and will thereby be subject to the risk of other harms stemming from arbitrary accusations of noncompliance.

127. As set forth above, HHS's actions undermine public health initiatives crucial to teen pregnancy prevention, threatening decades of progress in evidence-based public policy and place at risk the ability of underserved communities to access important public health programming.

128. Plaintiffs have no adequate remedy at law.

CLAIMS FOR RELIEF

COUNT I

VIOLATION OF THE ADMINISTRATIVE PROCEDURE ACT – THE PROGRAM MANDATE IS UNCONSTITUTIONAL UNDER THE FIFTH AMENDMENT'S DUE PROCESS CLAUSE

129. Plaintiffs incorporate by reference the allegations of the preceding paragraphs.

130. 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 APA

also allows the reviewing court to “issue all necessary and appropriate process to postpone the effective date of an agency action or to preserve status or rights pending conclusion of the review proceedings.” 5 U.S.C. § 705.

131. 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. U.S. CONST. amend V. 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. A law is unconstitutionally vague if it invites arbitrary enforcement. *Grayned v. City of Rockford*, 408 U.S. 104 (1972). In *FCC v. Fox Television Stations, Inc.*, 567 U.S. 239 (2012), the Court emphasized that regulations must provide clear guidance to prevent arbitrary and discriminatory enforcement.

132. Termination or suspension of Plaintiffs’ ongoing funding implicates Plaintiffs’ protected liberty and property interests.

133. The Program Mandate threatens to terminate and suspend TPP Program grantees’ funding if grantees fail to (1) “align” their programs with Executive Orders and (2) comply with a series of content mandates. These requirements are unconstitutionally vague because they are not stated with sufficient clarity to “define what conduct is sanctionable and what is not,” inviting arbitrary enforcement. *Sessions v. Dimaya*, 584 U.S. 148, 156 (2018).

134. The Program Mandate requires grantees to “revise their projects to align with Executive Orders that are currently in force as necessary in order to receive continuation funding.” Program Mandate, Ex. C at 1. While TPP grantees are expected to “review and be aware of *all* current Presidential Executive Orders,” the Program Mandate identifies five “of most relevance to the work of the TPP program.” *Id.* at 1-2 (emphasis added).

135. Of the over 170 Executive Orders issued since January 20, 2025, most (if not all) are entirely irrelevant to teenage pregnancy prevention, ranging from everything from national security and immigration, to reorganization of federal agencies, to cultural-renaming initiatives.²¹ Many of those Executive Orders contain vague, undefined, or underdefined terms. Many have been enjoined.²²

136. The Program Mandate fails to define: how the agency will enforce the request for “alignment” with these Executive Orders; how it expects funding recipients to reconcile potentially conflicting directives within these Executive Orders; or the standards or criteria OPA will use to evaluate “alignment.”

137. The five Executive Orders identified as “most relevant” contain broad and undefined or underdefined terms, leading to significant vagueness concerns.

138. The Program Mandate imposes five content-based mandates: (1) an anti-DEI mandate; (2) a prohibition of LGBTQ+ content; (3) an anti-“normalizing” sex mandate; (4) the redefining of what qualifies as “medically accurate” information; and (5) the imposition of an opt-out requirement. Each of these mandates is unconstitutionally vague. For example,

- a. **Anti-DEI mandate:** The Program Mandate imposes a vague set of requirements prohibiting programming from including “discriminatory equity ideology,” and “diversity, equity, or inclusion-related discrimination.” Program Mandate, Ex. C at 4-5. But the Program Mandate fails to clearly set forth how the agency will define “discriminatory equity ideology” and “DEI” in assessing noncompliance.

²¹ 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. 14222, 90 Fed. Reg. 11095 (Feb. 26, 2025) (entitled “Implementing the President’s ‘Department of Government Efficiency’ Cost Efficiency Initiative”).

²² See *supra* note 13.

- b. **Prohibition of LGBTQ+ content:** The Program Mandate prohibits the inclusion of certain LGBTQ+-inclusive content by explicitly banning so-called “gender ideology” and by referencing the “content at issue in *Mahmoud*,” which the Program Mandate identifies as “LGBTQ+-inclusive” content. The scope of this prohibition is vague. The Program Mandate does not clearly define how the agency will determine which LGBTQ+ content cannot be included in programming or how TPP Programs are supposed to exclude “gender ideology,” a vague and underdefined term.
- c. **Anti-normalizing sex mandate:** The Program Mandate prohibits TPP programming from including “content that encourages, normalizes, or promotes sexual activity for minors.” The Program Mandate does not define the terms “encourages,” “normalizes” or “promotes.” The Program Mandate fails to provide any guidance on what materials or instructions it considers to be encouraging, normalizing, or promoting sexual activity for minors, leaving grantees at risk of arbitrary and discriminatory enforcement.
- d. **Redefining “medically accurate”:** While the Program Mandate articulates that “OASH is concerned” about several definitions used in prior NOFOs, the Program Mandate does not identify what exactly in those definitions is “concern[ing]” or how TPP grantees are supposed to modify their programs, if at all, to comply with the concerns within those definitions. The Program Mandate’s new definition of “medically accurate” in particular requires that TPP programming instruct participants on the “full range of health risks” associated with contraceptives. This mandate is vague and unworkable, inviting arbitrary enforcement.

- e. **Imposition of opt-out requirement:** The Program Mandate requires that TPP Programs “provide parents advance notice (including relevant specifics) and the ability to opt out of any content or activities, especially those related to sexuality, that may burden their religious exercise.” Program Mandate, Ex. C at 3. But the Program Mandate fails to provide any meaningful guidance or standards setting forth how the agency will enforce this requirement or assess whether a TPP Program has properly complied with this requirement

139. These open-ended, content-based requirements confer broad discretion on agency officials to determine compliance on an ad hoc basis, enabling arbitrary and discriminatory enforcement untethered to any objective standard.

140. Moreover, the vague requirements in the Program Mandate are ripe for arbitrary, or even discriminatory enforcement. *See Dimaya*, 584 U.S. at 182 (Gorsuch, J., concurring) (“Vague laws also threaten to transfer legislative power to police and prosecutors, leaving to them the job of shaping a vague statute’s contours through their enforcement decisions.”); *Grayned*, 408 U.S. at 108-09 (“A vague law impermissibly delegates basic policy matters to policemen, judges, and juries for resolution on an ad hoc and subjective basis.”).

141. As a result, the Program Mandate’s requirements are unconstitutionally vague, violating the Fifth Amendment’s Due Process Clause and the requirements of the APA, and rendering the notices invalid under 5 U.S.C. § 706(2)(A).

142. The Program Mandate must be declared unlawful.

143. The Program Mandate must be vacated and “set aside” under 5 U.S.C. § 706(2)(B).

144. If the Program Mandate is not enjoined, vacated, and declared unlawful, Plaintiffs will suffer substantial injury, including irreparable injury.

145. This Court should therefore enjoin the enforcement of the Program Mandate pending conclusion of these proceedings by ordering Defendants to refrain from relying on the Program Mandate, or its requirements, in making determinations about Plaintiffs' compliance with TPP Program requirements.

COUNT II

VIOLATION OF THE ADMINISTRATIVE PROCEDURE ACT – THE PROGRAM MANDATE IS UNCONSTITUTIONAL UNDER THE FIRST AMENDMENT

146. Plaintiffs incorporate by reference the allegations of the preceding paragraphs.

147. 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 APA also allows the reviewing court to “issue all necessary and appropriate process to postpone the effective date of an agency action or to preserve status or rights pending conclusion of the review proceedings.” 5 U.S.C. § 705.

148. The First Amendment provides that “Congress shall make no law . . . abridging the freedom of speech[.]” U.S. Const. amend. I. The government cannot “punish or suppress disfavored expression,” *Nat’l Rifle Ass’n v. Vullo*, 602 U.S. 175, 188 (2024), or retaliate against such expression, *Lozman v. City of Riviera Beach*, 585 U.S. 87, 90 (2018). As such, “the government may not deprive an individual of a ‘valuable government benefit[.]’ in retaliation for his or her exercise of First Amendment rights.” *Barton v. Clancy*, 632 F.3d 9, 23 (1st Cir. 2011). Moreover, the government may not exert undue pressure against First Amendment rights through a regime of “thinly veiled threats” and “informal censorship.” *Am. Ass’n of Univ. Professors v. Rubio*, No. CV 25-10685-WGY, 2025 WL 1235084, at *19 (D. Mass. Apr. 29, 2025) (quoting *Bantam Books, Inc. v. Sullivan*, 372 U.S. 58, 66-67 (1963)).

149. The Program Mandate’s vague prohibition on ideologies it deems “harmful” and requirement that TPP grantees instead instruct content that adheres to the Administration’s political ideologies violates Plaintiffs’ free speech rights and chills protected speech. *See, e.g., Am. Ass’n of Univ. Professors v. Rubio*, No. CV 25-10685-WGY, 2025 WL 1235084, at *19 (D. Mass. Apr. 29, 2025) (noting a regulation “that is unwritten or vague but enforced with harsh penalties would seem more likely to chill broad swaths of speech than one that clearly defines what is forbidden”).

150. As a result, the Program Mandate’s requirements unconstitutionally chill and suppress protected speech, violating the First Amendment’s Free Speech Clause and the requirements of the APA, and rendering the notices invalid under 5 U.S.C. § 706(2)(A).

151. The Program Mandate must be declared unlawful.

152. The Program Mandate must be vacated and “set aside” under 5 U.S.C. § 706(2)(B).

153. If the Program Mandate is not enjoined, vacated, and declared unlawful, Plaintiffs will suffer substantial injury.

COUNT III
VIOLATION OF THE ADMINISTRATIVE PROCEDURE ACT –
THE PROGRAM MANDATE IS CONTRARY TO LAW

154. Plaintiffs incorporate by reference the allegations of the preceding paragraphs.

155. Under the APA, courts shall “hold unlawful and set aside agency action” that is “arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.” 5 U.S.C. § 706(2)(A). The APA also allows reviewing courts to “issue all necessary and appropriate process to postpone the effective date of an agency action or to preserve status or rights pending conclusion of the review proceedings.” 5 U.S.C. § 705.

156. The APA, 5 U.S.C. § 706, authorizes federal courts to set aside agency action that is contrary to law.

157. The statutory authority for 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 Tier 1 funding “for replicating programs that have been proven effective through rigorous evaluation.” 138 Stat. at 671.

158. The Program Mandate’s requirements for grantees to “align” their programs with Executive Orders and adhere to certain content mandates imposes additional obligations not contemplated by, and inconsistent with, the statutory framework established by Congress for the TPP Program.

159. Contrary to the statutory requirement that TPP programs be “medically accurate,” the Program Mandate requires Plaintiffs to “align” with medically inaccurate Executive Orders and adhere to medically inaccurate assertions about sex.

160. For Tier 1 projects, Congress has mandated that Tier 1 funding be used 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.” 138 Stat. at 671. The Program Mandate violates the statutory requirement that Tier 1 programs “replicat[e] programs that have been proven effective,” because it expressly “require[s] some grantees to revise their TPP Program curricula and content”—apparently on an ad hoc basis—to adhere the Program Mandate’s newly imposed requirements.

161. By imposing funding requirements contrary to law on Plaintiffs’ ongoing funding, the Program Mandate constitutes agency action that is not in accordance with law, in violation of the APA. 5 U.S.C. § 706(2)(A).

162. The Program Mandate must be declared unlawful.

163. The Program Mandate must be vacated and “set aside” under 5 U.S.C. § 706(2)(B).

164. If the Program Mandate is not enjoined, vacated, and declared unlawful, Plaintiffs will suffer substantial injury, including irreparable injury.

165. This Court should therefore enjoin the enforcement of the Program Mandate pending conclusion of these proceedings by ordering Defendants to refrain from relying on the Program Mandate in making determinations about Plaintiffs’ compliance with TPP Program requirements.

COUNT IV
VIOLATION OF THE ADMINISTRATIVE PROCEDURE ACT –
THE PROGRAM MANDATE IS ARBITRARY AND CAPRICIOUS

166. Plaintiffs incorporate by reference the allegations of the preceding paragraphs.

167. Under the APA a court shall “hold unlawful and set aside agency action” that is “arbitrary, capricious, [or] an abuse of discretion.” 5 U.S.C. § 706(2)(A). The APA also allows the reviewing court to “issue all necessary and appropriate process to postpone the effective date of an agency action or to preserve status or rights pending conclusion of the review proceedings.” 5 U.S.C. § 705.

168. The APA, 5 U.S.C. § 706, authorizes federal courts to set aside agency action that is arbitrary and capricious.

169. The Program Mandate’s requirements are arbitrary and capricious because the agency fails to provide any reasoned explanation for (a) imposing these new mandates or (b) how the agency will enforce these mandates in assessing noncompliance. There is no evidence that the agency considered, for example:

- a. Whether the Executive Orders bear any rational nexus to teen-pregnancy outcomes;

- b. The scientific evidence that inclusive programming increases the effectiveness of TPP programs;
- c. How alignment with each Executive Order could be operationalized and content mandates imposed in evidence-based curricula;
- d. The significant risk of undermining Plaintiffs' contractual agreements;
- e. The nature and degree of Plaintiffs' reasonable reliance interests—including prior resources and investments in developing and implementing specific, agency pre-approved programming under earlier guidance;
- f. The burdens imposed by requiring TPP Programs to modify content and materials of pre-approved programs;
- g. Whether already-approved, evidence-based programs can be modified to adhere to the new content requirements and, if so, whether those changes will nullify the effectiveness of the programs and violate the statutory mandates;
- h. The impact that the new requirements could have on Plaintiffs' partnerships and the young people who benefit from Plaintiffs' TPP programing, which Plaintiffs intentionally implemented in high-risk and high-need communities at HHS's request;
- i. Potential conflicts between the objectives of the Executive Orders and content mandates and the criteria endorsed by HHS's own TPPER;
- j. Potential conflicts with state laws that require sexual education to be, *inter alia*, medically accurate, comprehensive, and/or inclusive;
- k. Whether any exceptions or hardship waivers would be provided for grantees unable to comply;

- l. Seeking or considering feedback from existing TPP grantees, state health departments, community-based partners, and other impacted stakeholders on the feasibility and impact of the new requirements;
- m. Less intrusive means of advancing any legitimate policy goals before imposing a binding, high-stakes requirement.

170. The Program Mandate is arbitrary and capricious because the agency provided no empirical justification or reasoned analysis for the requirements in the Program Mandate.

171. The Program Mandate's purported delineation of activities outside of the scope of the TPP Program is also arbitrary and capricious because it failed to provide good reason for adopting these definitions, failed to consider an important aspect of the problem in the imposition of its new additional requirements and restrictions, imposed additional requirements and restrictions on TPP grantees that are contrary to statutory mandate, the purpose of the program, adopts internally inconsistent reasoning, unjustifiably changed existing policy, and are unsupported by substantial scientific evidence.

172. Moreover, the Program Mandate is so vague in what it purports to require that it fails to provide "fair notice" and "reasoned decision-making" required by the APA.

173. By imposing requirements that are arbitrary and capricious, the Program Mandate constitutes agency action that is not in accordance with law, in violation of the APA. 5 U.S.C. § 706(2)(A).

174. The Program Mandate must be declared unlawful.

175. The Program Mandate must be vacated and "set aside" under 5 U.S.C. § 706(2)(B).

176. If the Program Mandate is not enjoined, vacated, and declared unlawful, Plaintiffs will suffer substantial injury, including irreparable injury.

177. This Court should therefore enjoin the enforcement of the Program Mandate pending conclusion of these proceedings by ordering Defendants to refrain from relying on the Program Mandate, in making determinations about Plaintiffs' compliance with TPP Program requirements.

COUNT V
THE PROGRAM MANDATE IS *ULTRA VIRES*

178. Plaintiffs incorporate by reference the allegations of the preceding paragraphs.

179. HHS, through its officials, may exercise only the authority conferred by statute.

180. 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” and “for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.” 138 Stat. at 671.

181. The Program Mandate's requirements for grantees to align their programs with specific Executive Orders and to adhere to certain content mandates imposes additional obligations not contemplated by the statutory framework established by Congress for the TPP Program.

182. Moreover, Defendants' actions are patently outside of their statutory authority because the Program Mandate, which requires Plaintiffs to “align” with medically inaccurate Executive Orders and adhere to medically inaccurate assertions about sex, is incompatible with Congress' mandate that TPP Programs be “medically accurate.”

183. By conditioning access to awarded appropriated funds on compliance with standardless requirements irreconcilable with Congress' criteria, Defendants have violated the separation of powers and encroached upon Congress's Spending authority and thereby acted *ultra vires*.

184. The Program Mandate must be declared unlawful.

185. If the Program Mandate is not declared unlawful, Plaintiffs will suffer substantial injury, including irreparable injury.

PRAYER FOR RELIEF

For these reasons, Plaintiffs respectfully request an order:

- a) declaring unlawful the new requirements imposed in the Program Mandate;
- b) enjoining the enforcement of the Program Mandate pending conclusion of these proceedings by permitting Plaintiffs to operate their programs and draw down funds for Year 3 under their approved NCC Applications, so long as they remain in compliance with the Materials Review Guidance dated January 2025;
- c) ordering Defendants to refrain from relying on the Program Mandate in making determinations about Plaintiffs' current and ongoing funding;
- d) vacating and setting aside the Program Mandate under 5 U.S.C. § 706;
- e) preliminarily and permanently enjoining Defendants, their agents, employees, appointees, successors, and anyone acting in concert or participation with Defendants from implementing, maintaining, or giving effect to the new requirements in the Program Mandate;
- f) requiring HHS to submit status reports every 30-days after the date of the entry of the Court's order to ensure prompt and complete compliance with the Court's directive, up and until HHS completely complies with the Court's directive in its entirety;
- g) awarding Plaintiffs reasonable costs and attorney's fees in accordance with law including but not limited to 28 U.S.C. § 2412; and
- h) issuing any and all other such relief as the Court deems just and proper.

Dated: July 29, 2025

Respectfully submitted,

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EXHIBIT A



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=f228607a1b2e8d54937fa64ce54bcbdb&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 time 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
FAPHS	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.
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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).
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<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/Psp3gZMwPysGgufkWuHNYICYyZhSKPZe>

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 B

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 C



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Assistant Secretary for Health
Washington, D.C. 20201

July 1, 2025

OASH Teen Pregnancy Prevention Program Policy Notice**Release Date: July 1, 2025****OASH Program Policy Notice: 2025 - 01****Purpose**

The purpose of this Program Policy Notice (PPN) is to clarify OASH policy for Teen Pregnancy Prevention Program (TPP Program) grant recipients, to delineate when materials and activities are not “medically accurate,” “age appropriate,” do not “reduce teen pregnancy,” or are otherwise outside the scope of the TPP Program. This PPN also clarifies TPP Program grant recipients’ obligations to protect parents’ rights to direct the religious upbringing of their children consistent with *Mahmoud v. Taylor*, 606 U.S. ____ (2025). Additionally, this PPN outlines evaluation standards for TPP Program grant recipients and evidence-based programs (EBPs). The PPN applies to TPP Program grant recipients, subrecipients, and service sites, and clarifies provisions contained in previous Notice of Funding Opportunities (NOFO), including AH-TP1-23-001 and AH-TP2-23-002.

Consistent with the preexisting obligations of recipients of TPP funds, HHS notified recipients in the “Guidance for Preparing a Non-Competing Continuation Award Application” (NCC guidance) that they should revise their projects to align with Executive Orders that are currently in force as necessary in order to receive continuation funding. The NCC guidance stated as follows:

Recipients are expected to review and be aware of current [Presidential Executive Orders](#). Recipients are expected 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*

The NCC guidance further clarified provisions of the NOFO AH-TPI-23-001 and AH-TP2-23-002, requiring OASH to review to ensure that “NOFO expectations are being met, to the extent aligned with Presidential Executive Orders: *Teen Pregnancy Prevention (TPP) Program Recipients (Tier 1: AH-TPI-23-001)*.”

In light of recent Presidential Executive Orders, Supreme Court decisions, current court orders, and the NCC guidance, OASH issues this PPN to further clarify these expectations for TPP Program grantees.

Statutory Language

TPP Program grant recipients must comply with the requirements set out in the statutory language of the annual HHS Appropriations Act (e.g., Division D of the Further Consolidated Appropriations Act, 2024 (Pub. L. No. 118-47)) (referenced herein as the statute):

That of the funds made available under this heading, \$101,000,000 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 more than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent 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 [Tier 1 programs], and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy [Tier 2 programs].

Ending Radical Indoctrination of Youth and Protecting Parental Rights

President Trump’s Executive Order 14190, *Ending Radical Indoctrination in K-12 Schooling*, referenced in the NCC guidance, establishes a clear Federal policy against indoctrinating our nation’s youth and blocking parental oversight:

Parents trust America’s schools to provide their children with a rigorous education and to instill a patriotic admiration for our incredible Nation and the values for which we stand.

In recent years, however, parents have witnessed schools indoctrinate their children in radical, anti-American ideologies while deliberately blocking parental oversight. Such an environment operates as an echo chamber, in which students are forced to accept these ideologies without question or critical examination. In many cases, innocent children are compelled to adopt identities as either victims or oppressors solely based on their skin color and other immutable characteristics. In

other instances, young men and women are made to question whether they were born in the wrong body and whether to view their parents and their reality as enemies to be blamed. These practices not only erode critical thinking but also sow division, confusion, and distrust, which undermine the very foundations of personal identity and family unity.

Imprinting anti-American, subversive, harmful, and false ideologies on our Nation's children not only violates longstanding anti-discrimination civil rights law in many cases, but usurps basic parental authority.

TPP Program-funded projects should not undermine the President's clear policy directive to protect children from harmful ideologies or the constitutional rights of parents to direct the religious upbringing of their children. *Mahmoud v. Taylor*, 606 U.S. ____ (2025), slip. op. at 1, 18-19; *id.* (op. of Thomas, J., concurring) at 6-7; *Wisconsin v. Yoder*, 406 U.S. 205, 232-33 (1972). This policy is also consistent with the limited scope of the TPP Program statute.

In *Mahmoud*, the Supreme Court reviewed certain children's books considered to be "LGBTQ+-inclusive" and found the books were "designed to present certain values and beliefs as things to be celebrated, and certain contrary values and beliefs as things to be rejected." *Id.* at 22. The Court determined that this content—combined with the "decision to withhold notice to parents and to forbid opt outs"—"substantially interferes with [parents'] religious development of their children and imposes the kind of burden on religious exercise that *Yoder* found unacceptable." *Id.* at 21-22. The Court determined that the content at issue portrayed messages and images about same-sex marriage and gender ideology that "impose[d] upon children a set of values and beliefs that are hostile to their parents' religious beliefs." *Id.* at 25 (internal quotation marks omitted). Just as "[p]ublic education is a public benefit," so also OASH seeks to make clear its expectation that, consistent with *Mahmoud*, federal funding provided through the TPP Program will not be conditioned "on parents' willingness to accept a burden on their religious exercise." *Id.* at 32-33. In order not to "burden[] [] parents' right to the free exercise of religion" with respect to their minor children, *id.* at 35, TPP Program grant recipients are expected to provide parents advance notice (including relevant specifics) and the ability to opt out of any content or activities, especially those related to sexuality, that may burden their religious exercise.

Scope of the TPP Program

Programs cannot be funded under the TPP Program if they include materials or activities (including any ancillary supportive services), whether provided by the grantee or by referral, that are inconsistent with, or beyond the scope of, the statutory requirements for TPP programs: (1) to be "medically accurate and age appropriate programs that reduce teen pregnancy," (2) in the case of Tier 1 grantees, to replicate EBPs that "reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors," and (3) in the case of Tier 2 research and demonstration grantees, "to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy."

The statute funds programs to reduce teenage pregnancy (including behavior risk factors underlying teenage pregnancy or other associated risk factors), and it makes no mention of

ideological content such as the content at issue in *Mahmoud*, gender ideology, or discriminatory equity ideology (as such terms are defined in Executive Order 14190). The statute does not require, support, or authorize teaching minors about such content, including the radical ideological claim that boys can identify as girls and vice versa. Programs must be aimed at reducing teen pregnancy, not instructing in such ideological content. That *Mahmoud* reaffirms that federal funding cannot be conditioned “on parents’ willingness to accept a burden on their religious exercise” confirms that the best reading of the TPP statute does not contemplate such ideological content.

By the same token, material or instruction outside the scope of the TPP Program may include other content that is not related to, or counter to the aim of, reducing teen pregnancy, such as content that encourages, normalizes, or promotes sexual activity for minors, including anal and oral sex, or masturbation, including through sexually themed roleplay. This also may include content on the eroticization of birth control methods, creating more pleasurable sexual experiences, or foreplay techniques.

Definitions

OASH is concerned that the below definitions in the NOFO AH-TPI-23-001 include deficiencies based on the statutory language and Congressional intent of the TPP Program:

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

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. 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.

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

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.

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.

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.

OASH seeks to clarify these definitions:

“Age appropriate” programs for minors do not contain material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content. Material or instruction that is not age appropriate for minors may include content that promotes sexual activity for minors, described above, which is also outside the scope of the TPP Program for other reasons.

OASH will determine whether program content is “medically accurate” consistent with the statutory language. “Medically accurate” materials or instructions with pharmaceutical or health-related recommendations are expected to include information on a full range of health risks, so that minors and their parents or guardians can make fully informed decisions. Content that is not “medically accurate” may include inaccurate information about methods of contraception, including associated health risks, or information that denies the biological reality of sex or otherwise fails to distinguish appropriately between males and females, such as for the purpose of body literacy.

The terms “health equity,” “equitable environment,” “inclusivity,” and “adolescent-friendly services” should not be construed to exceed the statutory scope of the TPP program, as described above, or to permit unlawful diversity, equity, or inclusion-related discrimination.

Compliance

TPP Program grant recipients agree to comply with Department regulations and policies in their grant terms, and those determined noncompliant with the PPN may face grant suspension under 45 C.F.R. § 75.371 and grant termination under 45 C.F.R. § 75.372(a) before October 1, 2025, and, starting October 1, 2025, termination under 2 CFR §§ 200.340(a)(1)-(4).

Materials or activities outside the TPP Program’s statutory scope, including those that are not “medically accurate,” “age appropriate,” or are unrelated to reducing teen pregnancy, as described in this PPN, and any expenditures associated therewith are not allowable, reasonable, or allocable to programs that include such content. *See* 45 C.F.R. §§ 75.403-405. TPP Program grant recipients are expected to ensure all program materials comply with this PPN. We are aware that curricula and other program materials—including content disqualified herein as not “medically accurate” or not “age appropriate” or unrelated to reducing teen pregnancy—were previously approved by OASH, and we have taken that into account in weighing factors relating to this policy notice. However, for the reasons described above, the prior administration erred in

approving such materials and that approval exceeded the agency's authority to administer the program consistent with the legislation as enacted by Congress. We understand that compliance with this PPN may require some grantees to revise their TPP Program curricula and content. However, the need to comply with the statutory requirements of the TPP Program, Presidential Executive Orders, and the U.S. Constitution outweighs such burdens. *See* 45 C.F.R. § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award), §§ 75.403-405 (requiring grant expenditures to be reasonable and allocable in order to be allowable). The NOFOs AH-TPI-23-001 and AH-TP2-23-002 additionally required applicants to certify that they “[w]ill comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards...” The NOFOs also informed applicants that they “must comply with all terms and conditions outlined in the Notice of Award... [including] requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable...”

OASH will not continue to fund materials or activities outside the TPP Program's statutory scope. OASH may re-evaluate the effectiveness of programs consistent with the statutory text and this PPN. OASH may impose additional conditions on grantees that fail to comply with any Federal statutes, regulations or terms and conditions that apply to their awards. *See* 45 C.F.R. § 75.371.

CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)

I. (a) PLAINTIFFS Planned Parenthood for Greater New York; Planned Parenthood of California Central Coast; Planned Parenthood of the Heartland, Inc. (b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF <u>New York Cnty., NY</u> (EXCEPT IN U.S. PLAINTIFF CASES)	DEFENDANTS U.S. Department of Health and Human Services; Robert F. Kennedy, Jr., in his official capacity as Secretary of Health and Human Services COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT <u>Washington, D.C.</u> (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED
(c) ATTORNEYS (FIRMNAME, ADDRESS, AND TELEPHONE NUMBER) Andrew T. Tutt Arnold & Porter Kaye Scholer LLP 601 Massachusetts Ave. NW Washington, D.C. 20001 (202) 942-5000	ATTORNEYS (IF KNOWN)

II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY) ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party) ☒ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in item III)	III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY! <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">PTF</th> <th style="text-align: center;">DFT</th> <th></th> <th style="text-align: center;">PTF</th> <th style="text-align: center;">DFT</th> </tr> </thead> <tbody> <tr> <td>Citizen of this State</td> <td style="text-align: center;">☐ 1</td> <td style="text-align: center;">☐ 1</td> <td>Incorporated or Principal Place of Business in This State</td> <td style="text-align: center;">☐ 4</td> <td style="text-align: center;">☐ 4</td> </tr> <tr> <td>Citizen of Another State</td> <td style="text-align: center;">☐ 2</td> <td style="text-align: center;">☐ 2</td> <td>Incorporated and Principal Place of Business in Another State</td> <td style="text-align: center;">☐ 5</td> <td style="text-align: center;">☐ 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td style="text-align: center;">☐ 3</td> <td style="text-align: center;">☐ 3</td> <td>Foreign Nation</td> <td style="text-align: center;">☐ 6</td> <td style="text-align: center;">☐ 6</td> </tr> </tbody> </table>		PTF	DFT		PTF	DFT	Citizen of this State	☐ 1	☐ 1	Incorporated or Principal Place of Business in This State	☐ 4	☐ 4	Citizen of Another State	☐ 2	☐ 2	Incorporated and Principal Place of Business in Another State	☐ 5	☐ 5	Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6
	PTF	DFT		PTF	DFT																				
Citizen of this State	☐ 1	☐ 1	Incorporated or Principal Place of Business in This State	☐ 4	☐ 4																				
Citizen of Another State	☐ 2	☐ 2	Incorporated and Principal Place of Business in Another State	☐ 5	☐ 5																				
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6																				

IV. CASE ASSIGNMENT AND NATURE OF SUIT

(Place an X in one category, A-N, that best represents your Cause of Action and one in a corresponding Nature of Suit)

☐ A. Antitrust ☐ 410 Antitrust	☐ B. Personal Injury/Malpractice ☐ 310 Airplane ☐ 315 Airplane Product Liability ☐ 320 Assault, Libel & Slander ☐ 330 Federal Employers Liability ☐ 340 Marine ☐ 345 Marine Product Liability ☐ 350 Motor Vehicle ☐ 355 Motor Vehicle Product Liability ☐ 360 Other Personal Injury ☐ 362 Medical Malpractice ☐ 365 Product Liability ☐ 367 Health Care/Pharmaceutical Personal Injury Product Liability ☐ 368 Asbestos Product Liability	☐ C. Administrative Agency Review ☐ 151 Medicare Act <u>Social Security</u> ☐ 861 HIA (1395ff) ☐ 862 Black Lung (923) ☐ 863 DIWC/DIWW (405(g)) ☐ 864 SSID Title XVI ☐ 865 RSI (405(g)) <u>Other Statutes</u> ☐ 891 Agricultural Acts ☐ 893 Environmental Matters ☐ 890 Other Statutory Actions (If Administrative Agency is Involved)	☐ D. Temporary Restraining Order/Preliminary Injunction Any nature of suit from any category may be selected for this category of case assignment. *(If Antitrust, then A governs)*
☒ E. General Civil (Other) OR ☐ F. Pro Se General Civil			
<u>Real Property</u> ☐ 210 Land Condemnation ☐ 220 Foreclosure ☐ 230 Rent, Lease & Ejectment ☐ 240 Torts to Land ☐ 245 Tort Product Liability ☐ 290 All Other Real Property <u>Personal Property</u> ☐ 370 Other Fraud ☐ 371 Truth in Lending ☐ 380 Other Personal Property Damage ☐ 385 Property Damage Product Liability	<u>Bankruptcy</u> ☐ 422 Appeal 28 USC 158 ☐ 423 Withdrawal 28 USC 157 <u>Prisoner Petitions</u> ☐ 535 Death Penalty ☐ 540 Mandamus & Other ☐ 550 Civil Rights ☐ 555 Prison Conditions ☐ 560 Civil Detainee – Conditions of Confinement <u>Property Rights</u> ☐ 820 Copyrights ☐ 830 Patent ☐ 835 Patent – Abbreviated New Drug Application ☐ 840 Trademark ☐ 880 Defend Trade Secrets Act of 2016 (DTSA)	<u>Federal Tax Suits</u> ☐ 870 Taxes (US plaintiff or defendant) ☐ 871 IRS-Third Party 26 USC 7609 <u>Forfeiture/Penalty</u> ☐ 625 Drug Related Seizure of Property 21 USC 881 ☐ 690 Other <u>Other Statutes</u> ☐ 375 False Claims Act ☐ 376 Qui Tam (31 USC 3729(a)) ☐ 400 State Reapportionment ☐ 430 Banks & Banking ☐ 450 Commerce/ICC Rates/etc ☐ 460 Deportation ☐ 462 Naturalization Application	☐ 465 Other Immigration Actions ☐ 470 Racketeer Influenced & Corrupt Organization ☐ 480 Consumer Credit ☐ 485 Telephone Consumer Protection Act (TCPA) ☐ 490 Cable/Satellite TV ☐ 850 Securities/Commodities/Exchange ☐ 896 Arbitration ☒ 899 Administrative Procedure Act/Review or Appeal of Agency Decision ☐ 950 Constitutionality of State Statutes ☐ 890 Other Statutory Actions (if not administrative agency review or Privacy Act)

☐ G. Habeas Corpus/ 2255 ☐ 530 Habeas Corpus – General ☐ 510 Motion/Vacate Sentence ☐ 463 Habeas Corpus – Alien Detainee	☐ H. Employment Discrimination ☐ 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation) *(If pro se, select this deck)*	☐ I. FOIA/Privacy Act ☐ 895 Freedom of Information Act ☐ 890 Other Statutory Actions (if Privacy Act) *(If pro se, select this deck)*	☐ J. Student Loan ☐ 152 Recovery of Defaulted Student Loan (excluding veterans)
☐ K. Labor/ERISA (non-employment) ☐ 710 Fair Labor Standards Act ☐ 720 Labor/Mgmt. Relations ☐ 740 Labor Railway Act ☐ 751 Family and Medical Leave Act ☐ 790 Other Labor Litigation ☐ 791 Empl. Ret. Inc. Security Act	☐ L. Other Civil Rights (non-employment) ☐ 441 Voting (if not Voting Rights Act) ☐ 443 Housing/Accommodations ☐ 440 Other Civil Rights ☐ 445 Americans w/Disabilities – Employment ☐ 446 Americans w/Disabilities – Other ☐ 448 Education	☐ M. Contract ☐ 110 Insurance ☐ 120 Marine ☐ 130 Miller Act ☐ 140 Negotiable Instrument ☐ 150 Recovery of Overpayment & Enforcement of Judgment ☐ 153 Recovery of Overpayment of Veteran's Benefits ☐ 160 Stockholder's Suits ☐ 190 Other Contracts ☐ 195 Contract Product Liability ☐ 196 Franchise	☐ N. Three-Judge Court ☐ 441 Civil Rights – Voting (if Voting Rights Act)

V. ORIGIN
☒ 1 Original Proceeding
 ☐ 2 Removed from State Court
 ☐ 3 Remanded from Appellate Court
 ☐ 4 Reinstated or Reopened
 ☐ 5 Transferred from another district (specify)
 ☐ 6 Multi-district Litigation
 ☐ 7 Appeal to District Judge from Mag. Judge
 ☐ 8 Multi-district Litigation – Direct File

VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.)
 5 U.S.C. § 706, Judicial Review of Agency Action

VII. REQUESTED IN COMPLAINT

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

JURY DEMAND:

Check YES only if demanded in complaint
 YES ☐ NO ☒

VIII. RELATED CASE(S) IF ANY

(See instruction)

YES ☐ NO ☒

If yes, please complete related case form

DATE: 7/29/2025

SIGNATURE OF ATTORNEY OF RECORD /s/ Andrew T. Tutt

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44
 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil coversheet. These tips coincide with the Roman Numerals on the cover sheet.

- I.** COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III.** CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed only if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV.** CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the primary cause of action found in your complaint. You may select only one category. You must also select one corresponding nature of suit found under the category of the case.
- VI.** CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII.** RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood for Greater New York; Planned Parenthood of
California Central Coast; Planned Parenthood of the Heartland, Inc.

Plaintiff

v.

U.S. Department of Health and Human Services; Robert F. Kennedy,
Jr., in his official capacity as Secretary of Health and Human Services

Defendant

)
)
)
) Civil Action No. 25-cv-2453
)
)
)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Pamela Bondi
Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Andrew T. Tutt
Arnold & Porter Kaye Scholer LLP
601 Massachusetts Ave. NW
Washington, D.C. 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 25-cv-2453

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood for Greater New York; Planned Parenthood of
California Central Coast; Planned Parenthood of the Heartland, Inc.

Plaintiff

v.

U.S. Department of Health and Human Services; Robert F. Kennedy,
Jr., in his official capacity as Secretary of Health and Human Services

Defendant

)
)
)
) Civil Action No. 25-cv-2453
)
)
)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* United States Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Andrew T. Tutt
Arnold & Porter Kaye Scholer LLP
601 Massachusetts Ave. NW
Washington, D.C. 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 25-cv-2453

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood for Greater New York; Planned Parenthood of
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Plaintiff

v.

U.S. Department of Health and Human Services; Robert F. Kennedy,
Jr., in his official capacity as Secretary of Health and Human Services

Defendant

)
)
)
) Civil Action No. 25-cv-2453
)
)
)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Robert F. Kennedy, Jr.
Secretary of the United States Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Andrew T. Tutt
Arnold & Porter Kaye Scholer LLP
601 Massachusetts Ave. NW
Washington, D.C. 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 25-cv-2453

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Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

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Plaintiff

v.

U.S. Department of Health and Human Services; Robert F. Kennedy,
Jr., in his official capacity as Secretary of Health and Human Services

Defendant

)
)
)
) Civil Action No. 25-cv-2453
)
)
)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Civil Process Clerk
U.S. Attorney's Office for D.C.
601 D Street, NW
Washington, DC 20530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Andrew T. Tutt
Arnold & Porter Kaye Scholer LLP
601 Massachusetts Ave. NW
Washington, D.C. 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 25-cv-2453

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

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 _____, a person of suitable age and discretion who resides there,
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 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____.

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Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: