

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF
OREGON; STATE OF MINNESOTA; STATE
OF COLORADO; STATE OF
CONNECTICUT; STATE OF DELAWARE;
DISTRICT OF COLUMBIA; STATE OF
HAWAI'I; STATE OF ILLINOIS; STATE OF
MAINE; STATE OF MARYLAND;
COMMONWEALTH OF MASSACHUSETTS;
STATE OF MICHIGAN; STATE OF NEW
JERSEY; STATE OF NEW YORK; STATE
OF RHODE ISLAND; STATE OF
WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
HEALTH AND HUMAN SERVICES;
ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of U.S. Department of
Health and Human Services; UNITED STATES
HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND
FAMILIES; and ANDREW GRADISON, in his
official capacity as Acting Assistant Secretary
of U.S. Health and Human Services
Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

DECLARATION OF ROSALYN LIU

DECLARATION OF ROSALYN LIU

I, ROSALYN LIU, pursuant to 28 U.S.C. § 1746 declare as follows:

1. I am a resident of Oregon. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I am currently the Manager for Adolescent Health, ScreenWise and Reproductive Health Section, within the Center for Prevention and Health Promotion, Public Health Division at the Oregon Health Authority. I have held this position first in an interim capacity and currently in the permanent position since June 2023. Prior to my current role, I was the Adolescent and School Health Manager in the Public Health Division for over four years. I have a Master's degree in Public Health with a focus in Maternal and Child Health and more than 20 years of experience working in adolescent health.

3. In my previous role as the Adolescent and School Health Manager, I oversaw the administration of the Personal Responsibility Education Program (PREP) grant. I am familiar with the information in this declaration through my prior role as the Adolescent and School Health Manager, in consultation with OHA staff, and from my review of relevant documents and information.

4. I submit this declaration in connection with Plaintiff States' Motion for Preliminary Injunction and Complaint for Injunctive and Declaratory Relief pertaining to the above-captioned case. I have personal knowledge of the matters set forth below, or with respect to the matters for which I do not have personal knowledge, I have reviewed information gathered from OHA's records by others within the organization.

5. In Oregon, OHA uses PREP grant funds to support comprehensive, evidence-based educational programming for youth with Intellectual and Developmental Disabilities (I/DD) 14-22 years of age to reduce HIV and other sexually transmitted infections (STIs), adolescent birth

rates and unintended pregnancies. From 2020 through June of 2025, 119 classes at 45 school districts or associated transition programs and 11 community-based organizations have implemented I/DD specific sexual health programming. Across the State, 1,289 youth with I/DD have been served by the programs we implement with PREP funding. PREP funding directly supports OHA State Health Improvement Plan (SHIP) Strategies for Adolescent and School Health and specifically is responsible for the stated SHIP priority to support K-12 comprehensive health education by providing teacher training and resources to promote knowledge and skills building in students.

6. OHA works with other Oregon state agencies and service providers to help provide a curriculum that satisfies Oregon state laws requiring comprehensive sexual health education. Since December of 2019, Oregon has used its PREP funding to focus on the I/DD community, while other programs deliver comprehensive sexual health education to other Oregon populations. Together OHA's statewide partnerships with Oregon Department of Education (ODE), Oregon Department of Human Services (ODHS) and other partners serve various populations to provide a curriculum that is in accordance with Oregon state laws and ODE Health Education Standards. Youth with I/DD were selected as a priority population for PREP to address adverse sexual health outcomes that disproportionally affect youth with I/DD. Additionally, youth with I/DD are less likely to receive age-appropriate sexual health education instruction that is adapted for their needs, as compared to their neurotypical peers. Oregon PREP addresses this gap through prioritizing age-appropriate adapted curriculum for youth with I/DD with the PREP grant.

7. In applying for PREP grants, OHA has complied with the program's application requirements, which include assurances that programming is evidence-based, medically accurate, age-appropriate, provided in the cultural context most appropriate for individuals in the particular

population group to which the programming is directed, and targeted towards high-risk youth. The programming addresses both abstinence and the use of contraception, as well as at least three of six “adulthood preparation subjects” as described in 42 U.S.C. § 713(b)(2)(C). Oregon’s selected three adulthood preparation subjects are adolescent development, healthy life skills, and healthy relationships. In its grant applications, OHA addresses how Oregon uses positive youth development principles when offering trauma-informed prevention programming. OHA collaborated with curricula developers and other PREP funded states that implement Sexuality for All Abilities (SfAA) and Friendships and Dating Program (FDP) and obtained copies of approved medical accuracy reviews for both curricula. OHA last provided its Post Award State Plan to ACF, demonstrating Oregon’s compliance with these requirements, on November 26, 2024. That certification is attached as **Exhibit 1**.

Federal Funding Relied on by OHA

8. From 2011 to 2024, OHA submitted a PREP grant application in response to ACF’s Funding Opportunity Announcement (FOA). Since that time, OHA has submitted a letter of intent packet to re-authorize PREP grants each year. ACF extends funding to grantees for three-year grant terms. Oregon applies for a new grant each year, resulting in overlapping awards. Oregon has received these funds since 2011.

9. ACF has issued to OHA three currently active awards covering the period from October 1, 2022, through September 30, 2027. For the period from October 1, 2022 through September 30, 2025, ACF provided \$576,700.00 in PREP funding to Oregon. For the period from October 1, 2023 through September 30, 2026, ACF provided \$615,153.00 in PREP funding to Oregon. For the period from October 1, 2024 through September 30, 2027, ACF provided \$607,148.00 in PREP funding to Oregon. Oregon is currently operating using fiscal year 2023

funds until September 30, 2025, with fiscal year 2024 funds to start October 1, 2025. Oregon has not yet drawn down fiscal year 2024 or 2025 funds.

10. ACF disburses PREP funding as reimbursements requested by OHA. OHA expects to request its next grant disbursement on or around October 1, 2025. Reimbursable expenses are accrued throughout the year, and OHA is presently awaiting the disbursement of funds from ACF for previously submitted requests.

11. Oregon has well-established partnerships with school districts and local organizations to administer these funds. Since December 2019, OHA has partnered with Oregon Health Sciences University, University Center for Excellence in Developmental Disabilities (OHSU, UCEDD), Oregon Department of Education's Transition Network, University of Alaska Anchorage, local schools, districts and community-based organizations and more recently Mad Hatter Wellness, to provide and implement comprehensive youth sexual health education for youth with I/DD. Programming provides resources, curriculum, training and tools to teachers and educators to implement curriculum that is culturally relevant, evidence-based and age-appropriate sexual health information adapted for the I/DD population. Curriculum instruction provides opportunities for healthcare referrals to increase youth knowledge and access of local healthcare resources.

Communications from Federal Government

12. On April 14, 2025, OHA received via email a letter from ACF's Family and Youth Services Bureau (FYSB)'s Division of Positive Youth Development indicating that ACF was performing a "medical accuracy review" and requesting submission of "any current curricula and programmatic materials" related to state PREP grants. FYSB stated that the "purpose for the

medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete.” That letter is attached as **Exhibit 2**.

13. As requested, OHA submitted all PREP curricula and materials on April 16, 2025, through ACF provided drop box links. This included Sexuality for All Abilities and Friendships and Dating Program student and teacher manuals, handouts, activities, consent forms and links to curriculum resources.

14. On August 12, 2025, OHA received by email a Notice of Award (NOA) dated August 6, 2025, describing the financial information associated with Oregon’s PREP grant award funds. The NOA states, “[t]he use of Federal funds from this award constitutes the grantee’s acceptance of the listed terms and conditions.” In the Remarks section, the NOA states, “Recipients are prohibited from including gender ideology in any program or service that is funded with this award.” The Terms and Conditions section states, in part, “[t]he statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one’s sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.” The email and attached NOA are attached as **Exhibit 3**.

15. On August 7, 2025, ACF published Supplemental T&Cs applicable to PREP awards and award modifications that add funding. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per

ACF's notice, these Supplemental T&Cs are effective immediately. We were notified of the Supplemental T&Cs by a link included in the same email attaching the NOA. *See* Exhibit 3 at 1.

16. Per the August 6, 2025 NOA and the Supplemental T&Cs, the "gender ideology" terms and conditions of the NOA and Supplemental T&Cs are not accepted until the grantee uses federal funds to which the terms and conditions apply. OHA has not used any funds awarded under the August 6, 2025, NOA and thus has not accepted the "gender ideology" term in the NOA or the Supplemental T&Cs.

17. On August 26, 2025, OHA received via email another letter from ACF (the PREP Directive) stating that Oregon's "current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified" because Oregon's curriculum and materials include "gender ideology." The identified content, ACF claims, is "outside of the scope of PREP's authorizing statute...and all references to it must be removed from [the] PREP curricula and program materials." ACF further instructs Oregon "**to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter.**" ACF asserts that it may take "additional enforcement action," and lists as possibilities "allowing HHS to withhold, disallow, suspend, or terminate Federal awards." That letter is attached as **Exhibit 4**.

Harms to Oregon

18. Oregon is currently and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and PREP Directive have created immense confusion for our agency, partners, community-based organizations and local school districts. Our agency's ability to plan for the future is severely negatively impacted. Annually since 2020, the PREP program increased the number of

implementation sites, built sustainability, and increased the number of youths served per year. With the NOA, the Supplemental T&Cs, and the PREP Directive, Oregon's program administration has been disrupted and, if implemented, Oregon expects to see a decline in youth receiving PREP-supported programming.

19. Our PREP grant covers the salary of 2.0 FTE employees at OHA. With the uncertainty of the PREP grant's continuation past October 27, 2025, our agency is being forced to contemplate reducing or terminating these valuable employees' positions. Without these two positions, the Youth Sexual Health Program would be eliminated within OHA. Loss of the OHA Youth Sexual Health Program would result in the loss of supports, expertise, and resources of statewide youth sexual health. This includes the PREP program and other youth sexual health supports that OHA provides to community-based partners, local county public health programs, schools and school districts, juvenile detention centers, state agencies such as ODE, ODHS and Oregon Youth Authority (OYA), statewide partnerships, committees, and Oregon youth. OHA would be impacted negatively in its ability to support Oregon schools and administrators to comply with Oregon health education laws. Additionally, loss of PREP grant funds would negatively impact youth sexual health data reporting and evaluation, positive youth development supports, health education resources and best practices, strategic planning and approaches to support positive sexual health outcomes for Oregon youth. Loss of funding would negatively impact the work of subgrantee Oregon Health Sciences University, University Center for Excellence in Developmental Disabilities (OHSU, UCEDD) that is dedicated to youth sexual health and youth with I/DD. The elimination of PREP would dismantle OHSU, UCEDD work dedicated across six staff members (1.25 FTE) that supports teachers, school districts statewide and I/DD serving community-based organizations and partners. Funding for teachers serving youth with I/DD to

implement programing, training supports, and provision of curriculum purchase, resources and materials would be eliminated.

20. Further, the threat to our state's federal financial assistance for failure to remove content concerning "gender ideology" puts at risk \$1.6 million of current unspent awarded funds; approximately \$600,000.00 annually.

21. The impact of a disruption in funds would be devastating to the program. Given my experience, without the continued and uninterrupted funding of PREP grants, OHA and its partners will not be as effective in administering and providing age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. As a result, youth in Oregon, especially high-risk youth and youth with I/DD , will suffer.

22. Fiscal loss would negatively affect Oregon and state and nationwide partnership collaboration and advancement among the network of experts in youth disability health and youth sexual health. Programming and fiscal supports foster collaboration, supports, learning and advance in serving youth throughout Oregon. Harm includes elimination of current support for ODE, ODHS, Transition Network regions, school districts, community-based organizations, agencies that serve I/DD individuals, and teachers. Harm to teachers includes loss of training and resources on up-to-date best practices in skills for implementing sexual health education adapted for youth with I/DD that align with requirements of Oregon health education laws and ODE state health education standards.

23. Youth with I/DD will lose the knowledge, educational supports, and skill building that provide positive sexual-health outcomes, healthy relationships, STI and HIV prevention, sexual violence prevention, adolescent pregnancy prevention, health care referrals, positive youth development and adulthood preparation. Loss of funds will disproportionately harm youth at higher

risk for adverse health outcomes including LGBTQ2SIA+ youth, youth with disabilities, youth with socioeconomic and environmental disadvantages, youth in specific racial or ethnic groups, youth in foster care, adjudicated youth, homeless or houseless youth and pregnant and parenting youth.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 24, 2025, at Portland, Oregon.

s/ Rosalyn Liu
ROSALYN LIU
Manager for Adolescent Health, ScreenWise and
Reproductive Health Section
Oregon Health Authority

Exhibit 1

PUBLIC HEALTH DIVISION

Center for Prevention and Health Promotion
Adolescent, ScreenWise and Reproductive Health Section



Tina Kotek, Governor

November 22, 2024

Chéri Thompson
Family and Youth Services Bureau
Administration for Children and Families
US Department of Health and Human Services
Switzer Building
330 C Street SW, Room 3612A
Washington, DC 20201

RE: Grant #2501ORPREP
Oregon Personal Responsibility Education Program

Dear Chéri Thompson,

The Oregon Health Authority, Public Health Division, Center for Prevention and Health Promotion, Adolescent ScreenWise and Reproductive Health Section, Adolescent and School Health Program is requesting the FY2025 full allocation of funds of \$607,148.00 for the State Personal Responsibility Education Program (State PREP), CFDA 93.092. Oregon's State Plan and Letter of Intent application includes the following: an itemized budget, budget narrative and SF-424M and SF-424A.

The Oregon Health Authority, Public Health Division will continue serving youth with intellectual and developmental disabilities (I/DD) as the priority population statewide. The teen pregnancy prevention FYSB-approved curricula, Friendships and Dating (FDP) and Sexuality for All Abilities (SfAA), are specifically developed to be accessible for youth with intellectual and developmental disabilities (I/DD). At minimum, 200 youth will be served statewide through our subgrantee sites. The FDP and SfAA curricula are aligned with and address the following State PREP Adulthood Preparation Subjects.

- Adolescent Development
- Healthy Life Skills
- Healthy Relationships

800 NE Oregon St. Ste 805, Portland, OR, 97232 | Voice: 503-798-2852

All relay calls accepted | www.oregon.gov/oha

Oregon's State PREP program focus on serving youth with I/DD with the FDP and—more recently—SfAA curricula continues to be well received, as there is a need for providing sexual health and healthy relationships education for youth with I/DD. The Oregon State PREP program will continue to follow the approved Post-Award state plan for FY25. Thank you for your time and consideration in supporting Oregon youth. For questions, contact Margaux.Cameron@oha.oregon.gov or Lindsay.Weaver@oha.oregon.gov.

Sincerely,



Lindsay Weaver
Interim Adolescent and School Health Policy and Partnerships Manager
Oregon Health Authority, Public Health Division

Rosalyn Liu
Section Manager
Adolescent ScreenWise & Reproductive Health
Oregon Health Authority, Public Health Division

Tim D. Noe
Center for Prevention & Health Promotion Administrator
Oregon Health Authority, Public Health Division

Nadia Davidson
Director of Finance
Oregon Health Authority, Public Health Division



PUBLIC HEALTH DIVISION

Center for Prevention and Health Promotion
Adolescent, ScreenWise and Reproductive Health Section



Tina Kotek, Governor

Oregon PREP State Plan**Summary**

The Oregon Health Authority, Public Health Division (OHA-PHD) will continue serving youth with intellectual and developmental disabilities (I/DD) using the FYSB-approved curricula Friendships and Dating (FDP) and Sexuality for All Abilities (SfAA).

Sub-award plan

OHA-PHD has the subgrantee Oregon Health and Science University, University Center for Excellence in Developmental Disabilities (OHSU-UCEDD). OHSU-UCEDD works with OHA-PHD to ensure curricula used in Oregon PREP programming continues to meet FYSB requirements for implementation. OHSU-UCEDD recruits facilitators and sites serving qualified youth and conducts curriculum facilitator trainings to teachers and staff. OHSU-UCEDD conducts site visits in collaboration with OHA-PHD staff, collects and reports data from facilitators on fidelity monitoring, participants served, participant surveys, and financial reporting. OHSU-UCEDD meets with OHA-PHD monthly to review programming and submits biannual detailed narrative reports demonstrating progress on the program plan.

Target population

The target student population for Oregon State PREP are youth ages 14-21 with I/DD. Students participate in PREP programming through high schools, transition programs, and other community organizations that directly serve people with I/DD.

Anticipated number of youth served per implementation site

Oregon State PREP anticipates serving 300-500 students across 50 sites in the 2024-25 academic year, upholding a minimum of 200 students served. Classroom size for PREP programming is typically 6 to 10 students.

Proposed curriculum

Oregon State PREP uses two FYSB-approved curricula: Friendships and Dating (FDP) developed by University of Alaska-Anchorage and Sexuality for All Abilities (SfAA) developed by Mad Hatter Wellness. Both curricula are specifically developed to be accessible for youth with I/DD. FDP is typically implemented in transition programs and

community organizations for students ages 18-21, while SfAA is typically implemented in high schools for students ages 14-18.

Plan to address three Adulthood Preparation Subjects (APS)

APS are incorporated into FDP and SfAA curricula. OHA–PHD and subgrantee OHSU–UCEDD created detailed documents aligning specific lessons in each curricula to APS (summarized below).

The FDP and SfAA curricula address the following APS:

1. Adolescent Development, including:
 - Physical Development (FDP 17-18; SfAA 5-6)
 - Cognitive Development (FDP throughout; SfAA throughout)
 - Emotional Development (FDP 3-4; SfAA throughout)
 - Social Development (FDP 5-6; SfAA 1, 3, 9-10)
2. Healthy Life Skills, including:
 - Cognitive Skills (FDP throughout; SfAA throughout)
 - Emotional Coping Skills (FDP 3-4; SfAA throughout)
 - Social Skills (FDP 3-4, 9-10; SfAA 3, 12-13)
 - Physical Health Skills (FDP 19-20; SfAA 5, 7, 11)
 - Sexual Health Skills (FDP 15-16; SfAA 2, 4, 6, 11)
3. Healthy Relationships, including:
 - Healthy and Unhealthy Relationships (FDP 13-14, 17-18; SfAA 1)
 - Intentional Decision-Making and Partner Selection (FDP 5-6; SfAA 1, 4)
 - Respect for Self and Partner (FDP 11-14; SfAA 4)
 - Age-Appropriate Social Networks (FDP 5-6; SfAA 1, 13)
 - Positive Relationships with Peers (FDP 1-2, 9-10; SfAA throughout)
 - Communication and Conflict Resolution (FDP 9-10, 19-20; SfAA 1-2)
 - Gender Equality/Power Balance (FDP 13-14; SfAA 4)
 - Joint Responsibility for Contraceptive Use and STI/HIV Prevention Practices (FDP 17-18; SfAA 7-8)

Exhibit 2



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, D.C. 20201 | www.acf.hhs.gov

April 14, 2025

Nadia Davidson
Oregon Health Authority
800 NE Oregon Street Ste 805
Portland, OR, 97232

RE: State Personal Responsibility Education Program 1601ORPREP

Dear Nadia Davidson:

The Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB), Division of Positive Youth Development's State Personal Responsibility Education Program (PREP) grant recipients and subrecipients are required to comply with all statutory requirements of PREP including ensuring the programs are "medically accurate and complete" and the program provides "age-appropriate" information and activities. 42 U.S.C. § 713(b)(2)(B); *see also* 45 CFR § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award); and 45 CFR § 75.364(a) (requiring grantees to provide HHS with access to any records pertinent to the Federal award).

In accordance with the terms and conditions of your State Personal Responsibility Education Program grants, you may be requested to submit curricula and programmatic materials to FYSB, for a medical accuracy review, as specified in the *Terms and Conditions, Other Terms and Conditions Section under Program Reporting and Requirements*.

This letter is to request that you submit for a medical accuracy review any current curricula and programmatic materials in use or in any way relevant to your State PREP grant. This includes both the curricula and programmatic materials you are currently implementing as well as any curricula and programmatic materials you have approved for use by subrecipients or subcontractors in your state's PREP program. Please submit these curricula and materials within three (3) business days, and no later than April 17, 2025 by 11:59 PM ET.

Instructions for submitting these curricula and materials are as follows:

- Provide electronic copies of all curricula materials and supplemental information that will be provided to facilitators and program participants, including, but not limited to:
 - Teacher Manual
 - Student Manual
 - Handouts

- Video Links
- DVDs
- Brochures
- PowerPoints
- Text Messages
- Video Game Content
- Consent/Assent Forms

The purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete. A Guidance Document on the medical accuracy review process is attached to this email. Be sure to complete the attached Grantee Submission Form to identify all program materials that will be uploaded to Dropbox. It is very important this form be submitted along with your curricula. We ask that all supplemental materials be listed at the bottom of the form, separate from the curricula files.

Please email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,



Andrew Gradison

Acting Assistant Secretary
Administration for Children and Families

Enclosures:

Medical Accuracy Review Guidance Document
Grantee Submission Form

Exhibit 3

Hartmann Leanne

From: Thompson, Cheri (ACF) <Cheri.Thompson@acf.hhs.gov>
Sent: Tuesday, August 12, 2025 6:00 PM
To: Lindsay Weaver; Schollaert Daniel
Cc: Davidson Nadia A; Helene Rimberg
Subject: Notice of Award for the remainder of the FY 2025
Attachments: PREP_OREGON_NOA.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Thank you so much for your patience! Your Notice of Award for the remainder of the FY 2025 State Personal Responsibility Education Program is attached, along with links to the Terms and Conditions for your grant award.

As your assigned Federal Project Officer, I will continue to provide oversight for all programmatic aspects of your grant and will continue to be your primary point of contact for all grant-related issues. The Office of Grants Management (OGM) handles all financial aspects of your grant and issues the Notice of Award.

The contact information for your assigned OGM Grant Specialist is:

OGM Specialist: Girma Araya
Email: girma.araya@acf.hhs.gov
Phone: (202) 205-8643

Links to the Terms and Conditions:

Standard Terms and Conditions - [Award Terms and Conditions | The Administration for Children and Families](#)
Program Specific Supplemental Terms and Conditions - [State Personal Responsibility Education Program \(PREP\)](#)

Feel free to reach out if you have any questions or concerns.

Best,

Chéri (*Shuh-Ree*) Thompson
Program Specialist
Family and Youth Services Bureau
Administration for Children and Families
US Department of Health and Human Services



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2501ORPREP
FAIN# 2501ORPREP
Federal Award Date: August 6, 2025

Recipient Information

- 1. Recipient Name**
OREGON HEALTH AUTHORITY
800 NE Oregon St,
Suite 370

PORTLAND, OREGON 97232 2162
- 2. Congressional District of Recipient**
*See Remarks
- 3. Payment Account Number and Type**
*See Remarks
- 4. Employer Identification Number (EIN)**
1936001752A1
- 5. Data Universal Numbering System (DUNS)**
878144021
- 6. Recipient's Unique Entity Identifier**
HFJRBHKCBPR5
- 7. Project Director or Principal Investigator**
Margaux Cameron

Margaux.Cameron@oha.oregon.gov
(971) 501-8009
- 8. Authorized Official**
*See Remarks

Federal Agency Information

- 9. Awarding Agency Contact Information**
David Lee
Grants Management Officer
david.lee@acf.hhs.gov
202-401-5461
- 10. Program Official Contact Information**
Debbie Powell
Deputy Associate Commissioner
ACYF - Family and Youth Services Bureau
debbie.powell@acf.hhs.gov
(202) 205 2360

Federal Award Information

- 11. Award Number**
2501ORPREP
- 12. Unique Federal Award Identification Number (FAIN)**
2501ORPREP
- 13. Statutory Authority**
Section 513 of the Social Security Act
- 14. Federal Award Project Title**
*See Remarks
- 15. Assistance Listing Number**
93.092
- 16. Assistance Listing Program Title**
Personal Responsibility Education Program
- 17. Award Action Type**
Supplement
- 18. Is the Award R&D?**
*See Remarks

Summary Federal Award

- 19. Budget Period Start Date** 10-01-2024
- 20. Total Amount of Federal Funds Obligated by this Action**
 - 20a. Direct Cost Amount
 - 20b. Indirect Cost Amount Administrative Offset
- 21. Authorized Carryover**
- 22. Offset**
- 23. Total Amount of Federal Funds Obligated this budget period**
- 24. Total Approved Cost Sharing or Matching, where applicable**
- 25. Total Federal and Non-Federal Approved**
- 26. Project Period Start Date** 10-01-2024 -
- 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching**

Financial Information

- End Date** 09-30-2027
- \$381,742.00
- *See Remarks
- *See Remarks
- *See Remarks
- *See Remarks
- \$607,148.00
- *See Remarks
- *See Remarks
- End Date** 09-30-2027
- *See Remarks

- 28. Authorized Treatment of Program Income**
*See Remarks
- 29. Grants Management Officer – Signature**

David Lee
Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2501ORPREP

FAIN# 2501ORPREP

Federal Award Date: August 6, 2025

Recipient Information

OREGON HEALTH AUTHORITY

800 NE Oregon St,

Suite 370

PORTLAND, OREGON 97232 2162

Employer Identification Number (EIN): 1936001752A1

Data Universal Numbering System (DUNS): 878144021

Recipient's Unique Entity Identifier: HFJRBHKCBPR5

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-X-1512	2025,G99SU25	\$607,148.00	\$381,742.00	\$607,148.00	2501ORPREP	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Personal Responsibility Education Program. Funds are subject to the requirements of Section 513 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

Exhibit 4

From: Thompson, Cheri (ACF) <Cheri.Thompson@acf.hhs.gov>
Sent: Tuesday, August 26, 2025 7:08 AM
To: Lindsay Weaver; Schollaert Daniel
Cc: Margaux Cameron (she/her)
Subject: Oregon PREP Non-Compliance Letter
Attachments: Oregon PREP Letter FINAL.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Good Morning State PREP Grantee,

Please see the information below regarding State Personal Responsibility Education Program for Fiscal Years 2023, 2024, and 2025. Please note that submission of revised curricula and any other pertinent documents are due no later than October 27, 2025, at 11:59 pm.

Best,

Chéri (*Shuh-Ree*) Thompson
Program Specialist
Family and Youth Services Bureau
Administration for Children and Families
US Department of Health and Human Services



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, DC 20201 | www.acf.hhs.gov

Tuesday, August 27, 2025

Nadia Davidson, Chief Financial Officer
Oregon Health Authority
800 NE Oregon Street Ste 805
Portland, OR 97232

RE: State Personal Responsibility Education Program grants for Fiscal Years 2023 (#2301ORPREP), 2024 (#2401ORPREP), and 2025 (#2501ORPREP).

Dear Oregon Health Authority:

On April 14, 2025, the Administration for Children and Families (ACF) requested that Oregon provide current curricula and programmatic materials in use or in any way relevant to your state Personal Responsibility Education Program (PREP) grant for a medical accuracy review in accordance with the Terms and Conditions of the grant. We appreciate your timely response to ACF's request.

While preparing Oregon's PREP content for the medical accuracy review, ACF identified content in the curricula and other program materials that fall outside of the scope of PREP's authorizing statute at 42 U.S.C. § 713. Specifically, the following subjects and language are outside the scope of the authorizing statute and all references to it must be removed from Oregon's PREP curricula and program materials:¹

Friendships and Dating Program (2008-2017), Curriculum Manual, Sessions 1-20

- Section 5: Types of Relationships, page 37:

¹ ACF initiated a medical accuracy review to determine if Oregon's approach to biological sex in its PREP curricula is medically accurate and in compliance with the program statute and the terms and conditions of the award. In preparing the materials that we received, we saw that the curricula include gender ideology which is not authorized by the statute. As per this letter, Oregon will need to remove this content from its PREP curricula and program materials. In light of this, we are changing our planned course of action and are no longer conducting a review for medical accuracy because the content that we were going to review for medical accuracy is outside of the subjects that are statutorily authorized in this program.

“Facilitator Tip: You may want to explore T support organizations in your community. While it is a brief conversation, if participants have additional questions or need more in-depth coverage, you will be able to comfortably and knowledgeably point them to additional resources.

Ask participants if they know what sexual orientation and gender identity mean.

- Allow for peer interaction and opportunity for participants to lead this discussion.

Help the group understand sexual orientation is the term used to describe what gender(s) someone is sexually or romantically attracted to. Gender identity is the term used to describe how someone views their gender.

Use the Genderbread Person handout found on the FDP Website to discuss differences in gender identity, gender expression, biological sex, and sexual orientation (optional).

Ask participants if they know what the term straight or heterosexual means.

- People who are attracted to members of the other sex often call themselves straight or heterosexual.

Ask participants if they are familiar with the term LGBTQ. Allow participants to give answers, praise responses. Explain what each letter stands for. You may want to write LGBTQ on the board and write what each letter stands for.

- Lesbian – Women who are attracted to other women. Some people may prefer the term gay or gay women.
- Gay – People who are attracted to other people of the same sex. It is often used to describe males attracted to males, but is also used by lesbians.
- Bisexual – People who are attracted to both men and women often call themselves bisexual.
- Transgender – People who feel that their gender expression and gender identity are different from what people told them they were based on biological sex (body parts). For example, a person might be transgendered if when they were born their doctor and parents said they were a boy, but as the person grew up if felt like they were a girl.
- Questioning – People who are unsure about their sexual orientation may call themselves questioning or curious.

- Asexual – People who don't experience any sexual attraction for anyone may call themselves asexual.

Follow up by asking how you can tell someone's sexual orientation. Explain you can't tell a person's sexual orientation by the way they look, their job, interests or hobbies. The only way to know is if they tell you."

e a it or i ities 2nd edition, Instructor Manual

- Page 91 (Gender Chapter): " Key Messages:
 - Gender is how you feel. Some people identify as she, he or they. Some people have other ways of identifying.
 - Sometimes a person's gender identity doesn't match the gender that caregivers assign them.
 - Sometimes a person's gender expression also doesn't match their assigned gender.
 - In our society, we have stereotypes of what it means to be a man or a woman. Many people do not fit into this stereotype because we are all different, and that is okay.

- Page 93 (Gender Chapter): " Learning Activities

What is gender?

a. Ask participants: What do you think of when you hear the word gender?

Possible responses: male/female, boy/girl, non-binary, who I am as a person, etc.

b. Read the Gender social story found on the flash drive. Discuss the following key points.

- Gender is how society thinks we should look, think, and act as girls and women and boys and men.
- It can also refer to how a person feels on the inside in regards to being male, female or a different
- gender.
- Gender identity is how you feel inside and how you show your gender through clothing, behavior, and personal appearance. Each person gets to name for themselves what their gender identity is.
- Sometimes this matches the assigned sex, and sometimes it does not.
- When a new baby is born, one of the first questions almost everyone asks is, "Is it a boy or a girl?" This is the sex assigned to you at birth: male or female.
- Assigned Sex: how a person is identified at birth by one's primary sex organ (penis/ vagina).
- Gender Expression: how people express and present themselves to the world. We can get clues to someone's gender identity by their gender expression, but we shouldn't assume we can tell someone's gender identity by their gender expression. It's important to ask someone what

their gender identity is if you need to know. Sometimes this matches the assigned sex, and sometimes it does not.

- Transgender: A term that describes a person whose gender identity does not match that person's sex assigned at birth. This may include someone who was assigned female at birth who feels male, vice versa, or something else altogether. Transgender people may use hormones, have surgery, both, or neither.
- Nonbinary: a gender identity that is outside the binary of girl/woman or boy/man.
- Gender Nonconforming: people who do not follow other people's ideas or stereotypes about how they should look or act. These stereotypes are based on the female or male sex they were assigned at birth.
- Gender Pronouns: used to refer to a person in place of using their name. Some pronouns people use include: he, she, they, zie, per, and others.
- Everyone gets to name their own gender identity and pronouns, including changing the name they use to describe their gender identity. It is important to note that a person's gender identity and pronouns may change over time, and that's ok.
- Sexual Orientation: who a person is romantically attracted to. Gender and Sexual Orientation are different.

- Page 127 (under Glossary of Terms):

“ **D** – A word that refers to how a person feels on the inside in regards to being male, female or a different gender.

D P – How a person represents or expresses their identity to the world. Sometimes this matches their assigned sex, sometimes not.

D F D – The flexibility of gender expressions and identities that may change over time or even from day to day. A gender fluid person may feel male on some days, female on others, both male and female, or neither. A gender fluid person might also identify as genderqueer.

D D – How a person identifies gender inside of themselves. Sometimes this matches their assigned sex, sometimes not.

D F – When a person's gender expression doesn't fit inside traditional male or female categories (sometimes called the gender binary).

D – A term for people who don't identify as a man or a woman or whose identity lies outside the traditional gender binary of male and female. Some people use genderqueer, gender non-conforming, and non-binary interchangeably, but others don't. Genderqueer has a political history, so many use the term to identify their gender as non-normative in some way. For example, someone could identify as both cisgender female and gender queer.

- Page 130 (under Glossary of Terms):
 “ **P** – An umbrella term for gender used by Native American and First Nation tribes refers to people who have both masculine and feminine identity and are treated as a third gender in some tribes. Two-spirit individuals also tend to have same-sex and or same-gender relationships. Many Native American and First Nation **T** individuals identify with the term two-spirit.”

The “purpose” of a PREP grant award is for states to “carry out personal responsibility education programs consistent with this subsection.” 42 U.S.C. § 713(b)(1). The statute defines PREP as “a program that is designed to educate adolescents on -- (i) both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, consistent with the requirements of subparagraph () and (ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).” 42 U.S.C. 713(b)(2).

The statute includes no mention of gender ideology, which is both irrelevant to teaching abstinence and contraception and unrelated to any of the adult preparation subjects described in section 713(b)(2)(C).² The statute neither requires, supports nor authorizes teaching students that gender identity is distinct from biological sex or that boys can identify as girls and vice versa thus, gender ideology is outside the scope of the authorizing statute and any expenditures associated with gender ideology are not allowable, reasonable, or allocable to the PREP grant. See 45 C.F.R. 75.403-405.

We are aware that these curricula and other program materials were previously approved by ACF. However, the prior administration erred in allowing PREP grants to be used to teach students gender ideology because that approval exceeded the agency’s authority to administer the program consistent with the authorizing legislation as enacted by Congress. Oregon’s current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified. 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). ACF 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.

**here ore F instr ts Oregon to remove a content on erning gender ideog
rom its rri a program materia s and an other aspe ts o its program de i er**

² 42 U.S.C. § 713(b)(2)(C) lists the following adult preparation subjects: “(i) Healthy relationships, including marriage and family interactions (ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects (iii) Financial literacy (iv) Parent-child communication (v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity (vi) Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.”

Within 10 business days of receipt of this letter and provide a copy of the modified materials to the Federal Project Officer for approval.

The content flagged on the pages of this letter provides examples of gender ideology content that does not adhere to the PREP statute.³ Oregon is directed to remove these and all similar language throughout their curricula and program materials. Should Oregon fail to make the appropriate modifications to its PREP curricula and program materials, ACF may take additional enforcement action. See 45 C.F.R. 75.371 (allowing HHS to withhold, disallow, suspend, or terminate Federal awards if imposing additional conditions on a grantee does not cure noncompliance).

Thank you for your attention to this matter. Please submit the modified curricula and materials by uploading to the Dropbox link previously provided to you within sixty (60) days, and no later than **Monday, October 6, 2025** at 11:59 pm. You may email your FYS Federal Project Officer if you need clarification regarding this request.

Sincerely,



Andrew Bradison
Acting Assistant Secretary
Administration for Children and Families

³ We are not setting forth all of the problematic language in this letter but are providing a general description and examples so that you understand what needs to be removed from the curricula and program materials. If you have any questions about whether language needs to be removed, please contact the Federal Project Officer, Chéri Thompson at Cheri.Thompson@acf.hhs.gov.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF
OREGON; STATE OF MINNESOTA; STATE
OF COLORADO; STATE OF
CONNECTICUT; STATE OF DELAWARE;
DISTRICT OF COLUMBIA; STATE OF
HAWAI'I; STATE OF ILLINOIS; STATE OF
MAINE; STATE OF MARYLAND;
COMMONWEALTH OF MASSACHUSETTS;
STATE OF MICHIGAN; STATE OF NEW
JERSEY; STATE OF NEW YORK; STATE
OF RHODE ISLAND; STATE OF
WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
HEALTH AND HUMAN SERVICES;
ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of U.S. Department of
Health and Human Services; UNITED STATES
HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND
FAMILIES; and ANDREW GRADISON, in his
official capacity as Acting Assistant Secretary
of U.S. Health and Human Services
Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

DECLARATION OF NOYA WOODRICH

DECLARATION OF NOYA WOODRICH

I, Noya Woodrich, declare as follows:

1. I am a resident of Minnesota. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.
2. I am the Division Director for the Child and Family Health Division at the Minnesota Department of Health (MDH), a position I have held since April 2022.
3. In my role at MDH, I am responsible for directing and managing the Child and Family Health Division's programs and services. I also contribute to the development and improvement of policies and initiatives related to child and family health.
4. I submit this declaration in connection with Plaintiff States' Motion for Preliminary Injunction and Complaint for Injunctive and Declaratory Relief pertaining to the following:
 - a. Regarding the state Personal Responsibility Education Program (PREP): the August 6, 2025 PREP Notice of Award (NOA) from the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF); the August 7, 2025 PREP Supplemental Terms and Conditions (PREP Supplemental T&Cs); and the August 26, 2025 directive letter from ACF to grantees (the PREP Directive).
 - b. Regarding the Title V Sexual Risk Avoidance Education (Title V SRAE) grant: the August 6, 2025 Title V SRAE Notice of Award from ACF and the August 7, 2025 Title V SRAE Supplemental Terms and Conditions (Supplemental T&Cs).
5. I am familiar with the information in the statements set forth below either through personal knowledge, in consultation with MDH staff, or from documents that have been provided to and reviewed by me.

PREP Funding and Communications from Federal Government

6. In Minnesota, our Department of Health supports high-quality, medically accurate, and evidence-based educational programming to reduce pregnancy, HIV and other sexually transmitted infections (STIs), and birth rates for youth served by six community-based organizations. Across the State, approximately 1,600 youth are served annually by the programs MDH implements with PREP funding. PREP programs support MDH's vision to create conditions where all Minnesota youth thrive and where adolescence is understood as a critical period of development.

7. In applying for PREP grants, MDH has complied with the program's application requirements, which include assurances that programming is evidence-based, medically accurate, age appropriate, provided in the cultural context most appropriate for individuals in the particular population group to which the programming is directed, and targeted towards high-risk youth. As recently as 2024, notices awarding PREP funds to MDH have directed that PREP programming be providing to "youth populations that are the most high-risk or vulnerable for pregnancies and sexually transmitted infections, including HIV/AIDS, or have other special circumstances including culturally underrepresented youth populations such as Hispanic, African American, or Native American youth; youth in or aging out of foster care or adjudication systems; youth who are victims of trafficking; youth who have runaway or left home without permission; youth experiencing homelessness; youth who identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ+), and other vulnerable or underserved youth populations." Two PREP notices of award containing this language, dated December 28, 2023, and April 15, 2024, are attached as Exhibits A and B.

8. PREP programming addresses both abstinence and the use of contraception, as well as at least three of six “adulthood preparation subjects” as described in 42 U.S.C. § 713(b)(2)(C). In its grant applications, MDH also addresses how Minnesota uses positive youth development principles when offering trauma-informed prevention programming. MDH communicates its implementation of a compliant program through the state plan and biannual progress reports submitted to ACF. MDH’s last submitted a state plan to ACF in December 2024. The PREP state plan is attached as Exhibit C.

9. In 2010, Minnesota submitted a PREP grant application in response to ACF’s Funding Opportunity Announcement (FOA). Since that time, Minnesota has submitted a letter of intent packet to re-authorize PREP grants each year. ACF extends funding to grantees for three-year budget periods, which each set of funds to be spent over a single year. Minnesota applies for a new grant each year, resulting in overlapping awards. Minnesota has received these funds since 2010.

10. MDH has three open awards from ACF covering the period from October 1, 2022, through September 30, 2027. For the period from October 1, 2022 through September 30, 2025, ACF provided \$849,442.00 in PREP funding to Minnesota (award no. 2301MNPREP). For the period from October 1, 2023 through September 30, 2026, ACF provided \$906,080.00 in PREP funding to Minnesota (award no. 2401MNPREP). For the period from October 1, 2024 through September 30, 2027, ACF provided \$921,598.00 in PREP funding to Minnesota (award no. 2501MNPREP). MDH is currently operating using funds from award no. 2301MNPREP and as of the date of this declaration has not yet drawn down funds from awards nos. 2401MNPREP or 2501MNPREP. MDH will start drawing down funds from award no. 2401MNPREP on or after October 1, 2025.

11. ACF disburses PREP funding as reimbursements requested by MDH. Reimbursable expenses are accrued throughout the year. As of the date of this declaration, MDH is not waiting on funds for any previously submitted reimbursement requests.

12. Minnesota has well-established partnerships with local community-based organizations to administer these funds. Since 2010, Minnesota has partnered with a total of six community-based organizations, five of whom are current PREP subrecipients, to design and implement high quality, medically accurate and evidence-based education programs to help youth participants build healthy life skills, develop individual protective factors that reduce risks, empower youth to make healthy decisions, and provide tools and resources to prevent pregnancy and STIs. These organizations serve youth in a variety of settings – including schools, clinics, foster care, juvenile detention settings, and alternative learning centers – and in various parts of the state, including communities both within and outside the metro area.

13. On or about April 14, 2025, MDH received via email a letter from ACF's Family and Youth Services Bureau (FYSB)'s Division of Positive Youth Development indicating that ACF was performing a "medical accuracy review" and requesting submission of "any current curricula and programmatic materials" related to state PREP grants. FYSB stated that the "purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete." That letter is attached as Exhibit D.

14. As requested, MDH submitted all PREP curricula and materials on or about April 17, 2025. This included curricula materials and supplemental information including but not limited to facilitator manuals, handouts, video links, and handouts.

15. On or about August 6, 2025, MDH received a Notice of Award (NOA) describing the financial information associated with Minnesota PREP grant award funds (funds for award no. 2501MNPREP). The NOA states, “[t]he use of Federal funds from this award constitutes the grantee’s acceptance of the listed terms and conditions.” In the Remarks section, the NOA states, “Recipients are prohibited from including gender ideology in any program or service that is funded with this award.” The Terms and Conditions section states, in part, “[t]he statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one’s sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.” The NOA is attached as Exhibit E.

16. On August 7, 2025, ACF published Supplemental T&Cs applicable to PREP awards and award modifications that add funding. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per ACF’s notice, these Supplemental T&Cs are effective immediately. The PREP Supplemental T&Cs is attached as Exhibit F.

17. Per the August 6, 2025, NOA and the Supplemental T&Cs, the “gender ideology” terms and conditions of the NOA and Supplemental T&Cs are not accepted until the grantee uses federal funds to which the terms and conditions apply. MDH has not to date used any funds

awarded under the August 6, 2025, NOA and thus has not accepted the “gender ideology” term in the NOA or the Supplemental T&Cs.

18. On August 26, 2025, MDH received via email another letter from ACF (the PREP Directive) stating that Minnesota’s “current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified” because Minnesota’s curriculum and materials include “gender ideology.” The identified content, ACF claims, is “outside of the scope of PREP’s authorizing statute...and all references to it must be removed from [the] PREP curricula and program materials.” ACF further instructs Minnesota **“to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter.”** ACF asserts that it may take “additional enforcement action,” and lists as possibilities “allowing HHS to withhold, disallow, suspend, or terminate Federal awards.” That letter is attached as Exhibit G.

Title V SRAE Funding and Communications from Federal Government

19. In Minnesota, our Department of Health (“MDH”) supports medically accurate and complete, age-appropriate educational programming to Minnesotan ages 10-19 that is focused on avoiding non-marital sexual activity with the goals of reducing pregnancy, HIV and other sexually transmitted infections (STIs), and birth rates. MDH provides this education to youth at five community-based organizations. Across the State, the number of youth who are served by the programs we implement with Title V SRAE funding recently expanded to nearly 1,500 annually. SRAE programs support the Minnesota Department of Health’s vision to create conditions where all Minnesota youth thrive and where adolescence is understood as a critical period of development.

20. In applying for Title V SRAE grants, MDH has complied with the program's application requirements, which include assurances that programming is medically accurate, age appropriate, provided in the cultural context most appropriate for individuals in the particular population group to which the programming is directed, and recognizes the experiences of youth from diverse communities, backgrounds, and experiences. As recently as 2024, notices awarding Title V SRAE funds to MDH have directed that SRAE programming be providing to "youth populations that are the most high-risk or vulnerable for pregnancies and sexually transmitted infections, including HIV/AIDS, or have other special circumstances including culturally underrepresented youth populations such as Hispanic, African American, or Native American youth; youth in or aging out of foster care or adjudication systems; youth who are victims of trafficking; youth who have runaway or left home without permission; youth experiencing homelessness; youth who identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ+), and other vulnerable or underserved youth populations." Title V SRAE notices of award containing this language, dated December 22, 2023, April 12, 2024, and July 11, 2024, are attached as Exhibits H, I, and J.

21. The programming focuses on normalizing the optimal health behavior of avoiding non-marital sexual activity and teaching personal responsibility, healthy decision-making, healthy relationships, and other topics as described in 42 U.S.C. § 710(b)(3). In its grant applications, MDH also addresses how Minnesota uses positive youth development principles when offering trauma-informed prevention programming. MDH last provided to ACF the state plan explaining Minnesota's compliance with these requirements on June 3, 2024. The Title V SRAE state plan is attached as Exhibit K.

22. ACF has issued to MDH three awards covering the period from October 1, 2022, through September 30, 2027. For the period from October 1, 2022 through September 30, 2024, ACF provided \$692,524.00 in Title V SRAE funding to Minnesota (award no. 2301MNSRAE). For the period from October 1, 2023 through September 30, 2025, ACF provided \$696,690.00 in Title V SRAE funding to Minnesota (award no. 2401MNSRAE). For the period from October 1, 2024 through September 30, 2026, ACF provided \$660,122.00 in Title V SRAE funding to Minnesota (award no. 2501MNSRAE). Award no. 2301MNSRAE is currently in the process of being closed out. MDH is currently operating using Title V SRAE funds from award no. 2401MNSRAE and has not yet drawn down funds from award no. 2501MNSRAE.

23. ACF disburses PREP funding as reimbursements requested by MDH. Reimbursable expenses are accrued throughout the year. As of the date of this declaration, MDH is not waiting on funds for any previously submitted reimbursement requests.

24. Minnesota has well-established partnerships with local community organizations to administer these funds. Since 2018, Minnesota has partnered with a total of seven community organizations, five of whom are current Title V SRAE subrecipients, to design and implement high quality, medically-accurate, and age appropriate education programs to help youth participants build healthy life skills, develop individual protective factors that reduce risks, empower youth to make healthy decisions, and provide tools and resources to prevent pregnancy and STIs. These organizations serve youth in a variety of settings – including schools and alternative learning centers – and in various parts of the state, including communities both within and outside the metro area as well as Tribal communities.

25. On or around August 6, 2025, MDH received a Notice of Award (NOA) describing the financial information associated with Minnesota's Title V SRAE grant award funds (funds for

award no. 2501MNSRAE). The NOA states, “[t]he use of Federal funds from this award constitutes the grantee’s acceptance of the listed terms and conditions.” In the Remarks section, the NOA states, “Recipients are prohibited from including gender ideology in any program or service that is funded with this award.” The Terms and Conditions section states, in part, “[t]he statutory authority for the SRAE program under which this grant has been awarded, at 42 U.S.C. § 710, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one’s sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.” The NOA is attached as Exhibit L.

26. On August 7, 2025, ACF published Supplemental T&Cs applicable to Title V SRAE awards and award modifications that add funding. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in Title V SRAE-funded programs and services. Per ACF’s notice, these Supplemental T&Cs are effective immediately. The Title V SRAE Supplemental T&Cs is attached as Exhibit M.

27. Per the August 6, 2025 NOA and the Supplemental T&Cs, the “gender ideology” terms and conditions of the NOA and Supplemental T&Cs are not accepted until the grantee uses federal funds to which the terms and conditions apply. As of the date of this declaration, MDH has not used any funds awarded under the August 6, 2025, NOA and thus has not accepted the “gender ideology” term in the NOA or the Supplemental T&Cs.

Harms to Minnesota

28. Minnesota is currently experiencing and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and PREP Directive have created immense confusion for our agency and partners. Our agency's ability to plan for the future is severely negatively impacted. MDH does not have alternative funding sources that could readily or fully fill the gaps left by termination of PREP or Title V SRAE funding, or both. The PREP and SRAE grants together cover the salaries of 3 employees at Minnesota Department of Health. With the uncertainty of the PREP grant's continuation past October 27, 2025, and the possibility of similar threats to continuation of Title V SRAE funds, our agency is being forced to contemplate the prospect of reduction or loss of these positions. In addition, loss of these funds would negatively impact the partner community organizations that implement PREP and Title V SRAE programming. Loss of PREP funding, Title V SRAE funding, or both would leave community organizations without these resources to support Minnesota's most vulnerable youth populations and also may threaten these organizations' ability to maintain staff positions supported at least in part by these awards. PREP dollars provided to subrecipients are used to fund a total of 5.61 FTEs over 28 positions, with SRAE dollars funding a total of 5.32 FTEs over 20 positions.

29. Further, the threat to our state's federal financial assistance for failure to remove content concerning "gender ideology" puts at risk approximately \$1.8 million in federal funds (\$906,080.00 for funds awarded under 2401MNPREP, and \$921,598.00 for funds awarded under 2501MNPREP).

30. The impact of a disruption in funds would be a significant blow to these programs. Given MDH's experience, without the continued and uninterrupted funding of PREP and SRAE

grants, MDH and its partners will not be as effective in administering and providing age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. As a result, youth in Minnesota, especially high-risk youth, will suffer.

31. MDH awards PREP and SRAE funding to subrecipients whose educational efforts will include populations of youth at highest risk of teen pregnancy, sexually transmitted infections (STIs), or both – including youth in foster care or aging out of foster care; youth who are involved with or at risk of becoming involved with the criminal justice system; runaway and homeless youth; lesbian, gay, bisexual, transgender, queer (LGBTQ+) youth; youth residing in areas of the state with high teen birth rates; and youth experiencing racial and ethnic disparities relating to teen pregnancy and/or STIs.

32. One focus of PREP and SRAE programming is reducing teen pregnancy. Although Minnesota has a relatively low teen pregnancy rate compared to other states, there are significant disparities that exist within Minnesota based on factors such as geography, race or ethnicity, and country of origin. For example, the counties with the highest rates of teen pregnancy are outside the Twin Cities metro area, while six of the seven Twin Cities metro counties are among the counties with the highest number of teen pregnancies. Additionally, in 2023, the birth rate for Hispanic youth was 7.6 times higher, 6 times higher for American Indian youth, and 3.7 times higher for Black youth when compared to the birth rate for white youth. Further, foreign-born youth face additional barriers to health information and health care, and we see this impact in the teen birth rate. Although foreign born female adolescents make up 7% of the MN female teen population, 19% of teen births in 2023 were to foreign-born teen mothers. This was an increase from 2022.

33. Another goal of PREP and SRAE programming is reducing sexually transmitted infections. In recent years, Minnesota, consistent with national trends has been experiencing an increase in the rate of sexually transmitted infections. Minnesota adolescents have disproportionally higher rates of STIs compared to the rest of the Minnesota population. In 2024, adolescents made up only 6.7% of the population of Minnesota yet accounted for 24.5% of chlamydia and 13% of gonorrhea cases. Some youth are at higher risk than others for STIs. For example, due to stigma, lack of supports and societal protection, lack of inclusive education, lack of resources, and other systemic barriers, LGBTQ and gender expansive youth are less likely to engage in safe sexual health behaviors. In 2022, 9th and 11th grade LGBTQ students who had sex were more likely than heterosexual peers to report having used drugs or alcohol before the last time they had sex. Additionally, gender expansive students who had sex were less likely than cis-female peers to report having spoken to every partner about preventing STIs and HIV.

34. Numerous research studies and reviews of studies emphasize the positive impact of evidence-based sex education on various measures of health outcomes or healthier sexual behaviors. This is especially true for the type of sex education programs supported by PREP. Further, there are research articles emphasizing the importance of sex education that is culturally appropriate and that is inclusive of LGBTQ+ youth.

35. In this context, the programs in Minnesota funded by PREP and SRAE funds serve an important role in supporting Minnesota's work to create conditions where all Minnesota youth thrive. The following are a but a couple examples of the significant, positive contributions of PREP and SRAE grantees to our state's sexual health education needs each year:

- a. A Minnesota sub-recipient who receives PREP funding has, at least since FY23, provided sexual education programming to juveniles in detention

centers and alternative learning settings using the ACF-approved “FLASH” curriculum. This curriculum focuses on addressing teen pregnancy, STIs, and sexual violence—all of which are important in vulnerable populations of juveniles who are more likely to have either been perpetrators of sexual violence, victims of sexual violence, or both. To date over 250 youth have received the full FLASH curriculum.

- b. One Minnesota SRAE subrecipient teaches the ACF-approved “It’s That Easy” curriculum to hundreds of families each year within several of Minnesota’s federally-recognized tribal communities. The subrecipient employs instructors who incorporate Ojibwe language and culture into the programming. In some of those more remote regions of our state, that subrecipient is one of few, if not the only, source of medically accurate, culturally-competent sexual education. Programming in those communities may be eliminated and staff positions may be unsustainable if this subrecipient is required to choose between accepting SRAE funds or maintaining their mission of providing medically accurate, culturally appropriate content.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 25, 2025, at Minneapolis, Minnesota.

/s/ Noya Woodrich

NOYA WOODRICH
Division Director
Child and Family Health Division
Minnesota Department of Health

Exhibit A



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2401MNPREP
FAIN# 2401MNPREP
Federal Award Date: December 28, 2023

Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
P. O. Box 64882

SAINT PAUL, MINNESOTA 55164 0882

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1416007162B3

5. Data Universal Numbering System (DUNS)

804887321

6. Recipient's Unique Entity Identifier

DHQVY2WCVHC5

7. Project Director or Principal Investigator

Judy Edwards

judy.edwards@state.mn.us

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Manolo Salgueiro

Supervisory Grants Management Specialist

manolo.salgueiro@acf.hhs.gov

202-690-5811

10. Program Official Contact Information

Jerry Milner

Program Authorizing Official

ACYF - Family and Youth Services Bureau

Milner.Jerry@acf.hhs.gov

111-111-1111

Federal Award Information

11. Award Number

2401MNPREP

12. Unique Federal Award Identification Number (FAIN)

2401MNPREP

13. Statutory Authority

Section 513 of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.092

16. CFDA Program Title

Personal Responsibility Education Program

17. Award Action Type

New

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2023

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2023 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2026

\$191,925.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$191,925.00

*See Remarks

*See Remarks

End Date 09-30-2026

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature



Manolo Salgueiro

Footnotes

Supervisory Grants Management Specialist

This is a partial award based on the C.R. and availability of funds.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNPREP

FAIN# 2401MNPREP

Federal Award Date: December 28, 2023

Recipient Information

MINNESOTA DEPARTMENT OF HEALTH

P. O. Box 64882

SAINT PAUL, MINNESOTA 55164 0882

Employer Identification Number (EIN): 1416007162B3

Data Universal Numbering System (DUNS): 804887321

Recipient's Unique Entity Identifier: DHQVY2WCVHC5

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-X-1512	2024,G99SU24	\$906,080.00	\$191,925.00	\$191,925.00	2401MNPREP	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNPREP

FAIN# 2401MNPREP

Federal Award Date: December 28, 2023

State PREP Terms and Conditions
FY2024

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program.

Administration on Children, Youth, and Families (ACYF)
Family and Youth Services Bureau (FYSB)

PERSONAL RESPONSIBILITY EDUCATION PROGRAM
Catalog of Federal Domestic Assistance (CFDA) Program No. 93.092

APPLICABLE LEGISLATION, STATUTE, REGULATIONS

1. The administration of this program is authorized under Title V, Section 513, of the Social Security Act.
2. The program is codified at 42 U.S.C. §713.
3. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR Part 75 in its entirety. No exceptions were identified.
4. Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

COST SHARING OR MATCHING (NON-FEDERAL SHARE) OF PROGRAM FUNDING

5. This program has a Maintenance of Effort (MOE) requirement per Public Law 111-148 and Title V, Section 513(a)(5), of the Social Security Act. No payment shall be made to a State from the allotment determined for the State under this subsection or to a local organization or entity awarded a grant under 513(a)(4), if the expenditure of non-federal funds by the State, organization, or entity for activities, programs, or initiatives for which amounts from allotments and grants under this subsection may be expended is less than the amount expended by the State, organization, or entity for such programs or initiatives for fiscal year 2024 (or the fiscal year amended by subsequent Public Laws).
6. MOE is a statutory requirement where the State, local organization, or entities awarded under this grant is required, as a condition of eligibility for federal funding, to maintain its financial contribution to the program. MOE must be used to supplement not supplant federal funds with existing non-federal funds. State, local organizations or entities under this grant may not replace or supplant federal funds to meet program requirements.

FINANCIAL REPORTING

7. Federal funds awarded under this grant must be expended for the purposes which they were awarded and within the time period allotted.
8. The OMB approved Financial Reporting form for this program is the Financial Federal Report SF-425. The SF-425 is due annually and no later than December 30, which is 90 days after the end of each project period.
9. Funding (project) period and obligation period. In accordance with Title V, Section 513 of the Act, this program has a 3-year project/obligation period starting the first day of the Federal Fiscal Year, October 1, for which funds were awarded and ending the last day of the second following Federal Fiscal Year, September 30. Any Federal funds not obligated by the end of the respective obligation period will be recouped by this Department.
10. Liquidation period. In accordance with 2 CFR200.344 provision, effective October 1, 2023, all obligated Federal funds awarded under this grant must be liquidated no later than 120 days after the end of the funding/obligation period. Any Federal funds not liquidated by January 30 will be recouped by this Department.
11. Submission Methodology: All periodic SF-425 financial reports for all grant programs must be submitted electronically through the Payment Management System (PMS). Recipients must not submit duplicate copies either by mail, by fax or as an email attachment of any reports submitted.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNPREP

FAIN# 2401MNPREP

Federal Award Date: December 28, 2023

12. Submission Schedule: Annual. Each annual financial report must be submitted within 90 days (i.e., no later than December 30) following the end of each Federal Fiscal Year.

- a. An interim financial report (covering Year 1 of the project period) is due 90 days following the end of Federal Fiscal Year 1;
- b. An interim financial report (covering Year 2 of the project period) is due 90 days following the end of Federal Fiscal Year 2;
- b. A final financial report (cumulative, covering the entire 3-year project period) is due 120 days following the end of Federal Fiscal Year 3.

PROGRAM REPORTING

The OMB approved Program Report form for this program is the Performance Progress Report (PPR). Semi-annual narrative program performance reports must describe the program activities carried out, including an assessment of the effectiveness of those activities in achieving the purposes of this grant. Each report covers the preceding 6-month period and is due 30 days following the end of the 2nd and 4th quarters (i.e., no later than April 30 and October 30, respectively). Electronic online program management report submission through GrantSolutions/On-line Data Outreach (OLDC) is required.

All recipients and subrecipient(s), including their implementation sites, will be required to collect and report information on program implementation and program outcomes through a common set of performance measures. This requirement applies to any community partners who agree to host a site or recruit program participants (e.g., school districts, non-profits). Recipients must collect and report on these measures approximately twice a year.

Recipients will be expected to check local and state laws, policies, and procedures to ensure that the collection of performance measures data is feasible and obtain any necessary permissions (e.g., formal agreements with partners, Institutional Review Board (IRB) approval, copies of school district approvals) to collect these data. Recipients are required to submit an IRB letter of determination within 90 days of award. Recipients are responsible for ensuring all subrecipients and implementation sites collect and submit the PREP performance measures. Recipients may develop additional indicators of program performance, as needed, including adding items to the entry or exit surveys. However, all FYSB OMB-approved items must be administered first, in the order presented in the approved survey, before any additional items are added. Any additional survey items should be added at the end of the OMB-approved survey and should not be submitted to ACF.

REAL PROPERTY AND TANGIBLE PERSONAL PROPERTY REPORTING

1. The OMB approved Real Property and Tangible Personal Property Reporting is the following:

- a. Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and renovation are not an allowable activity or expenditure under this grant.
- b. Tangible Property Report (SF-428s). The SF-428 Tangible Personal Property forms must be submitted as described in the General Terms and Conditions.

OTHER TERMS AND CONDITIONS

- 1. Have the project fully functioning and serving youth within at least 90 days following the issuance of the Notice of Award.
- 2. Formally train facilitators/educators in the evidence-based effective program model or elements of the effective program model by professionals who can provide follow-up technical assistance to facilitators.
- 3. Provide PREP programming to youth populations that are the most high-risk or vulnerable for pregnancies and sexually transmitted infections, including HIV/AIDS, or have other special circumstances including culturally underrepresented youth populations such as Hispanic, African American, or Native American youth; youth in or aging out of foster care or adjudication systems; youth who are victims of trafficking; youth who have runaway or left home without permission; youth experiencing homelessness; youth who identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ+), and other vulnerable or underserved youth populations.
- 4. Send at least two key staff persons to the 3-day Adolescent Pregnancy Prevention (APP) Program Grantee Conference held in the San Francisco, CA area in 2024, and tentatively in the Washington, DC, area in 2025. A minimum of two staff persons are to attend at least one of two topical training sessions offered each year of the project in areas such as Washington, DC; Portland, Oregon; and Boston, Massachusetts.
- 5. Collect and report on all OMB cleared federal PREP performance measures (recipient, partners and sub-recipients). PREP Performance Measures are currently approved under OMB # 0970-0497, expiration date 07/31/2026.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNPREP

FAIN# 2401MNPREP

Federal Award Date: December 28, 2023

6. For states and sub-recipients conducting local evaluations, participate in training and TA provided by the federal government and follow related guidance provided by ACF/FYSB.

7. Submit curricula and programmatic materials to FYSB, as requested, for a medical accuracy review and provide a plan to comply with making any required modifications.

EFFECTIVE PERIOD

These program-specific Supplemental Terms and Conditions are effective on the date shown in the footer at the bottom of the page and will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures or restrictions is amended, revised, altered, or repealed.

POINTS OF CONTACT

Points of contact for additional information or questions concerning either the operation of the program or related financial are:

a. Program Office:

Tecia Sellers

Program Specialist

330 C St., SW.

Washington, DC 20201

Tecia.Sellers@acf.hhs.gov

202-401-5733

b. Office Grants Management:

Manolo Salgueiro

Grants Management Officer,

330 C St., SW.

Washington, DC. 20201

Manolo.salgueiro@acf.hhs.gov

202-690-5811

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Exhibit B



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2401MNPREP
FAIN# 2401MNPREP
Federal Award Date: April 15, 2024

Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
P. O. Box 64882

SAINT PAUL, MINNESOTA 55164 0882

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1416007162B3

5. Data Universal Numbering System (DUNS)

804887321

6. Recipient's Unique Entity Identifier

DHQVY2WCVHC5

7. Project Director or Principal Investigator

Emily McDowell

emily.mcdowell@state.mn.us

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Janice Caldwell

Director, Family Protection & Resilience Portfolio

janice.caldwell@acf.hhs.gov

214-767-2965

10. Program Official Contact Information

Jerry Milner

Program Authorizing Official

ACYF - Family and Youth Services Bureau

Milner.Jerry@acf.hhs.gov

111-111-1111

Federal Award Information

11. Award Number

2401MNPREP

12. Unique Federal Award Identification Number (FAIN)

2401MNPREP

13. Statutory Authority

Section 513 of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.092

16. CFDA Program Title

Personal Responsibility Education Program

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2023

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2023 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2026

\$714,155.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$906,080.00

*See Remarks

*See Remarks

End Date 09-30-2026

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Manolo Salgueiro

Footnotes

Supervisory Grants Management Specialist



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNPREP

FAIN# 2401MNPREP

Federal Award Date: April 15, 2024

Recipient Information

MINNESOTA DEPARTMENT OF HEALTH

P. O. Box 64882

SAINT PAUL, MINNESOTA 55164 0882

Employer Identification Number (EIN): 1416007162B3

Data Universal Numbering System (DUNS): 804887321

Recipient's Unique Entity Identifier: DHQVY2WCVHC5

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u> <u>Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-X-1512	2024,G99SU24	\$906,080.00	\$714,155.00	\$906,080.00	2401MNPREP	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNPREP

FAIN# 2401MNPREP

Federal Award Date: April 15, 2024

State PREP Terms and Conditions
FY2024

By acceptance of awards for this program, the grantee agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program.

Administration on Children, Youth, and Families (ACYF)
Family and Youth Services Bureau (FYSB)

PERSONAL RESPONSIBILITY EDUCATION PROGRAM
Catalog of Federal Domestic Assistance (CFDA) Program No. 93.092

APPLICABLE LEGISLATION, STATUTE, REGULATIONS

1. The administration of this program is authorized under Title V, Section 513, of the Social Security Act.
2. The program is codified at 42 U.S.C. §713.
3. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR Part 75 in its entirety. No exceptions were identified.
4. Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

COST SHARING OR MATCHING (NON-FEDERAL SHARE) OF PROGRAM FUNDING

5. This program has a Maintenance of Effort (MOE) requirement per Public Law 111-148 and Title V, Section 513(a)(5), of the Social Security Act. No payment shall be made to a State from the allotment determined for the State under this subsection or to a local organization or entity awarded a grant under 513(a)(4), if the expenditure of non-federal funds by the State, organization, or entity for activities, programs, or initiatives for which amounts from allotments and grants under this subsection may be expended is less than the amount expended by the State, organization, or entity for such programs or initiatives for fiscal year 2024 (or the fiscal year amended by subsequent Public Laws).
6. MOE is a statutory requirement where the State, local organization, or entities awarded under this grant is required, as a condition of eligibility for federal funding, to maintain its financial contribution to the program. MOE must be used to supplement not supplant federal funds with existing non-federal funds. State, local organizations or entities under this grant may not replace or supplant federal funds to meet program requirements.

FINANCIAL REPORTING

7. Federal funds awarded under this grant must be expended for the purposes which they were awarded and within the time period allotted.
8. The OMB approved Financial Reporting form for this program is the Financial Federal Report SF-425. The SF-425 is due annually and no later than December 30, which is 90 days after the end of each project period.
9. Funding (project) period and obligation period. In accordance with Title V, Section 513 of the Act, this program has a 3-year project/obligation period starting the first day of the Federal Fiscal Year, October 1, for which funds were awarded and ending the last day of the second following Federal Fiscal Year, September 30. Any Federal funds not obligated by the end of the respective obligation period will be recouped by this Department.
10. Liquidation period. In accordance with 2 CFR200.344 provision, effective October 1, 2023, all obligated Federal funds awarded under this grant must be liquidated no later than 120 days after the end of the funding/obligation period. Any Federal funds not liquidated by January 30 will be recouped by this Department.
11. Submission Methodology: All periodic SF-425 financial reports for all grant programs must be submitted electronically through the Payment Management System (PMS). Recipients must not submit duplicate copies either by mail, by fax or as an email attachment of any reports submitted.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNPREP

FAIN# 2401MNPREP

Federal Award Date: April 15, 2024

12. Submission Schedule: Annual. Each annual financial report must be submitted within 90 days (i.e., no later than December 30) following the end of each Federal Fiscal Year.

- a. An interim financial report (covering Year 1 of the project period) is due 90 days following the end of Federal Fiscal Year 1;
- b. An interim financial report (covering Year 2 of the project period) is due 90 days following the end of Federal Fiscal Year 2;
- b. A final financial report (cumulative, covering the entire 3-year project period) is due 120 days following the end of Federal Fiscal Year 3.

PROGRAM REPORTING

The OMB approved Program Report form for this program is the Performance Progress Report (PPR). Semi-annual narrative program performance reports must describe the program activities carried out, including an assessment of the effectiveness of those activities in achieving the purposes of this grant. Each report covers the preceding 6-month period and is due 30 days following the end of the 2nd and 4th quarters (i.e., no later than April 30 and October 30, respectively). Electronic online program management report submission through GrantSolutions/On-line Data Outreach (OLDC) is required.

All recipients and subrecipient(s), including their implementation sites, will be required to collect and report information on program implementation and program outcomes through a common set of performance measures. This requirement applies to any community partners who agree to host a site or recruit program participants (e.g., school districts, non-profits). Recipients must collect and report on these measures approximately twice a year.

Recipients will be expected to check local and state laws, policies, and procedures to ensure that the collection of performance measures data is feasible and obtain any necessary permissions (e.g., formal agreements with partners, Institutional Review Board (IRB) approval, copies of school district approvals) to collect these data. Recipients are required to submit an IRB letter of determination within 90 days of award. Recipients are responsible for ensuring all subrecipients and implementation sites collect and submit the PREP performance measures. Recipients may develop additional indicators of program performance, as needed, including adding items to the entry or exit surveys. However, all FYSB OMB-approved items must be administered first, in the order presented in the approved survey, before any additional items are added. Any additional survey items should be added at the end of the OMB-approved survey and should not be submitted to ACF.

REAL PROPERTY AND TANGIBLE PERSONAL PROPERTY REPORTING

1. The OMB approved Real Property and Tangible Personal Property Reporting is the following:

- a. Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and renovation are not an allowable activity or expenditure under this grant.
- b. Tangible Property Report (SF-428s). The SF-428 Tangible Personal Property forms must be submitted as described in the General Terms and Conditions.

OTHER TERMS AND CONDITIONS

- 1. Have the project fully functioning and serving youth within at least 90 days following the issuance of the Notice of Award.
- 2. Formally train facilitators/educators in the evidence-based effective program model or elements of the effective program model by professionals who can provide follow-up technical assistance to facilitators.
- 3. Provide PREP programming to youth populations that are the most high-risk or vulnerable for pregnancies and sexually transmitted infections, including HIV/AIDS, or have other special circumstances including culturally underrepresented youth populations such as Hispanic, African American, or Native American youth; youth in or aging out of foster care or adjudication systems; youth who are victims of trafficking; youth who have runaway or left home without permission; youth experiencing homelessness; youth who identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ+), and other vulnerable or underserved youth populations.
- 4. Send at least two key staff persons to the 3-day Adolescent Pregnancy Prevention (APP) Program Grantee Conference held in the San Francisco, CA area in 2024, and tentatively in the Washington, DC, area in 2025. A minimum of two staff persons are to attend at least one of two topical training sessions offered each year of the project in areas such as Washington, DC; Portland, Oregon; and Boston, Massachusetts.
- 5. Collect and report on all OMB cleared federal PREP performance measures (recipient, partners and sub-recipients). PREP Performance Measures are currently approved under OMB # 0970-0497, expiration date 07/31/2026.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNPREP

FAIN# 2401MNPREP

Federal Award Date: April 15, 2024

6. For states and sub-recipients conducting local evaluations, participate in training and TA provided by the federal government and follow related guidance provided by ACF/FYSB.

7. Submit curricula and programmatic materials to FYSB, as requested, for a medical accuracy review and provide a plan to comply with making any required modifications.

EFFECTIVE PERIOD

These program-specific Supplemental Terms and Conditions are effective on the date shown in the footer at the bottom of the page and will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures or restrictions is amended, revised, altered, or repealed.

POINTS OF CONTACT

Points of contact for additional information or questions concerning either the operation of the program or related financial are:

a. Program Office:

Tecia Sellers

Program Specialist

330 C St., SW.

Washington, DC 20201

Tecia.Sellers@acf.hhs.gov

202-401-5733

b. Office Grants Management:

Manolo Salgueiro

Grants Management Officer,

330 C St., SW.

Washington, DC. 20201

Manolo.salgueiro@acf.hhs.gov

202-690-5811

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Exhibit C



Minnesota State PREP

FY2025 STATE PLAN

Sub-Award Plan

Program Overview

Minnesota's Personal Responsibility Education Program (MN PREP) is state-wide program offered through a competitive request for proposal process, designed to decrease teen pregnancy and sexually transmitted infection rates in populations experiencing the greatest disparities by increasing protective factors and decreasing risk factors. The overarching goals of this program are to decrease teen pregnancies and STI rates among participating teens, focusing on ages 15-19 years, and to increase healthy youth behaviors and life-skills in teens 10-19 years of age. This will be accomplished through the implementation of high quality, medically-accurate and evidence-based programs. MN PREP projects are implemented using a Positive Youth Development (PYD) framework as part of risk avoidance strategies to help participants build healthy life skills, develop individual protective factors that reduce risks, empower youth to make healthy decisions, and provide tools and resources to prevent pregnancy and STIs.

In the most recent subgrant cycle, Minnesota awarded PREP funding to six sub-recipients including non-profit community-based youth-serving organizations, clinics serving teens, and an alternative school. These subrecipients are Evergreen Youth & Family Services, Family Tree Clinic, Hennepin Healthcare – Between Us Program, High School for Recording Arts, Lutheran Social Services, and Minneapolis School-Based Clinics. In addition, the MN PREP

FY2025 MN PREP STATE PLAN

program contracts with the University of Minnesota Center for Healthy Youth Development to provide regular and high-quality curriculum and adulthood preparation subject training.

MN PREP subrecipients choose curricula from a Minnesota Department of Health (MDH) approved medically-accurate and evidence-based or evidence-informed curricula list, ensuring the chosen curricula are the most appropriate for their targeted populations and communities they serve. Current sub-recipients are using the following curriculum: *FLASH*, *IN-clued*, *Livelt!*, *Making Proud Choices!*, *Project MARS*, *Safer Sex Intervention (SSI)*, *Sexuality for All Abilities*, and *Teen Outreach Program (TOP)*. Subrecipients are additionally required to provide referrals to health care and other services as needs are identified, incorporate trauma-informed care in programming, and provide required supplemental information on at least 3 of the following Adult Preparation Subjects: healthy relationships, adolescent development, healthy life skills and financial literacy.

Monitoring, Training, and Technical Assistance

MDH provides ongoing monitoring of the subrecipients for both compliance with chosen MDH approved curricula and compliance with PREP program requirements. Subrecipients are required to report both federally mandated performance measures as well as process evaluation measures to the MDH on a semi-annually basis and are required to submit quarterly progress reports, quarterly invoices, and annual workplans and budgets to MDH for program monitoring. All submitted materials are reviewed by MN PREP staff at MDH prior to reimbursing quarterly invoices.

FY2025 MN PREP STATE PLAN

Fidelity monitoring consists of subrecipient fidelity monitoring logs, completed within three days of each session, and an annual subrecipient fidelity monitoring observation for each subrecipient, provided by the MN PREP program training partner, the University of Minnesota. Fidelity monitoring visits pay close attention to program quality, ensuring that programs are implemented with fidelity and medical accuracy.

MDH will continue to train subrecipients in MDH approved evidence-based and informed programs in partnership with the University of Minnesota Center for Healthy Youth Development. New staff are required to train in approved curriculum prior to implementation and returning staff are offered opportunities to brush up on skills through updated curricula trainings. Additionally, MDH ensures that information provided by subrecipients is medically accurate, evidence-based, and inclusive. Ensuring safe and supportive environments is key to the success of Minnesota's PREP program, especially among the most vulnerable youth. Skills trainings in subjects such as trauma-informed care, working with marginalized populations, Youth Mental Health First Aid, and best practices for youthwork are provided through mandatory annual trainings.

MDH provides technical assistance and skills development training through a mandatory annual in-person all subrecipient meeting/training, a mandatory annual virtual subrecipient meeting/training, optional monthly office hour meetings, and 1-on-1 technical assistance meetings. In-person and virtual trainings and monthly office hours cover relevant adolescent health topics, adulthood preparation subjects, and effective program management practices. 1-on-1 technical assistance meetings are provided to subrecipients on an as-needed basis to

FY2025 MN PREP STATE PLAN

provide support in navigating challenges and to improve performance among low-performing subrecipients.

Meaningful Youth Engagement

MDH is working to increase youth leadership and peer education as meaningful youth engagement strategies for MN PREP programming. Several subrecipients, including Lutheran Social Services and High School for Recording Arts, have begun to integrate previous graduates of their PREP programs into peer educator roles, providing successful youth-led lessons. Additionally, the training partner for the MN PREP program, the UMN-PRC, utilizes a young adult intern for the development and dissemination of the MN Adolescent Sexual Health Report each year, which reviews the most current statistics on the sexual health of Minnesota youth, including pregnancy, birth and STI statistics, trends in adolescent pregnancy and sexual behaviors, and how Minnesota measures up regionally and nationally. This young adult intern is a critical part of the analysis of the data and co-presents the data at several workshops and webinars with UMN-PRC staff. Finally, PREP grantees follow meaningful youth engagement strategies as outlined by the U.S. Department of Health & Human Services such as providing meaningful opportunities for youth to contribute to programs, setting meeting times that accommodate youth schedules, providing incentives such as reasonable snacks or meals during programming, using youth-friendly language, and regularly requesting youth feedback.

Future goals for youth engagement in PREP programming include increased support and structure for subrecipients looking to integrate peer education into their programming as well as several professional development workshops designed to train subrecipient staff on youth

FY2025 MN PREP STATE PLAN

engagement strategies and youth-equity frameworks. MDH also recently added questions to the exit surveys to collect qualitative feedback from youth participants on ways programming could be improved.

Target Population

The Minnesota Department of Health targets its PREP funding toward populations experiencing the greatest disparities in teen pregnancies and STIs including: young people of color and American Indian youth, youth in foster care or aging out of foster care, immigrant youth, youth in juvenile detention or on probation, runaway and homeless youth, lesbian, gay, bisexual, transgender, queer (LGBTQ+) youth, youth in alternative learning centers, pregnant youth who are under 21 years of age and mothers who are under 21 years of age, youth experiencing racial and ethnic disparities and inequities, and youth residing in areas with high birth rates.

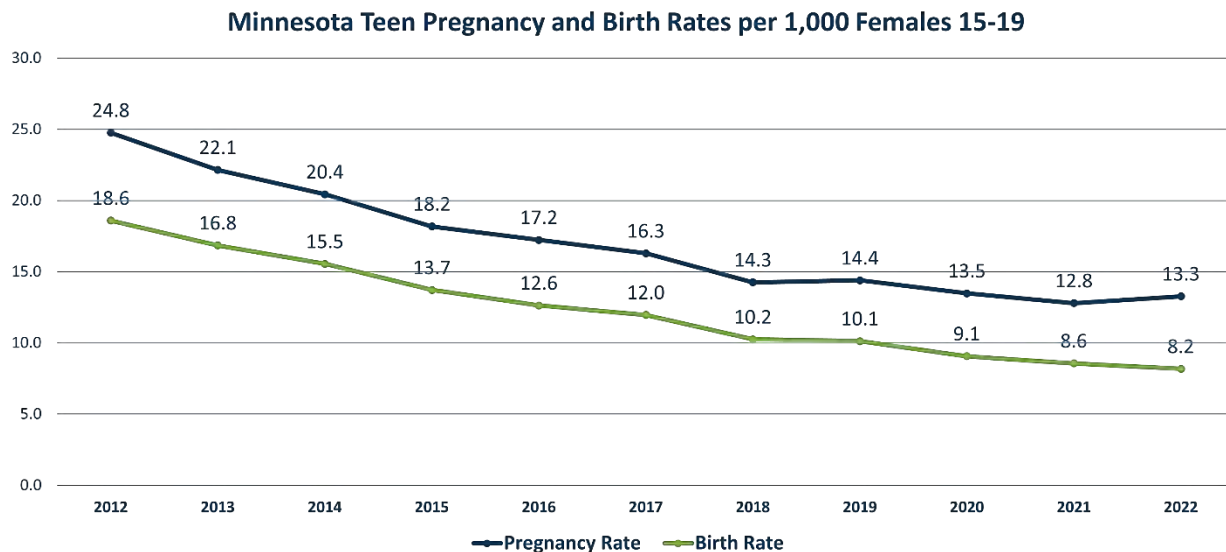
Teen Pregnancy in Minnesota

Minnesota has one of the lowest teen pregnancy and teen birth rates in the country. Both the teen pregnancy and teen birth rate (births for women ages 15-19) have continued declining to 13.3 per 1,000 and 8.2 per 1,000 respectively in 2022 (Figure 1). Minnesota remains well below the national birth rate. In 2022, the national teen birth rate was 13.6 per 1,000 women - 1.7 times higher than Minnesota's rate. As of 2021, Minnesota ranked 8th in the teen

FY2025 MN PREP STATE PLAN

birth rate nationally.¹ However, significant disparities exist by geography, race, ethnicity, and country of origin.

Figure 1.



Source: MDH, Center for Health Statistics and Centers for Disease Control and Prevention, 2023

Teen Birth Disparities Among Youth in Minnesota

Disparities in Teen Birth by Geography

The teen birth rates in Minnesota vary by a wide margin when comparing geographical locations. Of the counties with the highest teen pregnancy rates from 2018-2022, the top 20 are in greater Minnesota (Table 1). A current MN PREP subrecipient serves youth in Beltrami County, which has experienced the 5th highest rate of teen birth over five years and is above the national birth rate. While more rural areas of Minnesota are experiencing disproportionate *rates* of teen birth, six of the seven metro area counties are represented in the 10 counties with the highest

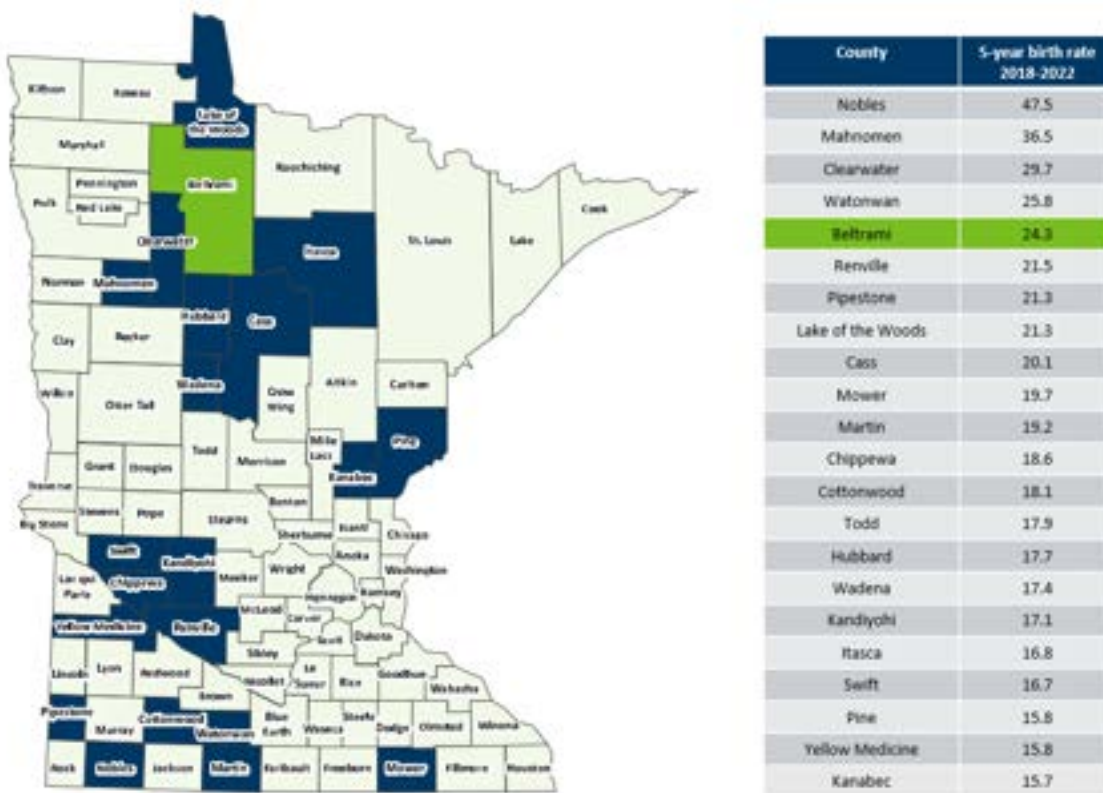
¹ Centers for Disease Control and Prevention, 2022

FY2025 MN PREP STATE PLAN

number of teen births (Table 2), where 5 current subrecipients serve youth. These 10 counties accounted for 66.3% of all teen births in the state. Regardless of where they live, youth in Minnesota deserve reproductive health resources and education.

Table 1.

Counties with the 20 highest teen birth rates per 1,000 people, 5-year average 2018-2022

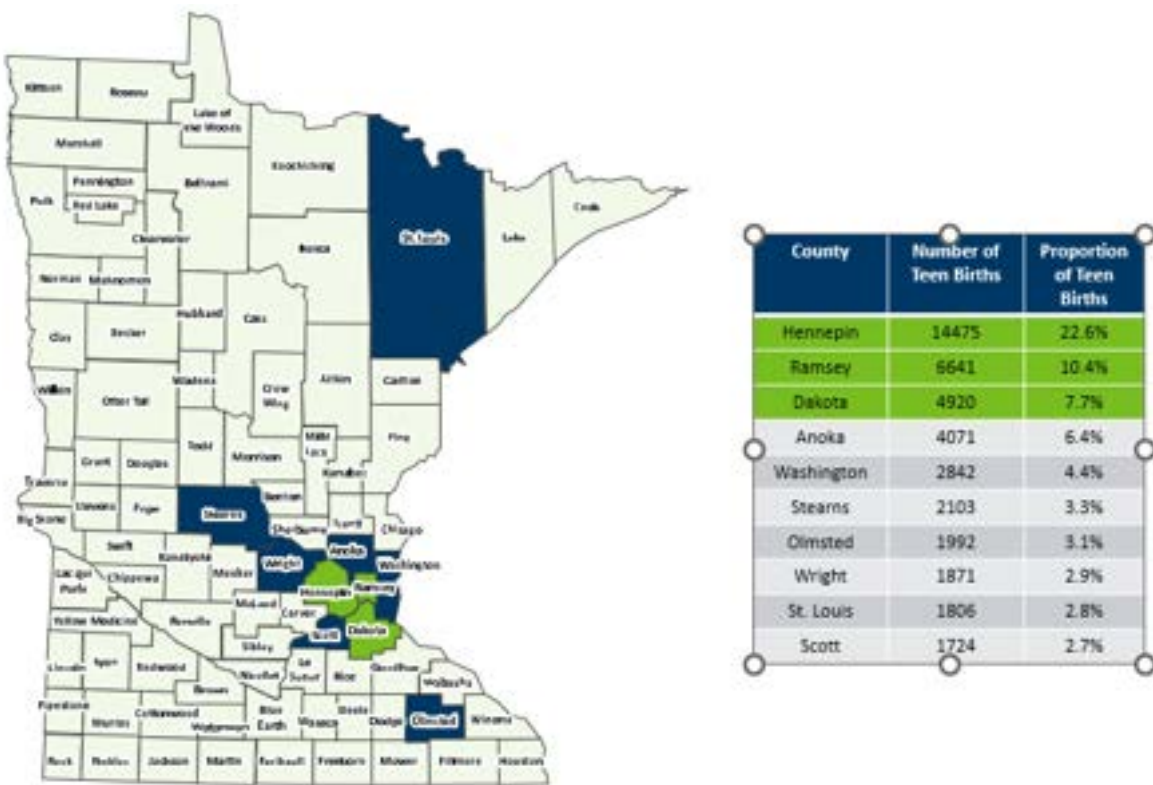


Source: MDH, Center for Health Statistics and Centers for Disease Control and Prevention, 2023

FY2025 MN PREP STATE PLAN

Table 2.

Counties with 10 highest Counts of Teen Births, 2022



Source: MDH, Center for Health Statistics, 2023

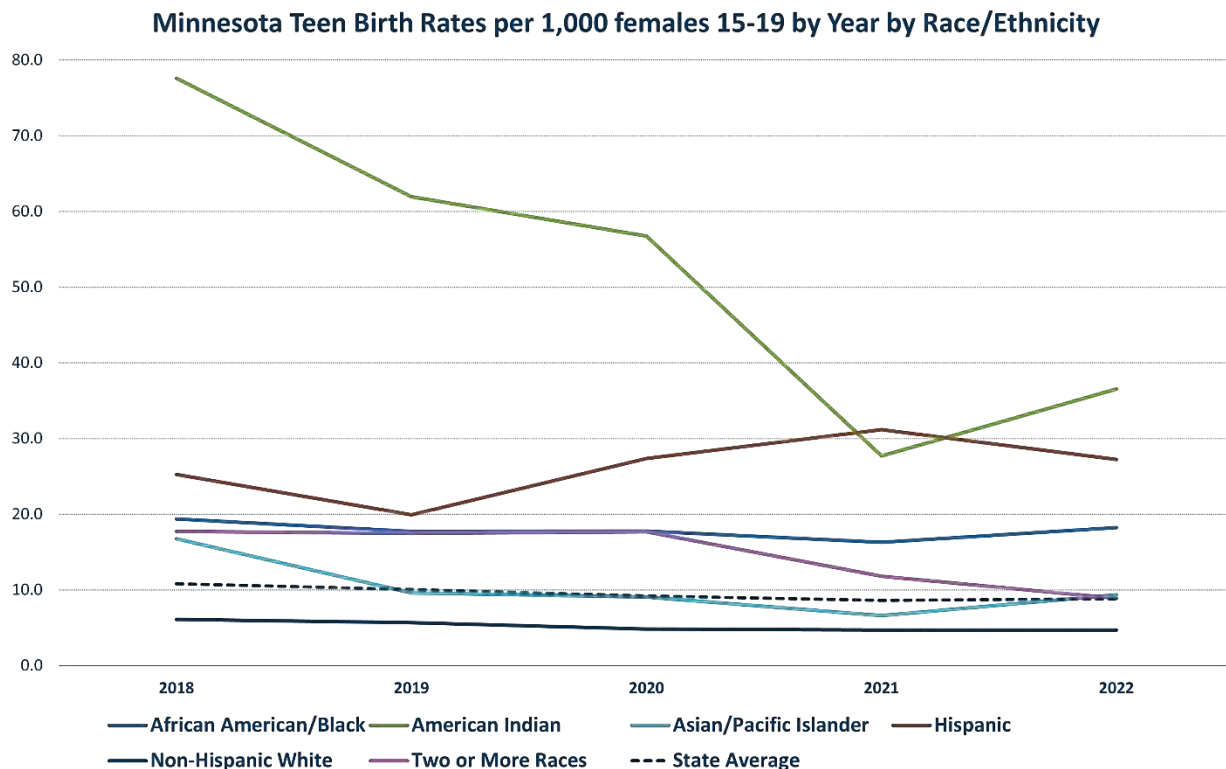
Disparities in Teen Births by Race and Ethnicity

While the gaps in racial and ethnic disparities in teen births have been decreasing in Minnesota, inequities persist (Figure 3). There were 1,496 births to mothers ages 15-19 in Minnesota in 2022. Despite the state teen birth rate of 8.2 per 1,000 in 2022, American Indian youth experienced a birth rate of 36.5 per 1,000, almost 8 times higher than their white peers. Hispanic teens experienced birth rates almost 6 times higher than their white peers at 27.2 per 1,000. African American/Black teens had a birth rate of 18.2 per 1,000, about 4 times higher than their white peers. Finally, Asian and Pacific Islander teens were also experiencing a birth rate above the state average at 9.3 per 1,000, about 2 times higher than their white peers.

FY2025 MN PREP STATE PLAN

Additionally, historic declines in the state birth rate have not been reflected equally by race and ethnicity. Between 2021 and 2022, the birth rates for American Indian, African American/Black and Asian/Pacific Islander teens increased. American Indian teens birth rates rose from 27.7 to 36.5 per 1,000 females ages 15-19, African American/Black teen birth rates rose from 16.3 to 18.2 and Asian/Pacific Islander teen birth rates rose from 6.6 to 9.3. Hispanic teen birth rates decreased between 2021 and 2022 from 31.2 to 27.2 per 1,000 females (15-19) after a few years of increases. Birth rates for teens with two or more races identified decreased from 11.8 to 8.9 per 1,000 females aged 15-19 and birth rates for non-Hispanic white teens remained steady at 4.7.

Figure 3.



Source: MDH, Center for Health Statistics, 2023

Disparities in Teen Births by Country of Origin

Minnesota is home to a large population of immigrants. Immigrants face numerous barriers to accessing healthcare, including sexual and reproductive care. A lack of culturally specific providers, a lack of translators, inefficient transportation, a lack of insurance, poverty, immigration status, and community dynamics all impact access to evidence-based sexual health education for immigrant youth. Over 11,000 female teens (15-19) in Minnesota were foreign born in 2022, making up 6% of the female teen population in Minnesota.² However, 14% of teen births in 2022 were to foreign born mothers at a rate of 19.5 per 1,000 females (15-19), almost 3 times the rate of US born mothers in Minnesota.³ Immigrant youth in Minnesota face many challenges and barriers to achieving their healthiest lives, including reproductive healthcare services and education.

Sexually Transmitted Infections Among Youth

All three reportable sexually transmitted infections (STIs)—chlamydia, gonorrhea and syphilis— continue to increase annually at the national and state level. The populations that are most severely affected by STIs include teens, young adults, gay and bisexual men, pregnant people, and racial and ethnic minority groups.⁴ In 2022, Minnesota ranked 13th nationally for chlamydia, and 16th for gonorrhea, and 17th for syphilis.⁵ For youth (ages 15-19) in Minnesota, there were 5,409 cases of chlamydia, 1,183 cases of gonorrhea, and 24 cases of syphilis (any

² United States Census Bureau, American Community Survey, 2023

³ MDH, Center for Health Statistics, 2023

⁴ Centers for Disease Control and Prevention (CDC) 2022 State of STIs

⁵ Centers for Disease Control and Prevention (CDC) 2022 STI Surveillance Report – State Ranking Tables

FY2025 MN PREP STATE PLAN

stage) diagnosed in 2023.⁶ Racial and ethnic disparities are evident in STI rates among adolescents in Minnesota as well.⁷

- Chlamydia rates were highest among African American/Black youth, followed by Hispanic youth, Asian/Pacific Islander youth, and American Indian youth.
- Chlamydia rates were 10 times higher for African American/Black youth and 4 times higher for Hispanic youth when compared to the rate of white youth.
- Gonorrhea rates were highest among African American/Black youth, followed by Hispanic youth, American Indian youth, and Asian/Pacific Islander youth.
- Gonorrhea rates were 29 times higher for African American/Black youth and 4 times higher for Hispanic youth compared to white youth.⁷

In summary, Minnesota youth and young adults are impacted by the rise in STIs in Minnesota, which includes the following:

- Despite making up 6.5% of the state population, youth (ages 15-19) accounted for 25% of chlamydia and 15% of gonorrhea cases diagnosed in Minnesota.⁷
- 72% of chlamydia or gonorrhea cases diagnosed among youth were females.⁶
- 40% of total gonorrhea or chlamydia cases in 2023 were in the Cities of Minneapolis and Saint Paul.⁶
- Persons of color continue to be disproportionately affected by STIs.⁶
- The number of new HIV cases diagnosed in youth increased 82% from 2021 to 2022.⁶

⁶ Minnesota Department of Health, STI Surveillance System, STI Surveillance Report Data Tables, 2023

⁷ University of Minnesota Healthy Youth Development Prevention Research Center, 2023 Minnesota Adolescent Health Sexual Health Report

FY2025 MN PREP STATE PLAN

With these disparities, and little improvement in Minnesota's STI numbers since 2020, in Minnesota overall, the need for high quality, medically-accurate, and evidence-based and informed programming is high. Implementing these programs will help address the rates of STIs among youth in the target communities.

Curriculum, Adulthood Preparation Subjects, and Subrecipient Implementation

Approved Curricula

The MDH PREP program reviews and publishes a list of approved evidence-based and evidence-informed curricula with each new cycle of subgrantee funding. Subrecipients are required to choose one or more of the following evidence-based or evidence-informed interventions in their PREP programming:

1. **[All 4 You! \(https://www.etr.org/ebi/programs/all4you/\)](https://www.etr.org/ebi/programs/all4you/)**

All4You! is a program to prevent HIV, STIs, and pregnancy. The program also aims to change key determinants related to sexual risk taking, such as attitudes, beliefs and perceived norms. It consists of 9 skills-based classroom lessons and 5 service-learning visits in the community.

Target Population: Youth in Alternative Schools

Age: 14-18 (High School)

Setting: In-school; Community-Based Setting

Program Duration: 26 hours/year, 14 sessions total

Cost: \$399.99

2. **[Be Proud! Be Responsible! Be Protective! \(https://www.etr.org/ebi/programs/be-proud-be-responsible-be-protective/\)](https://www.etr.org/ebi/programs/be-proud-be-responsible-be-protective/)**

Be Proud! Be Responsible! Be Protective! is a program targeting pregnant and parenting teens. The curriculum emphasizes the role of maternal protectiveness in motivating adolescents to make healthy sexual decisions and decrease risky sexual behavior. It also

FY2025 MN PREP STATE PLAN

encourages adolescents to take on sexual responsibility and accountability and increases awareness of the effects of HIV/AIDS on urban communities and their children.

Target Population: Pregnant and Parenting Teens

Age: 14-18

Setting: Community based

Program Duration: Eight 60-minute lessons

Cost: \$645.00

3. [iCuidate!](https://www.etr.org/ebi/programs/cuidate/) (<https://www.etr.org/ebi/programs/cuidate/>)

iCuidate! is a small-group, culturally based intervention designed to reduce HIV sexual risk among Latino youth. It helps Latino youth develop the knowledge, attitudes and skills to reduce their risk for HIV. Activities are designed to help teens build the skills they need to negotiate and practice abstinence and condom use. The curriculum is available in English and Spanish.

Target Population: Latino youth

Age: 13-18 (grades 8-11)

Setting: School/Community based

Program Duration: Six 60 minute lessons

Cost: \$265.00

4. [FLASH](https://kingcounty.gov/depts/health/locations/family-planning/education/FLASH.aspx) (<https://kingcounty.gov/depts/health/locations/family-planning/education/FLASH.aspx>)

FLASH is designed to prevent teen pregnancy, STIs, and sexual violence, and to increase knowledge about the reproductive system and puberty. Updated high school lessons include assessments, standards alignment, and an array of interactive and developmentally appropriate activities.

Target Population: any

Age: 14-18 (High School)

Setting: Community-based, School

Program Duration: Fifteen 50 minute lessons

Cost: \$50.00/year for online access

5. [IN-clued](https://www.etr.org/ebi/programs/in-clued/) (<https://www.etr.org/ebi/programs/in-clued/>)

The IN-clued program is an evidence-based sexual health education program designed to reduce unintended pregnancies and/or STIs among LGBTQ+ young people, ages 14-19, across the United States. This dual approach program combines LGBTQ youth-friendly health services

FY2025 MN PREP STATE PLAN

with direct relevant and inclusive sex education. It consists of a 3-hour interactive youth workshop and a 3-hour interactive workshop for health center staff and providers.

Target Population: LGBTQ+ youth

Age: 14-19

Setting: Community-Based

Program Duration: 3 hours per session, 2 sessions total

Cost: \$599.99

6. [Live It! \(https://www.diw-mn.org/health\)](https://www.diw-mn.org/health)

Live It! is a sexuality education and teen pregnancy prevention program created by the Division of Indian Work in Minneapolis, MN. Designed for American Indians by American Indians, it is a culturally specific program for youth and the adults in their lives. The curriculum details basic physiological and emotional development before, during and after adolescence, along with cultural, artistic, and self-reflective exercises.

Target Population: American Indian youth

Age: 11-18 (Middle School & High School)

Setting: Community-Based

Program Duration: 10 lessons, 1-2 hours each

Cost: To be determined, contact agency

7. [Making Proud Choices! \(https://www.etr.org/ebi/programs/making-proud-choices/\)](https://www.etr.org/ebi/programs/making-proud-choices/)

Making Proud Choices! provides adolescents with the knowledge, confidence, and skills necessary to reduce their risk of sexually transmitted diseases (STIs), HIV, and pregnancy by abstaining from sex or using condoms if they have sex. The goal of Making Proud Choices! is to empower young adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STIs, and their risk for pregnancy. Spanish-language curricula are available, and videos are presented in English with Spanish subtitles available. There are three curriculum formats from which to choose:

Making Proud Choices!

Target Population: any

Age: 12-18 (Middle School & High School)

Setting: Community-based

Program Duration: Eight 60 minute lessons

Cost: \$999.00

Making Proud Choices (Youth in Out-of-Home Care)

FY2025 MN PREP STATE PLAN

Target Population: Youth in Foster Care or Out-of-Home Placement**Age: 12-18 (Middle School & High School)****Setting: Community-based****Program Duration: Ten 75 minute lessons****Cost: \$648.00****Making Proud Choices! School Edition****Target Population: any****Age: 12-18 (Middle School & High School)****Setting: Schools****Program Duration: Fourteen 40 minute lessons****Cost: \$999.00****8. [Positive Prevention Plus \(https://positivepreventionplus.com/\)](https://positivepreventionplus.com/)**

Positive Prevention Plus is a comprehensive evidence-based sexual health and teen pregnancy prevention curriculum. There is a middle school curriculum that serves grades 7-8, while the high school curriculum serves grades 9-12 and out-of-school youth. Both curricula are aligned with the National Health Education Standards (NHES) and the National Sexuality Education Standards (NSES).

Target Population: Any**Age: 12-13 (Middle School), 14-18 (High School)****Setting: In-school; Community-Based Setting****Program Duration: 45 minute sessions, 13 lessons total (both Middle School & High School)****Cost: \$359.00****9. [Project MARS \(Motivating Adolescents to Reduce Sexual Risk\)](https://www.socio.com/products/project-mars)
 [\(https://www.socio.com/products/project-mars\)](https://www.socio.com/products/project-mars)**

MARS is an intervention targeted at reducing adolescent risky sexual behavior, particularly in contexts where alcohol or marijuana use may be involved. The MARS intervention is delivered in a motivational interviewing format; the role of the facilitator is to create an environment that will enhance the participant's inherent motivation for, commitment to, and movement towards behavior change. MARS can be targeted to the same youth as the SHARP curriculum.

Target Population: Youth in Juvenile Justice Centers**Age: 12-18****Setting: Juvenile Justice Centers, Community-Based**

FY2025 MN PREP STATE PLAN

Program Duration: One 2-hour group session

Cost: \$20/month online subscription only

10. [Safer Sex Intervention \(SSI\) \(https://www.socio.com/products/pasha-safer-sex-intervention\)](https://www.socio.com/products/pasha-safer-sex-intervention)

The overall goals of the Safer Sex Intervention (SSI) are to reduce sexual risk behaviors, increase condom use, and prevent the recurrence of sexually transmitted infections (STIs) among sexually active youth. SSI is appropriate for use in clinics or community-based organizations providing sexual health services. The intervention is administered one-on-one and face-to-face in a single 30- to 50-minute session. SSI includes booster sessions that were designed to coincide with the patient's treatment schedule.

Target Population: Sexually active, female identified or assigned female at birth, recent STI diagnosis

Age: 13-19

Setting: Clinics

Program Duration: One 30-50 minute session + brief (15 minute) booster sessions

Cost: \$20/month online subscription only

11. [Sexuality for All Abilities \(https://madhatterwellness.com/sexuality-all-abilities/\)](https://madhatterwellness.com/sexuality-all-abilities/)

Sexuality for All Abilities is a holistic program that delivers inclusive sexuality education to people of all abilities and provides staff and caregivers the tools to best support the people served. The Sexuality for All Abilities Curriculum is a series of lessons designed to ensure people of all abilities successfully establish, maintain and explore safe and healthy relationships. Using mindfulness techniques paired with sexuality topics, the lessons facilitate the exploration of topics in a safe environment.

Target Population: Youth with Intellectual/Developmental Disabilities

Age: 12-19 (Middle School & High School)

Setting: any

Program Duration: Thirteen 30-60 minute lessons

Cost: \$425 per curriculum, includes training from Mad Hatter Wellness

12. [Teen Outreach Program \(TOP\) \(https://wymancenter.org/programs/teen-outreach-program-top/\)](https://wymancenter.org/programs/teen-outreach-program-top/)

Wyman's Teen Outreach Program (TOP) promotes the positive development of adolescents through curriculum-guided, interactive group discussions; positive adult guidance and support; and community service learning. The TOP Curriculum is focused on key topics related to

FY2025 MN PREP STATE PLAN

adolescent health and development, including building social, emotional, and life skills; developing a positive sense of self; and connecting with others.

Target Population: any

Age: 12-19 (Middle School & High School)

Setting: Community-based, Schools

Program Duration: 25 weekly meetings, youth must complete 20 hours of Community Service Learning (CSL). Semester adaptation (12 weekly meetings, 10 hours of CSL) is allowed.

Cost: \$595.00

Adulthood Preparation Subjects

Most approved MN PREP curricula include additional education on adulthood preparation subjects. All approved curricula is reviewed to identify which topics are covered during a standard implementation and subrecipients must ensure that at least three of the following adulthood preparation topics are covered in their program: healthy relationships, adolescent development, healthy life skills, and financial literacy. If three of the APS topics are not covered in a subrecipient's chosen curriculum, they must provide additional education to participants (which may include additional sessions) to ensure they meet PREP requirements. Additional training on these adulthood preparation topics is provided through twice annual subrecipient meetings, monthly office hours, and 1-on-1 technical assistance.

Subrecipient Implementation

The MN PREP program plans to reach over 1,000 youth per year through subrecipient implementation. Current subrecipients are implementing the following PREP programs:

- **Evergreen Youth & Family Services:** Evergreen plans to reach 100 unduplicated youth through implementation of Teen Outreach Program with incarcerated youth. Additionally, they will implement LiveIt! with 15 youth involved in or impacted by foster care.

FY2025 MN PREP STATE PLAN

- **Family Tree Clinic:** Family Tree plans to reach 100 unduplicated youth who are involved with or at risk of becoming involved with the criminal justice system through an approved adaptation of FLASH.
- **Hennepin Healthcare – Between Us Program:** The Between Us program plans to reach 140 youth in their clinic through the Safer Sex Intervention curriculum, with an emphasis on reaching BIPOC communities. Additionally, they plan to reach 60 LGBTQ+ youth with the IN-clued curriculum.
-
- **High School for Recording Arts:** High School for Recording Arts plans to reach 100 street and urban cultured, gang involved, African American youth through implementation of Project MARS.
- **Lutheran Social Services:** Lutheran Social Services plans to reach at least 250-300 youth participants in areas of high geographic need with the Making Proud Choices! curriculum. Implementation will prioritize the needs of student populations such as LGBTQ+ youth, and immigrant and English as a Second Language learners. Additionally, LSS plans to reach 50-75 youth in developmental/intellectual disability-specific programming through implementation of the Sexuality For All Abilities curriculum.
-
- **Minneapolis School Based Clinics:** Minneapolis School Based Clinics plan to reach 50 youth in the Minneapolis Public School (MPS) system (a district with a high percentage of Black, American Indian, Youth of Color, LGBTQIA+ youth, pregnant and parenting youth) through implementation of the Safer Sex Intervention curriculum. Additionally, they plan to reach 200 youth through implementation of the FLASH curriculum in the MPS school system.

Exhibit D



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, D.C. 20201 | www.acf.hhs.gov

April 14, 2025

Terri Peaslee
Minnesota Department of Health
85 East Seventh Place
Suite 220
St. Paul, MN, 55164

RE: State Personal Responsibility Education Program 1601MNPREP

Dear Terri Peaslee:

The Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB), Division of Positive Youth Development's State Personal Responsibility Education Program (PREP) grant recipients and subrecipients are required to comply with all statutory requirements of PREP including ensuring the programs are "medically accurate and complete" and the program provides "age-appropriate" information and activities. 42 U.S.C. § 713(b)(2)(B); *see also* 45 CFR § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award); and 45 CFR § 75.364(a) (requiring grantees to provide HHS with access to any records pertinent to the Federal award).

In accordance with the terms and conditions of your State Personal Responsibility Education Program grants, you may be requested to submit curricula and programmatic materials to FYSB, for a medical accuracy review, as specified in the *Terms and Conditions, Other Terms and Conditions Section under Program Reporting and Requirements*.

This letter is to request that you submit for a medical accuracy review any current curricula and programmatic materials in use or in any way relevant to your State PREP grant. This includes both the curricula and programmatic materials you are currently implementing as well as any curricula and programmatic materials you have approved for use by subrecipients or subcontractors in your state's PREP program. Please submit these curricula and materials within three (3) business days, and no later than April 17, 2025 by 11:59 PM ET.

Instructions for submitting these curricula and materials are as follows:

- Provide electronic copies of all curricula materials and supplemental information that will be provided to facilitators and program participants, including, but not limited to:
 - Teacher Manual
 - Student Manual

- Handouts
- Video Links
- DVDs
- Brochures
- PowerPoints
- Text Messages
- Video Game Content
- Consent/Assent Forms

The purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete. A Guidance Document on the medical accuracy review process is attached to this email. Be sure to complete the attached Grantee Submission Form to identify all program materials that will be uploaded to Dropbox. It is very important this form be submitted along with your curricula. We ask that all supplemental materials be listed at the bottom of the form, separate from the curricula files.

Please email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,



Andrew Gradison

Acting Assistant Secretary
Administration for Children and Families

Enclosures:

Medical Accuracy Review Guidance Document
Grantee Submission Form

E h i b i t E



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2501MNPREP
FAIN# 2501MNPREP
Federal Award Date: August 6, 2025

Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
P. O. Box 64882

SAINT PAUL, MINNESOTA 55164 0882

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1416007162B3

5. Data Universal Numbering System (DUNS)

804887321

6. Recipient's Unique Entity Identifier

DHQVY2WCVHC5

7. Project Director or Principal Investigator

Emily McDowell

emily.mcdowell@state.mn.us

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

David Lee

Grants Management Officer

david.lee@acf.hhs.gov

202-401-5461

10. Program Official Contact Information

Debbie Powell

Deputy Associate Commissioner

ACYF - Family and Youth Services Bureau

debbie.powell@acf.hhs.gov

(202) 205 2360

Federal Award Information

11. Award Number

2501MNPREP

12. Unique Federal Award Identification Number (FAIN)

2501MNPREP

13. Statutory Authority

Section 513 of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.092

16. Assistance Listing Program Title

Personal Responsibility Education Program

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2024

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2024 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2027

\$579,451.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$921,598.00

*See Remarks

*See Remarks

End Date 09-30-2027

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

David Lee

Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2501MNPREP

FAIN# 2501MNPREP

Federal Award Date: August 6, 2025

Recipient Information

MINNESOTA DEPARTMENT OF HEALTH

P. O. Box 64882

SAINT PAUL, MINNESOTA 55164 0882

Employer Identification Number (EIN): 1416007162B3

Data Universal Numbering System (DUNS): 804887321

Recipient's Unique Entity Identifier: DHQVY2WCVHC5

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-X-1512	2025,G998U25	\$921,598.00	\$579,451.00	\$921,598.00	2501MNPREP	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Personal Responsibility Education Program. Funds are subject to the requirements of Section 513 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

Exhibit F



Federal Fiscal Year 2025

SUPPLEMENTAL TERMS and CONDITIONS

The **Standard Terms and Conditions** apply to all non-discretionary programs. These Supplemental Terms and Conditions (T&Cs) are additional requirements applicable to the program named below.

By acceptance of awards for this program, the recipient agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program.

Administration on Children, Youth, and Families (ACYF) Family and Youth Services Bureau (FYSB)

State Personal Responsibility Education Program (PREP)

Assistance Listing No. 93.092

EFFECTIVE PERIOD

The supplemental T&Cs are effective on the date shown in the footer at the bottom of the respective pages and applies to awards and award modifications that add funding which are issued on or after that date (including any supplements to awards and competing and non-competing continuation awards). For recipients of such awards, the T&Cs supersede all previous similar T&Cs and will remain in effect until updated for subsequent awards. All T&Cs will be updated and reissued, as needed.

APPLICABLE LEGISLATION, STATUTE, REGULATIONS

1. The administration of this program is authorized under Title V, [Section 513](#), of the Social Security Act (the Act).
2. The program is codified at [42 U.S.C. §713](#).
3. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards located under 2 CFR Parts [200](#) and [300](#). In accordance with 2 CFR §200.101, Applicability, this program must comply with 2 CFR 200 in its entirety. No exceptions were identified.
4. Additional applicable regulations and requirements can be found in the [ACF Standard Terms and Conditions](#).

ADDITIONAL TERM AND CONDITION

5. Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at [42 U.S.C. §713](#), does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

COST SHARING OR MATCHING (NON-FEDERAL SHARE) OF PROGRAM FUNDING

6. This program has a Maintenance of Effort (MOE) requirement per Section 513(a)(5) of the Act (42 U.S.C. §713(a)(5)). No payment shall be made from the allotment awarded under 513(a)(4), if the non-federal expenditure is less than the amount expended by the state, organization, or entity for such programs or initiatives for fiscal year 2023 (or the fiscal year amended by subsequent Public Laws).
7. MOE is a statutory requirement where the state, local organization, or entities awarded under this program is required, as a condition of eligibility for federal funding, to maintain its financial contribution to the program. MOE must be used to supplement not supplant federal funds with existing non-federal funds. State, local organizations or entities under this award may not replace or supplant federal funds to meet program requirements.

FINANCIAL REPORTING

8. Federal funds awarded under this grant must be expended for the purposes for which they were awarded and within the time period allotted.
9. The OMB approved Financial Reporting form for this program is the Federal Financial Report SF-425. The SF-425 is due annually and no later than December 30, which is 90 days after the end of each reporting period.
 - a. Submission Methodology: All periodic SF-425 financial reports for all grant programs must be submitted electronically through the Payment Management System (PMS). Recipients must not submit duplicate copies either by mail, by fax or as an email attachment of any reports submitted.
 - b. Submission Schedule: Annual. Each annual financial report must be submitted within 90 days (i.e., no later than December 30) following the end of each Federal Fiscal Year (FFY).
 - i. An interim financial report (covering Year 1 of the project period) is due 90 days following the end of Federal Fiscal Year 1.
 - ii. An interim financial report (covering Year 2 of the project period) is due 90 days following the end of the Federal Fiscal Year 2.
 - iii. A final financial report (cumulative, covering the entire 3-year project period) is due 120 days following the end of Federal Fiscal Year 3.
10. Obligation Deadline:
 - a. In accordance with [Section 503\(b\)](#) of the Act (42 U.S.C. §703(b)), the State Personal Responsibility Education program has a 3-year project/obligation period starting from the first day of the FFY for which these funds were awarded through the last day of the next FFY. (i.e., October 1, Federal Fiscal Year 1 through September 30, Federal Fiscal Year 3). Any Federal funds not obligated by the end of the obligation period will be recouped by this Department.
11. Liquidation Deadline:
 - a. In accordance with 2 CFR § 200.344(b), a recipient must liquidate all obligations incurred under the award no later than 120 days after the end of the funding/obligation period (i.e., December 30 following the end of Federal Fiscal Year 3). Any Federal funds from this award not liquidated by this date will be recouped by this Department.

PROGRAM REPORTING AND REQUIREMENTS

12. The OMB approved Program Report form for this program is the Performance Progress Report (PPR). Semi-annual narrative program performance reports must describe the program activities carried out, including an assessment of the effectiveness of those activities in achieving the purposes of this award. Each report covers the preceding 6-month period and is due 30 days following the end of the 2nd and 4th quarters (i.e., no later than April 30 and October 30, respectively). Please refer to the general terms and conditions for electronic submission guidance.
13. All recipients and subrecipient(s), including their implementation sites, will be required to collect and report information on program implementation and program outcomes through a common set of performance measures. This requirement applies to any community partners that agree to host a site or recruit program participants (e.g., school districts, non-profits). Recipients must collect and report on these measures twice a year.
14. Recipients will be expected to check local and state laws, policies, and procedures to ensure that the collection of performance measures data is feasible and obtain any necessary permissions (e.g., formal agreements with partners, Institutional Review Board (IRB) approval, copies of school district approvals) to collect these data. Recipients are responsible for ensuring all subrecipients and implementation sites collect and submit the PREP performance measures. Recipients may develop additional indicators of program performance, as needed, including adding items to the entry or exit surveys. However, all FYSB OMB-approved items must be administered first, in the order presented in the approved survey, before any additional items are added. Any additional survey items should be added at the end of the OMB-approved survey and should not be submitted to ACF.
15. Additional program conditions:
 - a. Have the project fully functioning and serving youth within at least 90 days following the issuance of the Notice of Award.
 - b. Formally train facilitators/educators in the evidence-based effective program model or elements of the effective program model by professionals who can provide follow-up technical assistance to facilitators.
 - c. Provide PREP programming to youth populations who are the most high-risk or vulnerable for pregnancies and sexually transmitted infections, including HIV/AIDS, youth in or aging out of foster care or adjudication systems; youth who are victims of trafficking; youth who have runaway or left home without permission; youth experiencing homelessness; and other vulnerable or underserved youth populations.
 - d. Send at least two key staff persons to the Adolescent Pregnancy Prevention (APP) Program Grantee Training if held during the project period. A minimum of two staff persons are to attend at least one of two topical training sessions offered each year of the project in areas such as Washington, DC; Phoenix, AZ; and Boston, MA.
 - e. Collect and report on all OMB cleared federal PREP performance measures (recipient, partners, and subrecipients). PREP Performance Measures are currently approved under OMB # 0970-0497, expiration date 07/31/2026.
 - f. For states and subrecipients conducting local evaluations, participate in training and TA provided by the federal government and follow related guidance provided by ACF/FYSB.
 - g. Submit curricula and programmatic materials to FYSB, as requested, for a medical accuracy review and provide a plan to comply with making any required modifications.

PROPERTY REPORTING

16. The OMB approved property reporting forms are the following:
- h. Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under this program. For more information, see the ACF Standard Terms and Conditions.
 - i. Tangible Property Report (SF-428s). The SF-428 Tangible Personal Property forms must be submitted as described in the Standard Terms and Conditions.

POINTS OF CONTACT

17. Points of contact for additional information or questions concerning either the operation of the program or related financial matters can be found on the Notice of Award.
- a. Program Office:
Sierra Baker
Program Specialist
330 C St., SW.
Washington, DC 20201
Sierra.Baker@acf.hhs.gov
202-401-4663
 - b. Office Grants Management:
David Lee
Grants Management Officer
330 C St., SW.
Washington, DC. 20201
David%20Lee@acf.hhs.gov
202-401-5461

Exhibit G



Tuesday, August 26, 2025

Ms. Emily McDowell, PREP/SRAE Grant Manager
Minnesota Department of Health
625 Robert Street North
St. Paul, MN 55164

RE: State Personal Responsibility Education Program grants for Fiscal Years 2023 (#2301MNPREP), 2024 (#2401MNPREP), and 2025 (#2501MNPREP).

Dear Ms. McDowell:

On April 14, 2025, the Administration for Children and Families (ACF) requested that Minnesota provide current curricula and programmatic materials in use or in any way relevant to your state Personal Responsibility Education Program (PREP) grant for a medical accuracy review in accordance with the Terms and Conditions of the grant. We appreciate your timely response to ACF's request.

While preparing Minnesota's PREP content for the medical accuracy review, ACF identified content in the curricula and other program materials that fall outside of the scope of PREP's authorizing statute at 42 U.S.C. § 713. Specifically, the following subjects and language are outside the scope of the authorizing statute and all references to it must be removed from Minnesota's PREP curricula and program materials:¹

In Clued, In-Person Youth Curriculum

- Page 5: "Introductions and Warm-Up: Facilitators introduce themselves, the IN·clued workshop agenda and Essential Questions, and facilitate participant

¹ ACF initiated a medical accuracy review to determine if Minnesota's approach to biological sex in its PREP curricula is medically accurate and in compliance with the program statute and the terms and conditions of the award. In preparing the materials that we received, we saw that the curricula include gender ideology which is not authorized by the statute. As per this letter, Minnesota will need to remove this content from its PREP curricula and program materials. In light of this, we are changing our planned course of action and are no longer conducting a review for medical accuracy because the content that we were going to review for medical accuracy is outside of the subjects that are statutorily authorized in this program.

introductions. Participants commit to group agreements to maximize physical, emotional, and psychological safety during the learning experience. The Peer Educators read a welcoming poem depicting diverse sexual and gender identities to create a supportive environment for workshop participants. Participants spend time exploring their IN·cluded zines.”

- Page 13: “Gather everybody’s attention and thank participants for being there. Introduce yourself with your name, pronouns (if you wish), your role, and why you care about LGBTQ+ sexual health. Introduce the purpose of the workshop.

‘We want to thank everybody for taking the time to be here today—we’re really excited to be working with you for the next few hours, and are grateful to be with you in this space. IN·cluded is a program just for LGBTQ+ youth to learn about how to get the sexual health information and services they need and have the right to. We know that sometimes lesbian, gay, bisexual, transgender, and queer or questioning young people don’t have access to information and services that is for them. That’s why we’re here, to spend some time together talking about LGBTQ+ sexual healthcare in particular.’”

- Page 24: “It’s not because this is the only way to have sex or the right way to have sex. Sex is often defined this way because our society is heteronormative; meaning that heterosexual/cisgender is considered the norm. It doesn’t usually acknowledge genderqueer, non-binary, intersex, or transgender identities. It also assumes that sex is only for reproduction and leaves out any conversation about pleasure. This biased perspective shapes the messages and information we get about sex in school, from the media, and even from our friends and family. And it often leads to incomplete and inaccurate information. But we know that ‘sex’ is so much more than penis-in-vagina intercourse, and we know there are many more identities out there than heterosexual and cisgender!”

Live IT, Second Edition, Facilitator’s Manual

- Page 22: “Two-spirited people were held in high regard, and they decided which of the female or male societies they joined and were respectfully included in the discussion regardless of gender of the society (i.e. male joining the female society or female joining the male society).

European contact and the US Government interrupted and banned our way of life, our family systems, our clans, our ceremonies, and our societies thereby bringing new ways of talking about and viewing sex, sexuality, and relationships. These topics began to be influenced by religion, shame and guilt. Soon many of our people adopted the religion and left behind the ways of life that insured the development of healthy, balanced human beings. Giving up our way of life was not voluntary. To continue our way of life, our family systems, our clans, our ceremonies, and our societies meant negative governmental consequences that impacted our families and our communities.”

- Page 32: “Settler colonialism is a distinct type of colonialism that functions through the replacement of indigenous populations with an invasive settler society. Settler colonialism ‘destroys to replace.’ Their goal was to gain total control and possession of the land. It is a structural system, not an event in history. In this sense, settler colonialism does not ever ‘end.’ As a result, Indigenous People’s entire societies, lifeways, languages, cultures, and connection to lands were almost completely destroyed. Indigenous life and society was replaced with European lifeways, including heteropatriarchal gender roles. Heteropatriarchal means the dominance by the heterosexual and patriarchy, or, in other words, cisgendered white men. Settler colonialism erased Indigenous lifeways and replaced them with Western Culture, including ways in which we view gender and relationships among humans. Colonization resulted in forced assimilation to heteropatriarchal gender norms that continue to oppress and erase Indigenous Two-Spirit and LGBTQ+ peoples. Tribal communities have been forced to define human relationships based on this heteropatriarchal gender normativity, which has resulted in the oppression of gender and sexual identities that don’t fit this norm.”

Making Proud Choices! 5th Edition, Curriculum Manual

- Page 36 (Module 1, Activity B Procedure): “Facilitator’s Note: Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus “outing” themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don’t always line up with what observers might expect based on a person’s perceived biological sex. The simple act of requesting pronouns sends the message that transgender and gender nonconforming youth are welcome and respected in the group.”
- Pages 39-40 (Module 1, Activity C Procedure): “**Respect diversity:** Let’s keep in mind that there’s diversity in society and in the group. Individuals come from different family backgrounds, different racial and cultural groups and different living situations. Some young people have already had romantic relationships; others aren’t even thinking about it. Some have had sexual intercourse. Some have had sex because they choose to; other’s may have had sex against their will. Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender.

Young people may express themselves in ways that don’t conform with their biological sex. There are many ways that youth can express their gender identity. .

..

Define terms related to diversity as needed.

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

Gender identity is peoples' inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn't fit these labels. It may be the same as (cisgender) or different from (transgender) the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics."

Sexuality for All Abilities, 2nd Edition, Instructor Manual

- Page 91: "Key Messages:
 - Gender is how you feel. Some people identify as she, he or they. Some people have other ways of identifying.
 - Sometimes a person's gender identity doesn't match the gender that caregivers assign them.
 - Sometimes a person's gender expression also doesn't match their assigned gender.
 - In our society, we have stereotypes of what it means to be a man or a woman. Many people do not fit into this stereotype because we are all different, and that is okay."

Teen Outreach Program (TOP), 2nd Edition

- LAM SI-F1, "This Is Me. Who Are You?" page 94: "Our identity, or how we see ourselves, includes many different things, such as our race/ethnicity, nationality, culture, religious affiliation, age, gender, sexuality, roles (Ex: athlete, big sister, etc.), personality traits and interests."
- LAM-HW-F1, Facilitator Resource, "Frequently Asked Questions," page 148:

"Why would someone with a penis not identify as a boy/man? Why would someone with a vulva not identify as a girl/woman?"

When we use body parts to describe people, we're talking about "biological sex," or sex assigned at birth, which is different than gender. Gender is how people identify and express themselves. Transgender people are people whose gender identity is different from their biological sex or sex assigned at birth. Gender non-conforming and non-binary people are people whose gender identities are not exclusively either boy/man or girl/woman. However someone identifies, they should feel safe, respected and included in TOP."

The “purpose” of a PREP grant award is for states to “carry out personal responsibility education programs consistent with this subsection.” 42 U.S.C. § 713(b)(1). The statute defines PREP as “a program that is designed to educate adolescents on -- (i) both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, consistent with the requirements of subparagraph (B); and (ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).” 42 U.S.C. § 713(b)(2).

The statute includes no mention of gender ideology, which is both irrelevant to teaching abstinence and contraception and unrelated to any of the adult preparation subjects described in section 713(b)(2)(C).² The statute neither requires, supports nor authorizes teaching students that gender identity is distinct from biological sex or that boys can identify as girls and vice versa; thus, gender ideology is outside the scope of the authorizing statute and any expenditures associated with gender ideology are not allowable, reasonable, or allocable to the PREP grant. See 45 C.F.R. §§ 75.403-405.

We are aware that these curricula and other program materials were previously approved by ACF. However, the prior administration erred in allowing PREP grants to be used to teach students gender ideology because that approval exceeded the agency’s authority to administer the program consistent with the authorizing legislation as enacted by Congress. Minnesota’s current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified. 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). ACF 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.

Therefore, ACF instructs Minnesota to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter and provide a copy of the modified materials to ACF for approval.

The content flagged on the pages of this letter provides examples of gender ideology content that does not adhere to the PREP statute;³ Minnesota is directed to remove these

² 42 U.S.C. § 713(b)(2)(C) lists the following adult preparation subjects: “(i) Healthy relationships, including marriage and family interactions; (ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects; (iii) Financial literacy; (iv) Parent-child communication; (v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity; (vi) Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.”

³ We are not setting forth all of the problematic language in this letter but are providing a general description and examples so that you understand what needs to be removed from the curricula and program materials. If you have any questions about whether language needs to be removed, please contact the Federal Project Officer, Chéri Thompson at Cheri.Thompson@acf.hhs.gov.

and all similar language throughout their curricula and program materials. Should Minnesota fail to make the appropriate modifications to its PREP curricula and program materials, ACF may take additional enforcement action. See 45 C.F.R. § 75.371 (allowing HHS to withhold, disallow, suspend, or terminate Federal awards if imposing additional conditions on a grantee does not cure noncompliance).

Thank you for your attention to this matter. Please submit the modified curricula and materials by uploading to the Dropbox links previously provided to you within sixty (60) days, and no later than **Monday, October 27, 2025**, at 11:59 pm. You may email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,

A handwritten signature in black ink that reads "Andrew K. Gradison". The signature is written in a cursive style with a large, stylized 'A' and 'G'.

Andrew Gradison
Acting Assistant Secretary
Administration for Children and Families

Exhibit H



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2401MNSRAE
FAIN# 2401MNSRAE
Federal Award Date: December 22, 2023

Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
85 East Seventh Place
Suite 220

ST PAUL, MINNESOTA 55164

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1416007162B3

5. Data Universal Numbering System (DUNS)

804887321

6. Recipient's Unique Entity Identifier

DHQVY2WCVHC5

7. Project Director or Principal Investigator

Judy Edwards

judy.edwards@state.mn.us

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Manolo Salgueiro

Supervisory Grants Management Specialist

manolo.salgueiro@acf.hhs.gov

202-690-5811

10. Program Official Contact Information

Jerry Milner

Program Authorizing Official

ACYF - Family and Youth Services Bureau

Milner.Jerry@acf.hhs.gov

111-111-1111

Federal Award Information

11. Award Number

2401MNSRAE

12. Unique Federal Award Identification Number (FAIN)

2401MNSRAE

13. Statutory Authority

The Bipartisan Budget Act of 2018, Title V, Section 2954, Public Law 113-93, 42 US Code 710

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.235

16. CFDA Program Title

Sexual Risk Avoidance Education (SRAE)

17. Award Action Type

New

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2023

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2023 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2025

\$129,007.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$129,007.00

*See Remarks

*See Remarks

End Date 09-30-2025

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Manolo Salgueiro

Footnotes

Supervisory Grants Management Specialist

This award funding is under a Continuing Resolution and issued based on available available funding.



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2401MNSRAE
FAIN# 2401MNSRAE
Federal Award Date: December 22, 2023

Recipient Information

MINNESOTA DEPARTMENT OF HEALTH
85 East Seventh Place
Suite 220
ST PAUL, MINNESOTA 55164

Employer Identification Number (EIN): 1416007162B3

Data Universal Numbering System (DUNS): 804887321

Recipient's Unique Entity Identifier: DHQVY2WCVHC5

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u> <u>Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-24-1512	2024,G990597	\$659,724.00	\$129,007.00	\$129,007.00	2401MNSRAE	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: December 22, 2023

Title V State SRAE Terms and Conditions
FY2024

By acceptance of this award the grantee agrees to comply with the General Terms and Conditions and the additional requirements below applicable to this program.

Administration on Children, Youth, and Families (ACYF)
Family and Youth Services Bureau (FYSB)

TITLE V STATE SEXUAL RISK AVOIDANCE EDUCATION PROGRAM
Catalog of Federal Domestic Assistance (CFDA) Program No. 93.235

APPLICABLE LEGISLATION, STATUTE, REGULATIONS

1. The administration of this program is authorized under Title V, Section 510, of the Social Security Act.
2. The program is codified at 42 U.S.C. §710.
3. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR 75 in its entirety. No exceptions were identified.
4. Additional applicable regulations and Requirements, can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

NON-FEDERAL SHARE OF PROGRAM FUNDING
N/A

The statute for State SRAE does not require a match.

FINANCIAL MANAGEMENT AND REPORTING

5. Federal funds awarded under this grant must be expended for the purposes for which they were awarded and within the time period allotted.
6. Funding (Project) Period / Obligation Deadline. The funding (project) period and the obligation period are synonymous. Sexual Risk Avoidance Education funds are available for obligation for a 2 year period - from the first day of the Federal Fiscal Year for which these funds were awarded through the last day of the next Federal Fiscal Year. (i.e., October 1, Federal Fiscal Year 1 through September 30, Federal Fiscal Year 2.) Any Federal funds not obligated by the end of the obligation period will be recouped by this Department.
6. Liquidation Deadline. In accordance with Federal regulations at 45 CFR 75.309(b), A grantee must liquidate all obligations incurred under the award no later than 120 days after the end of the funding/obligation period (i.e., January 30 following the end of Federal Fiscal Year 2. Any Federal funds from this award not liquidated by this date will be recouped by this Department.
8. Financial Reporting Form: The OMB approved Financial Reporting form for this program is the Federal Financial Report SF-425. The SF-425 is due annually and no later than December 30, which is 90 days after the end of each fiscal year.
9. Submission Methodology: All periodic SF-425 financial reports for all grant programs must be submitted electronically through the Payment Management System (PMS). Recipients must not submit duplicate copies either by mail, by fax or as an email attachment of any reports submitted.
10. Submission Schedule: Annual. Each annual financial report must be submitted within 90 days (i.e., no later than December 30) following the end of each Federal Fiscal Year.
 - a. An interim financial report (covering Year 1 of the project period) is due 90 days following the end of Federal Fiscal Year 1;
 - b. A final financial report (cumulative, covering the entire 2-year project period) is due 120 days following the end of Federal Fiscal Year 2.

PROGRAM MANAGEMENT REPORTS



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: December 22, 2023

The OMB approved Program Report form for this program is the Performance Progress Report (PPR). Semi-annual narrative program performance reports must describe the program activities carried out, including an assessment of the effectiveness of those activities in achieving the purposes of this grant. Each report covers the preceding 6-month period and is due 30 days following the end of the 2nd and 4th quarters (i.e., no later than April 30 and October 30, respectively). Electronic online program management report submission through GrantSolutions/OLDC is required.

All recipients and sub-recipient(s), including their implementation sites, will be required to collect and report information on program implementation and program outcomes through a common set of performance measures. This requirement applies to any community partners who agree to host a site or recruit program participants (e.g., school districts, non-profits).

SRAE performance measures will be distributed to funded recipients, who will be required to collect and report on these measures approximately twice a year. ACF has defined measures at the recipient, provider, and program levels.

Recipients will be expected to check local and state laws, policies, and procedures to ensure that the collection of performance measures data is feasible and obtain any necessary permissions (e.g., formal agreements with partners, Institutional Review Board (IRB) approval, copies of school district approvals) to collect these data. Recipients are required to submit an IRB letter of determination within 90 days of award. Recipients are responsible for ensuring all subrecipients and implementation sites collect and submit the SRAE performance measures. Recipients may develop additional indicators of program performance, as needed, including adding items to the entry or exit surveys. However, all FYSB OMB-approved items must be administered first, in the order presented in the approved survey, before any additional items are added. Any additional survey items should be added at the end of the OMB-approved survey and should not be submitted to ACF.

REAL PROPERTY AND TANGIBLE PERSONAL PROPERTY REPORTING

1. The OMB approved Real Property and Tangible Personal Property Reporting is the following:

- a. Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and renovation are not an allowable activity or expenditure under this grant.
- b. Tangible Property Report (SF-428s). The SF-428 Tangible Personal Property forms must be submitted as described in the General Terms and Conditions.

OTHER TERMS AND CONDITIONS

1. Have the project fully functioning and serving youth within at least 90 days following the issuance of the Notice of Award.
2. Formally trained facilitators/educators in the evidence-based effective program model or elements of the effective program model by professionals who can provide follow-up technical assistance to facilitators.
3. Provide SRAE programming to vulnerable youth populations to include, but not limited to, the following: youth living in under-resourced regions and areas with high rates of teen births and STIs; culturally underrepresented youth populations, especially Hispanic, African American, or Native American teenagers; youth in or aging out of foster care or adjudication systems; youth who are victims of trafficking; youth who have runaway or left home without permission; youth experiencing homelessness; youth who identify as lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual, and two-spirit (LGBTQIA2S+); and other vulnerable or underserved youth populations.
4. Send at least two key staff persons to the 3-day Adolescent Pregnancy Prevention (APP) Program Grantee Conference held in San Francisco, California in 2024 with the location to be determined for 2025. A minimum of two staff persons are to attend at least one of two topical training sessions offered each year of the project in areas such as Washington, DC; Portland, Oregon; and Boston, Massachusetts.
5. Collect and report on all OMB cleared federal SRAE performance measures (recipients, partners and sub-recipients). SRAE Performance Measures are currently approved under OMB # 0970-0536, expiration date 01/31/2024.
6. For states and sub-recipients conducting local evaluations, participate in training and TA provided by the federal government and follow related guidance provided by ACF/FYSB.
7. Submit curricula and programmatic materials to FYSB for a medical accuracy review and provide a plan to comply with making any required modifications.
8. Agree to participate in the National Evaluation, if selected.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: December 22, 2023

EFFECTIVE PERIOD

These program-specific Supplemental Terms and Conditions are effective on the date shown in the footer at the bottom of the page and will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures or restrictions is amended, revised, altered, or repealed.

POINTS OF CONTACT

Points of contact for additional information or questions concerning either the operation of the program or related financial are:

a. Program Office
MeGan Hill
Program Specialist
330 C Street, S.W.
Washington, D.C. 20201
E-mail: megan.hill@acf.hhs.gov
Phone: (301) 348-3565

b. Office of Grants Management
Trang Le
Grant Management Specialist
330 C Street, S.W.
Washington, D.C. 20201
E-mail: trang.le@acf.hhs.gov
Phone: (202) 690-7053

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Exhibit I



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2401MNSRAE
FAIN# 2401MNSRAE
Federal Award Date: April 12, 2024

Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
85 East Seventh Place
Suite 220

ST PAUL, MINNESOTA 55164

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1416007162B3

5. Data Universal Numbering System (DUNS)

804887321

6. Recipient's Unique Entity Identifier

DHQVY2WCVHC5

7. Project Director or Principal Investigator

Emily McDowell
Project Director
emily.mcdowell@state.mn.us

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Manolo Salgueiro
Supervisory Grants Management Specialist
manolo.salgueiro@acf.hhs.gov
202-690-5811

10. Program Official Contact Information

Jerry Milner
Program Authorizing Official
ACYF - Family and Youth Services Bureau
Milner.Jerry@acf.hhs.gov
111-111-1111

Federal Award Information

11. Award Number

2401MNSRAE

12. Unique Federal Award Identification Number (FAIN)

2401MNSRAE

13. Statutory Authority

The Bipartisan Budget Act of 2018, Title V, Section 2954, Public Law 113-93, 42 US Code 710

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.235

16. CFDA Program Title

Sexual Risk Avoidance Education (SRAE)

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2023

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2023 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2025

\$530,717.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$659,724.00

*See Remarks

*See Remarks

End Date 09-30-2025

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Manolo Salgueiro

Footnotes

Supervisory Grants Management Specialist

The funding included in this action is the remainder of the initial estimated allocation for the 2024 SRAE program.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: April 12, 2024

Recipient Information

MINNESOTA DEPARTMENT OF HEALTH

85 East Seventh Place

Suite 220

ST PAUL, MINNESOTA 55164

Employer Identification Number (EIN): 1416007162B3

Data Universal Numbering System (DUNS): 804887321

Recipient's Unique Entity Identifier: DHQVY2WCVHC5

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-24-1512	2024,G990597	\$659,724.00	\$530,717.00	\$659,724.00	2401MNSRAE	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: April 12, 2024

Title V State SRAE Terms and Conditions
FY2024

By acceptance of this award the grantee agrees to comply with the General Terms and Conditions and the additional requirements below applicable to this program.

Administration on Children, Youth, and Families (ACYF)
Family and Youth Services Bureau (FYSB)

TITLE V STATE SEXUAL RISK AVOIDANCE EDUCATION PROGRAM
Catalog of Federal Domestic Assistance (CFDA) Program No. 93.235

APPLICABLE LEGISLATION, STATUTE, REGULATIONS

1. The administration of this program is authorized under Title V, Section 510, of the Social Security Act.
2. The program is codified at 42 U.S.C. §710.
3. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR 75 in its entirety. No exceptions were identified.
4. Additional applicable regulations and Requirements, can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

NON-FEDERAL SHARE OF PROGRAM FUNDING
N/A

The statute for State SRAE does not require a match.

FINANCIAL MANAGEMENT AND REPORTING

5. Federal funds awarded under this grant must be expended for the purposes for which they were awarded and within the time period allotted.
6. Funding (Project) Period / Obligation Deadline. The funding (project) period and the obligation period are synonymous. Sexual Risk Avoidance Education funds are available for obligation for a 2 year period - from the first day of the Federal Fiscal Year for which these funds were awarded through the last day of the next Federal Fiscal Year. (i.e., October 1, Federal Fiscal Year 1 through September 30, Federal Fiscal Year 2.) Any Federal funds not obligated by the end of the obligation period will be recouped by this Department.
6. Liquidation Deadline. In accordance with Federal regulations at 45 CFR 75.309(b), A grantee must liquidate all obligations incurred under the award no later than 120 days after the end of the funding/obligation period (i.e., January 30 following the end of Federal Fiscal Year 2. Any Federal funds from this award not liquidated by this date will be recouped by this Department.
8. Financial Reporting Form: The OMB approved Financial Reporting form for this program is the Federal Financial Report SF-425. The SF-425 is due annually and no later than December 30, which is 90 days after the end of each fiscal year.
9. Submission Methodology: All periodic SF-425 financial reports for all grant programs must be submitted electronically through the Payment Management System (PMS). Recipients must not submit duplicate copies either by mail, by fax or as an email attachment of any reports submitted.
10. Submission Schedule: Annual. Each annual financial report must be submitted within 90 days (i.e., no later than December 30) following the end of each Federal Fiscal Year.
 - a. An interim financial report (covering Year 1 of the project period) is due 90 days following the end of Federal Fiscal Year 1;
 - b. A final financial report (cumulative, covering the entire 2-year project period) is due 120 days following the end of Federal Fiscal Year 2.

PROGRAM MANAGEMENT REPORTS



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: April 12, 2024

The OMB approved Program Report form for this program is the Performance Progress Report (PPR). Semi-annual narrative program performance reports must describe the program activities carried out, including an assessment of the effectiveness of those activities in achieving the purposes of this grant. Each report covers the preceding 6-month period and is due 30 days following the end of the 2nd and 4th quarters (i.e., no later than April 30 and October 30, respectively). Electronic online program management report submission through GrantSolutions/OLDC is required.

All recipients and sub-recipient(s), including their implementation sites, will be required to collect and report information on program implementation and program outcomes through a common set of performance measures. This requirement applies to any community partners who agree to host a site or recruit program participants (e.g., school districts, non-profits).

SRAE performance measures will be distributed to funded recipients, who will be required to collect and report on these measures approximately twice a year. ACF has defined measures at the recipient, provider, and program levels.

Recipients will be expected to check local and state laws, policies, and procedures to ensure that the collection of performance measures data is feasible and obtain any necessary permissions (e.g., formal agreements with partners, Institutional Review Board (IRB) approval, copies of school district approvals) to collect these data. Recipients are required to submit an IRB letter of determination within 90 days of award. Recipients are responsible for ensuring all subrecipients and implementation sites collect and submit the SRAE performance measures. Recipients may develop additional indicators of program performance, as needed, including adding items to the entry or exit surveys. However, all FYSB OMB-approved items must be administered first, in the order presented in the approved survey, before any additional items are added. Any additional survey items should be added at the end of the OMB-approved survey and should not be submitted to ACF.

REAL PROPERTY AND TANGIBLE PERSONAL PROPERTY REPORTING

1. The OMB approved Real Property and Tangible Personal Property Reporting is the following:

- a. Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and renovation are not an allowable activity or expenditure under this grant.
- b. Tangible Property Report (SF-428s). The SF-428 Tangible Personal Property forms must be submitted as described in the General Terms and Conditions.

OTHER TERMS AND CONDITIONS

1. Have the project fully functioning and serving youth within at least 90 days following the issuance of the Notice of Award.
2. Formally trained facilitators/educators in the evidence-based effective program model or elements of the effective program model by professionals who can provide follow-up technical assistance to facilitators.
3. Provide SRAE programming to vulnerable youth populations to include, but not limited to, the following: youth living in under-resourced regions and areas with high rates of teen births and STIs; culturally underrepresented youth populations, especially Hispanic, African American, or Native American teenagers; youth in or aging out of foster care or adjudication systems; youth who are victims of trafficking; youth who have runaway or left home without permission; youth experiencing homelessness; youth who identify as lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual, and two-spirit (LGBTQIA2S+); and other vulnerable or underserved youth populations.
4. Send at least two key staff persons to the 3-day Adolescent Pregnancy Prevention (APP) Program Grantee Conference held in San Francisco, California in 2024 with the location to be determined for 2025. A minimum of two staff persons are to attend at least one of two topical training sessions offered each year of the project in areas such as Washington, DC; Portland, Oregon; and Boston, Massachusetts.
5. Collect and report on all OMB cleared federal SRAE performance measures (recipients, partners and sub-recipients). SRAE Performance Measures are currently approved under OMB # 0970-0536, expiration date 01/31/2024.
6. For states and sub-recipients conducting local evaluations, participate in training and TA provided by the federal government and follow related guidance provided by ACF/FYSB.
7. Submit curricula and programmatic materials to FYSB for a medical accuracy review and provide a plan to comply with making any required modifications.
8. Agree to participate in the National Evaluation, if selected.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: April 12, 2024

EFFECTIVE PERIOD

These program-specific Supplemental Terms and Conditions are effective on the date shown in the footer at the bottom of the page and will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures or restrictions is amended, revised, altered, or repealed.

POINTS OF CONTACT

Points of contact for additional information or questions concerning either the operation of the program or related financial are:

- a. Program Office
MeGan Hill
Program Specialist
330 C Street, S.W.
Washington, D.C. 20201
E-mail: megan.hill@acf.hhs.gov
Phone: (301) 348-3565
- b. Office of Grants Management
Trang Le
Grant Management Specialist
330 C Street, S.W.
Washington, D.C. 20201
E-mail: trang.le@acf.hhs.gov
Phone: (202) 690-7053

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Exhibit J



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: July 11, 2024

Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
85 East Seventh Place
Suite 220

ST PAUL, MINNESOTA 55164

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1416007162B3

5. Data Universal Numbering System (DUNS)

804887321

6. Recipient's Unique Entity Identifier

DHQVY2WCVHC5

7. Project Director or Principal Investigator

Emily McDowell
Project Director
emily.mcdowell@state.mn.us

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

Manolo Salgueiro
Supervisory Grants Management Specialist
manolo.salgueiro@acf.hhs.gov
202-690-5811

10. Program Official Contact Information

Jerry Milner
Program Authorizing Official
ACYF - Family and Youth Services Bureau
Milner.Jerry@acf.hhs.gov
111-111-1111

Federal Award Information

11. Award Number

2401MNSRAE

12. Unique Federal Award Identification Number (FAIN)

2401MNSRAE

13. Statutory Authority

The Bipartisan Budget Act of 2018, Title V, Section 2954, Public Law 113-93, 42 US Code 710

14. Federal Award Project Title

*See Remarks

15. Catalog of Federal Domestic Assistance (CFDA) Number

93.235

16. CFDA Program Title

Sexual Risk Avoidance Education (SRAE)

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2023

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2023 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2025

\$36,966.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$696,690.00

*See Remarks

*See Remarks

End Date 09-30-2025

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

Manolo Salgueiro

Footnotes

Supervisory Grants Management Specialist

This is a 2024 SRAE Supplemental funds, accepted by the recipient.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: July 11, 2024

Recipient Information

MINNESOTA DEPARTMENT OF HEALTH

85 East Seventh Place

Suite 220

ST PAUL, MINNESOTA 55164

Employer Identification Number (EIN): 1416007162B3

Data Universal Numbering System (DUNS): 804887321

Recipient's Unique Entity Identifier: DHQVY2WCVHC5

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-24-1512	2024,G990597	\$36,966.00	\$36,966.00	\$696,690.00	2401MNSRAE	Formula

Terms and Conditions



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: July 11, 2024

Title V State SRAE Terms and Conditions
FY2024

By acceptance of this award the grantee agrees to comply with the General Terms and Conditions and the additional requirements below applicable to this program.

Administration on Children, Youth, and Families (ACYF)
Family and Youth Services Bureau (FYSB)

TITLE V STATE SEXUAL RISK AVOIDANCE EDUCATION PROGRAM
Catalog of Federal Domestic Assistance (CFDA) Program No. 93.235

APPLICABLE LEGISLATION, STATUTE, REGULATIONS

1. The administration of this program is authorized under Title V, Section 510, of the Social Security Act.
2. The program is codified at 42 U.S.C. §710.
3. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is located under 45 CFR Part 75. In accordance with 45 CFR §75.101 Applicability, this program must comply with 45 CFR 75 in its entirety. No exceptions were identified.
4. Additional applicable regulations and Requirements, can be found in the General Terms and Conditions for Mandatory: Formula, Block and Entitlement Grants.

NON-FEDERAL SHARE OF PROGRAM FUNDING
N/A

The statute for State SRAE does not require a match.

FINANCIAL MANAGEMENT AND REPORTING

5. Federal funds awarded under this grant must be expended for the purposes for which they were awarded and within the time period allotted.
6. Funding (Project) Period / Obligation Deadline. The funding (project) period and the obligation period are synonymous. Sexual Risk Avoidance Education funds are available for obligation for a 2 year period - from the first day of the Federal Fiscal Year for which these funds were awarded through the last day of the next Federal Fiscal Year. (i.e., October 1, Federal Fiscal Year 1 through September 30, Federal Fiscal Year 2.) Any Federal funds not obligated by the end of the obligation period will be recouped by this Department.
6. Liquidation Deadline. In accordance with Federal regulations at 45 CFR 75.309(b), A grantee must liquidate all obligations incurred under the award no later than 120 days after the end of the funding/obligation period (i.e., January 30 following the end of Federal Fiscal Year 2. Any Federal funds from this award not liquidated by this date will be recouped by this Department.
8. Financial Reporting Form: The OMB approved Financial Reporting form for this program is the Federal Financial Report SF-425. The SF-425 is due annually and no later than December 30, which is 90 days after the end of each fiscal year.
9. Submission Methodology: All periodic SF-425 financial reports for all grant programs must be submitted electronically through the Payment Management System (PMS). Recipients must not submit duplicate copies either by mail, by fax or as an email attachment of any reports submitted.
10. Submission Schedule: Annual. Each annual financial report must be submitted within 90 days (i.e., no later than December 30) following the end of each Federal Fiscal Year.
 - a. An interim financial report (covering Year 1 of the project period) is due 90 days following the end of Federal Fiscal Year 1;
 - b. A final financial report (cumulative, covering the entire 2-year project period) is due 120 days following the end of Federal Fiscal Year 2.

PROGRAM MANAGEMENT REPORTS



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: July 11, 2024

The OMB approved Program Report form for this program is the Performance Progress Report (PPR). Semi-annual narrative program performance reports must describe the program activities carried out, including an assessment of the effectiveness of those activities in achieving the purposes of this grant. Each report covers the preceding 6-month period and is due 30 days following the end of the 2nd and 4th quarters (i.e., no later than April 30 and October 30, respectively). Electronic online program management report submission through GrantSolutions/OLDC is required.

All recipients and sub-recipient(s), including their implementation sites, will be required to collect and report information on program implementation and program outcomes through a common set of performance measures. This requirement applies to any community partners who agree to host a site or recruit program participants (e.g., school districts, non-profits).

SRAE performance measures will be distributed to funded recipients, who will be required to collect and report on these measures approximately twice a year. ACF has defined measures at the recipient, provider, and program levels.

Recipients will be expected to check local and state laws, policies, and procedures to ensure that the collection of performance measures data is feasible and obtain any necessary permissions (e.g., formal agreements with partners, Institutional Review Board (IRB) approval, copies of school district approvals) to collect these data. Recipients are required to submit an IRB letter of determination within 90 days of award. Recipients are responsible for ensuring all subrecipients and implementation sites collect and submit the SRAE performance measures. Recipients may develop additional indicators of program performance, as needed, including adding items to the entry or exit surveys. However, all FYSB OMB-approved items must be administered first, in the order presented in the approved survey, before any additional items are added. Any additional survey items should be added at the end of the OMB-approved survey and should not be submitted to ACF.

REAL PROPERTY AND TANGIBLE PERSONAL PROPERTY REPORTING

1. The OMB approved Real Property and Tangible Personal Property Reporting is the following:

- a. Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and renovation are not an allowable activity or expenditure under this grant.
- b. Tangible Property Report (SF-428s). The SF-428 Tangible Personal Property forms must be submitted as described in the General Terms and Conditions.

OTHER TERMS AND CONDITIONS

1. Have the project fully functioning and serving youth within at least 90 days following the issuance of the Notice of Award.
2. Formally trained facilitators/educators in the evidence-based effective program model or elements of the effective program model by professionals who can provide follow-up technical assistance to facilitators.
3. Provide SRAE programming to vulnerable youth populations to include, but not limited to, the following: youth living in under-resourced regions and areas with high rates of teen births and STIs; culturally underrepresented youth populations, especially Hispanic, African American, or Native American teenagers; youth in or aging out of foster care or adjudication systems; youth who are victims of trafficking; youth who have runaway or left home without permission; youth experiencing homelessness; youth who identify as lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual, and two-spirit (LGBTQIA2S+); and other vulnerable or underserved youth populations.
4. Send at least two key staff persons to the 3-day Adolescent Pregnancy Prevention (APP) Program Grantee Conference held in San Francisco, California in 2024 with the location to be determined for 2025. A minimum of two staff persons are to attend at least one of two topical training sessions offered each year of the project in areas such as Washington, DC; Portland, Oregon; and Boston, Massachusetts.
5. Collect and report on all OMB cleared federal SRAE performance measures (recipients, partners and sub-recipients). SRAE Performance Measures are currently approved under OMB # 0970-0536, expiration date 01/31/2024.
6. For states and sub-recipients conducting local evaluations, participate in training and TA provided by the federal government and follow related guidance provided by ACF/FYSB.
7. Submit curricula and programmatic materials to FYSB for a medical accuracy review and provide a plan to comply with making any required modifications.
8. Agree to participate in the National Evaluation, if selected.



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2401MNSRAE

FAIN# 2401MNSRAE

Federal Award Date: July 11, 2024

EFFECTIVE PERIOD

These program-specific Supplemental Terms and Conditions are effective on the date shown in the footer at the bottom of the page and will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures or restrictions is amended, revised, altered, or repealed.

POINTS OF CONTACT

Points of contact for additional information or questions concerning either the operation of the program or related financial are:

- a. Program Office
MeGan Hill
Program Specialist
330 C Street, S.W.
Washington, D.C. 20201
E-mail: megan.hill@acf.hhs.gov
Phone: (301) 348-3565
- b. Office of Grants Management
Trang Le
Grant Management Specialist
330 C Street, S.W.
Washington, D.C. 20201
E-mail: trang.le@acf.hhs.gov
Phone: (202) 690-7053

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Exhibit K

Minnesota's Sexual Risk Avoidance Education Grant Program

Healthy Teen Initiative

HHS-2024-ACF-ACYF-SRAE-0044 (CFDA #: 93.235, UEI: DHQVY2WCVHC5)

Applicant Name: Minnesota Department of Health

Fiscal Year: FFY24 State Plan

Grant Allocation Amount: \$ 659,724

Address:

PO Box 64882, St. Paul, MN 55164-0882

Project Manager and/or Primary Contact:

Emily McDowell

PREP/SRAE Grant Manager

Community and Family Health Division

Contact Phone and Fax:

Phone: 651-201-3985

Email: Emily.McDowell@state.mn.us

FY 2024 Title V State Sexual Risk Avoidance Education Program Application for Funding and State Plan Checklist FY 2024– June 3, 2024	
1. Application for Federal Assistance SF-424M–Mandatory	<i>Submitted with LOI, 12/11/2023</i>
2. Project/Performance Site Location(s) SF-P/PSL	See Appendix A
3. Budget Information–SF-424A Non-Construction Programs	<i>Submitted with LOI, 12/11/2023</i>
4. Assurances–SF-424B Mandatory Non-Construction Programs	See Appendix B
5. Letter from the Authorized Representative (Transmittal Letter)	<i>Submitted with LOI, 12/11/2023</i>
6. Table of Contents	Page 3
7. State Plan Abstract	Page 4
8. State Plan/Program Narrative	Page 6
9. Budget Narrative/Justification	<i>Submitted with LOI, 12/11/2023</i>
10. Appendices	Page 44
11. Certification Regarding Lobbying	See Appendix C
12. Protection of Human Subjects Assurance Identification/IRB	See Appendix D
13. SF-LLL – Disclosure of Lobbying Activities, if applicable	<i>Not applicable</i>

Table of Contents

STATE PLAN ABSTRACT	4
STATE PLAN/PROGRAM NARRATIVE	6
Description of Problem and Need	6
Goal(s)	17
Logic Model	18
Implementation Plan	20
Description Of Programmatic Assurances	28
Medically Appropriate Materials And Culturally And Age-Appropriate Approaches	29
Evidence-Based Strategies	31
PYD Framework Include Leading In Partnership With Youth And Young Adults/Meaningful Youth Engagement	33
Equity	35
Youth Populations Served	37
Linkages And Referrals To Healthcare And Other Services	38
Local Evaluation (Optional)	39
National Evaluation	39
Performance Measurement	39
Objective Performance Measures	40
Sustainability Plan	40
Service Recipient Involvement	42
Budget Information – Non-Construction Projects – SF-42A	43
APPENDICES	44

STATE PLAN ABSTRACT**Contact and Grant Request Information****State:** Minnesota**Fiscal Year:** FFY24**Grant allocation amount:** \$659,724

	Prefix	First and Last Name	Suffix	Title	Telephone	Email Address
Contact Person		Emily McDowell		PREP/SRAE Grant Manager	651-201-3985	Emily.McDowell@state.mn.us
Project Director		Emily McDowell		PREP/SRAE Grant Manager	651-201-3985	Emily.McDowell@state.mn.us
Authorized Representative		Char Kimber		Budget Operations Director	651-802-1984	Chardae.Kimber@state.mn.us

Minnesota's Title V Sexual Risk Avoidance Education Grant Program (SRAE) funding supports the Healthy Teen Initiative (HTI), a statewide approach targeting adolescents, parents of adolescents, and supportive adult mentors. This program aims to decrease risk factors and increase protective factors associated with teen pregnancy and sexually transmitted infections (STIs) for Minnesota's most vulnerable adolescent populations, ultimately reducing the state's pregnancy, birth, and STI rates.

The Minnesota teen birth rate continues to decline on a yearly basis and is currently at 8.2 per 1,000 in 2022. This compares to the national rate of 13.6 per 1,000 teens, ranking Minnesota 8th out of the 50 states. Although Minnesota's state teen birth rate is lower than the national average, American Indian (36.5 per 1,000), Hispanic (27.2 per 1,000), and African American (18.2 per 1,000) youth remain disproportionately affected within Minnesota with the highest teen birth rates. Despite the progress made in reducing Minnesota's teen birth rate and teen pregnancies, striking disparities remain by geography, race and ethnicity, and among vulnerable

populations. Additionally, the incidence of chlamydia, gonorrhea, and syphilis among youth are increasing.

Minnesota's Healthy Teen Initiative (HTI) will target SRAE funding to populations experiencing the greatest disparities in teen pregnancies, births and STIs through the implementation of high quality, medically accurate, evidenced-based and informed programs to promote healthy youth development, risk avoidance, abstinence and to delay the onset of sexual activity until marriage in youth ages 10-14. In addition, the HTI will implement evidence-informed programs that reach parents of youth ages 10-19, and supportive adult mentors that work with youth ages 10-19. Populations experiencing the greatest disparities in teen pregnancies, births, and STIs in Minnesota include young people of color and American Indian youth; Lesbian, Gay, Bisexual, Transgender and Questioning/Queer (LGBTQ); immigrant youth; youth in foster care or aging out of foster care; youth in alternative learning centers (ALCs); and youth in the juvenile justice system. Minnesota will continue to target these populations geographically, with a special emphasis on subrecipients serving youth in counties that are among the top 10 counties with the highest rates of birth, chlamydia, and gonorrhea among youth, such as Hennepin County, Ramsey County, Watonwan County, and in Tribal communities across the state. Current subrecipients (Division of Indian Work, Watonwan County - Independent School District #840, Lutheran Social Services, Minnesota Community Care, and Planned Parenthood – Duluth and Bemidji offices) will continue to serve youth, parents of teens, and supportive adult mentors in these communities. The Minnesota Department of Health (MDH) plans to continue to fund these five SRAE-HTI subrecipients to implement high quality, medically accurate, evidenced-based and informed programs with youth 10-14, and evidenced-informed programs that reach parent and adult mentors of youth 10-19.

Minnesota HTI subrecipients choose curricula from an MDH-approved medically accurate and evidence-based and informed curricula list that identifies curricula most appropriate for their targeted populations and communities they serve. Current subrecipients are using the following evidence-based curricula: *Making a Difference*, *Positive Potential*, *Teen Outreach Program (TOP)* with youth. One subrecipient, Division of Indian Work, uses the evidence-informed, culturally specific curriculum *LiveIt!* with American Indian youth. Another subrecipient, Minnesota Community Care, uses the evidence-informed curriculum *HealthSmart* with youth. Additionally, the evidence-informed curriculum *It's that Easy* is used with parents/adult mentors. Subrecipients are required to report federally mandated performance measures to the MDH on a semi-annual basis. Subrecipients are also required to submit quarterly progress reports and invoices to MDH for program monitoring.

STATE PLAN/PROGRAM NARRATIVE

Description of Problem and Need

Minnesota is among the healthiest states in the nation with the Minnesota Department of Health (MDH), a national public health accredited agency, leading the way. MDH's vision is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy. However, Minnesota's disparities and inequities among vulnerable populations remain some of the greatest of any state in the country. According to a study conducted by the Commonwealth Fund, Minnesota demonstrates extreme inequities in access to healthcare.¹ As access to healthcare and opportunities to live healthy lifestyles are not equally available everywhere or to everyone, disparities and inequities are seen throughout Minnesota.

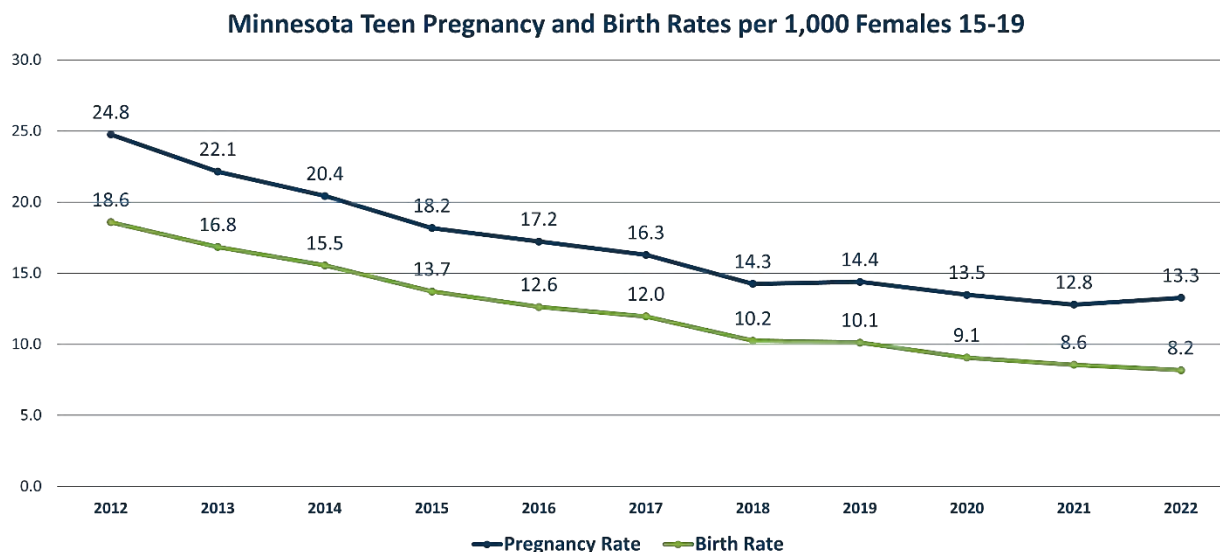
¹ Achieving Racial and Ethnic Equity in U.S. Health Care A Scorecard of State Performance, 2021 - [Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance \(commonwealthfund.org\)](https://commonwealthfund.org/publications/achieving-racial-and-ethnic-equity-in-u.s.-health-care-a-scorecard-of-state-performance)

This is certainly true for youth in Minnesota, where health disparities persist. Many youth, particularly youth of color, American Indian youth, immigrant youth, and LGBTQ+ youth, experience social and economic disadvantages that result in a range of poor outcomes including life-long poverty, homelessness, unemployment, and incarceration.

In 2022, 11.4% of Minnesotan children and youth ages birth to 18 were living below 100% of the Federal Poverty Level. American Indian, Black, Asian, and Hispanic children account for 24% of the children living in Minnesota, but experience poverty at rates of 2.5 to 5.5 times that of their white peers in Minnesota.² This disparity, a result of unequal opportunities and structural inequities, combined with the statistic that youth living in poverty experience higher rates of teen pregnancy and births, exemplifies the need for an increase in teen pregnancy prevention services, programs, and resources for youth who live in poverty in Minnesota.

Teen Pregnancy in Minnesota

Figure 1.

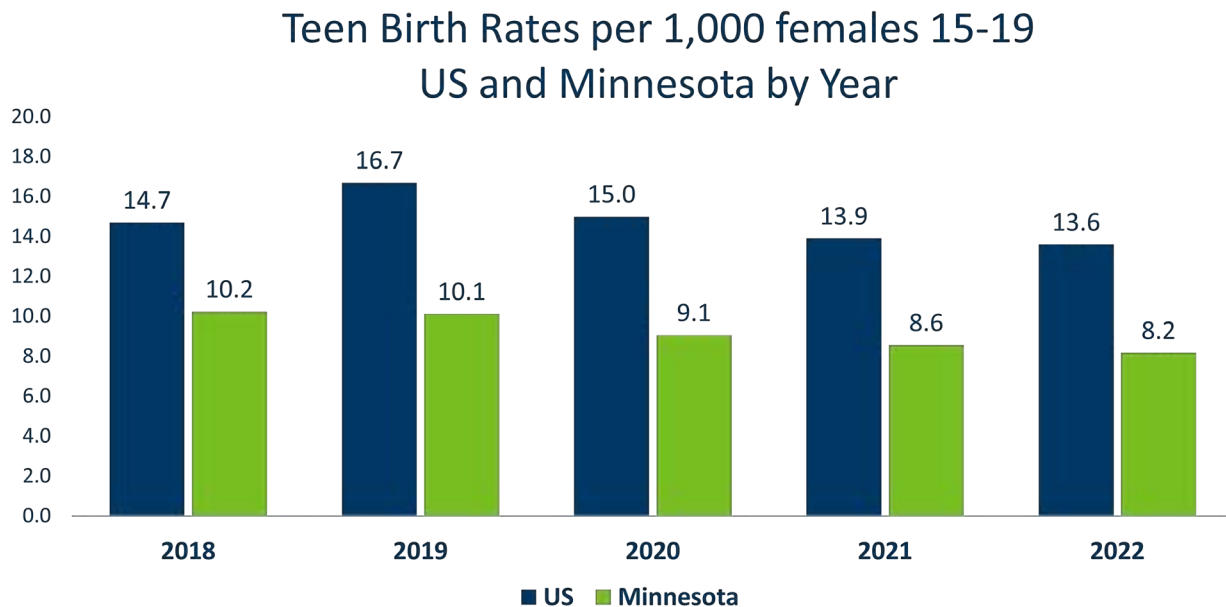


Source: MDH, Center for Health Statistics and Centers for Disease Control and Prevention, 2023

² American Community Survey, 2023

Minnesota has one of the lowest teen pregnancy and teen birth rates in the country. Both the teen pregnancy and teen birth rate (births for women ages 15-19) have continued declining to 13.3 per 1,000 and 8.2 per 1,000 respectively in 2022 (Figure 1). Minnesota remains well below the national birth rate (Figure 2). In 2022, the national teen birth rate was 13.6 per 1,000 women - 1.7 times higher than Minnesota's rate. As of 2021, Minnesota ranked 8th in the teen birth rate nationally.³ However, significant disparities exist by geography, race, ethnicity, and country of origin.

Figure 2.



Source: MDH, Center for Health Statistics and Centers for Disease Control and Prevention, 2023

Teen Birth Disparities Among Youth in Minnesota

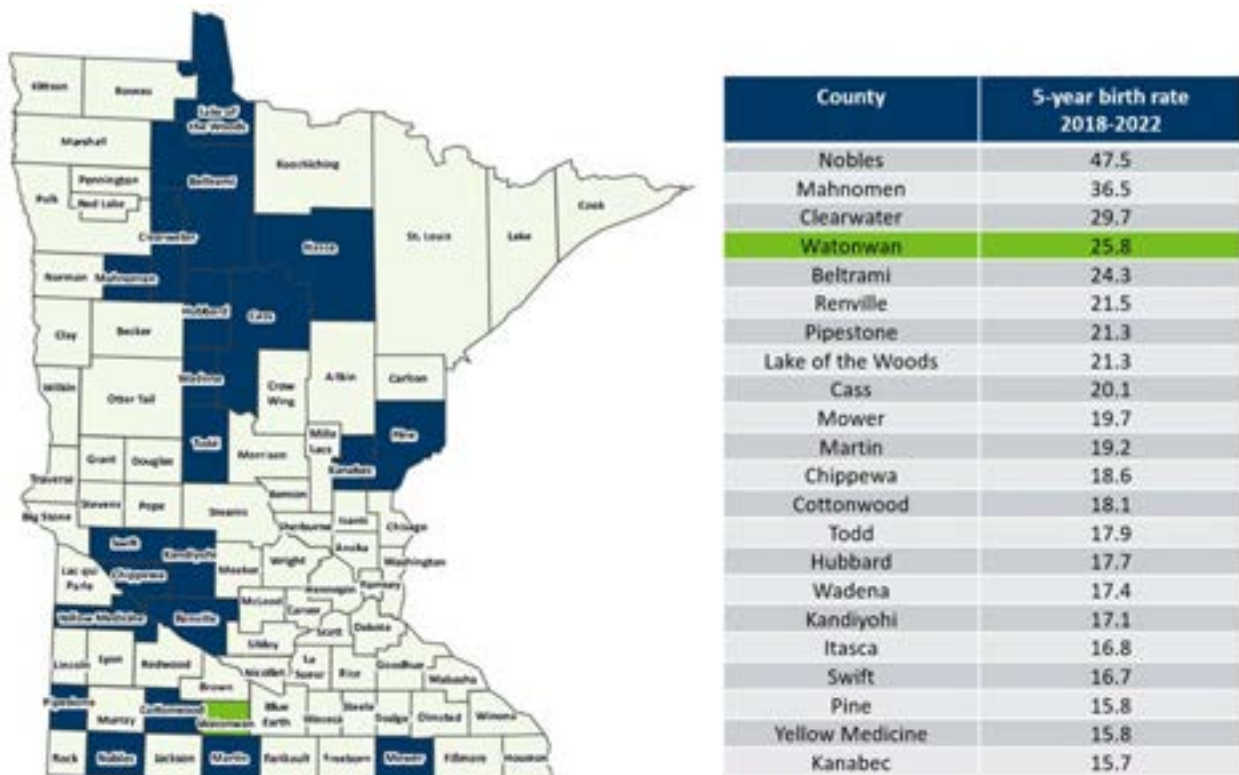
Disparities in Teen Birth by Geography

The teen birth rates in Minnesota vary by a wide margin when comparing geographical locations. Of the counties with the highest teen pregnancy rates from 2018-2022, the top 20 are in

³ Centers for Disease Control and Prevention, 2022

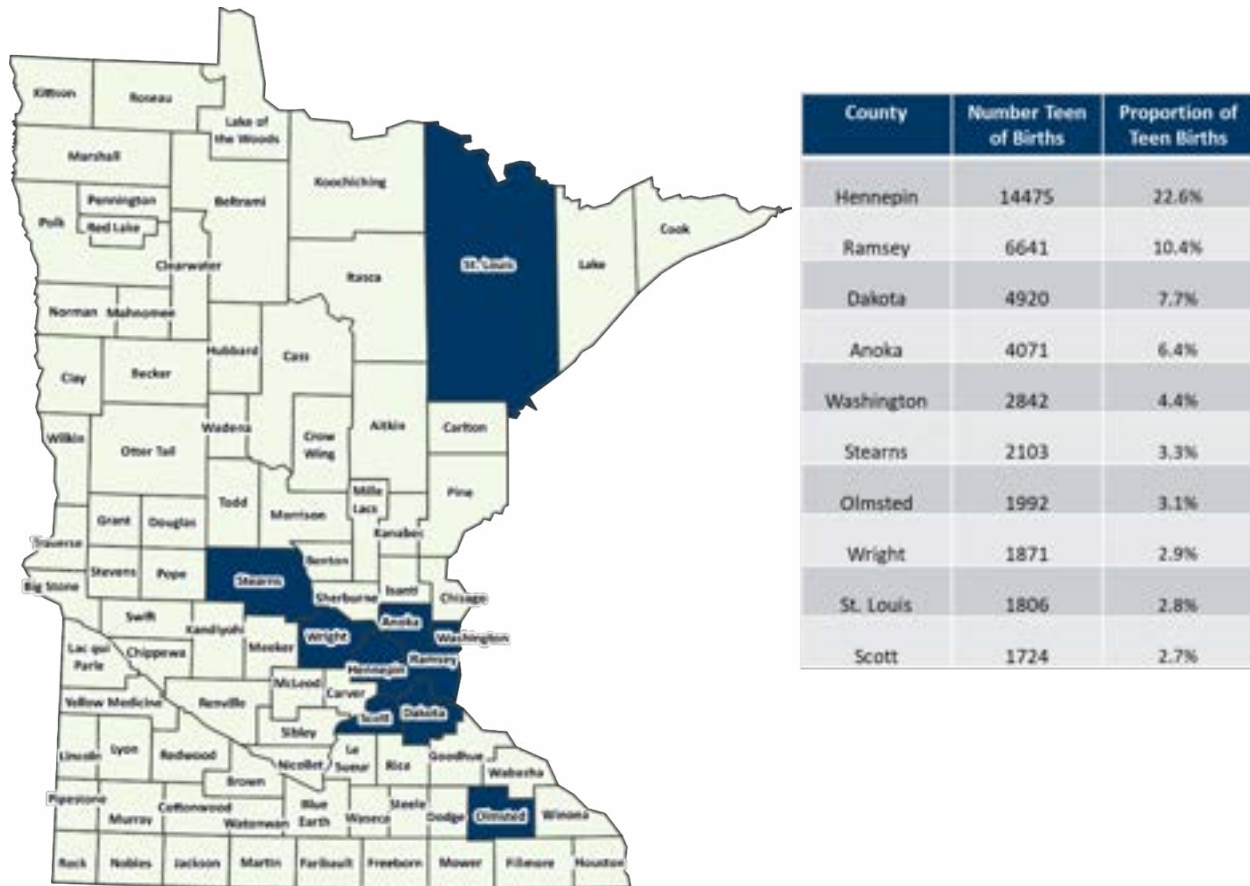
greater Minnesota (Table 1). A current subrecipient serves youth in Watonwan County, which has experienced the 4th highest rate of teen birth over five years and is above the national birth rate. While more rural areas of Minnesota are experiencing disproportionate rates of teen birth, six of the seven metro area counties are represented in the 10 counties with the highest number of teen births (Table 2). These 10 counties accounted for 66.3% of all teen births in the state. Regardless of where they live, youth in Minnesota deserve reproductive health resources and education.

Table 1. Counties with the 20 highest teen birth rates per 1,000 people, 5-year average 2018-2022



Source: MDH, Center for Health Statistics and Centers for Disease Control and Prevention, 2023

Table 2. Counties with 10 highest Counts of Teen Births, 2022



Source: MDH, Center for Health Statistics, 2023

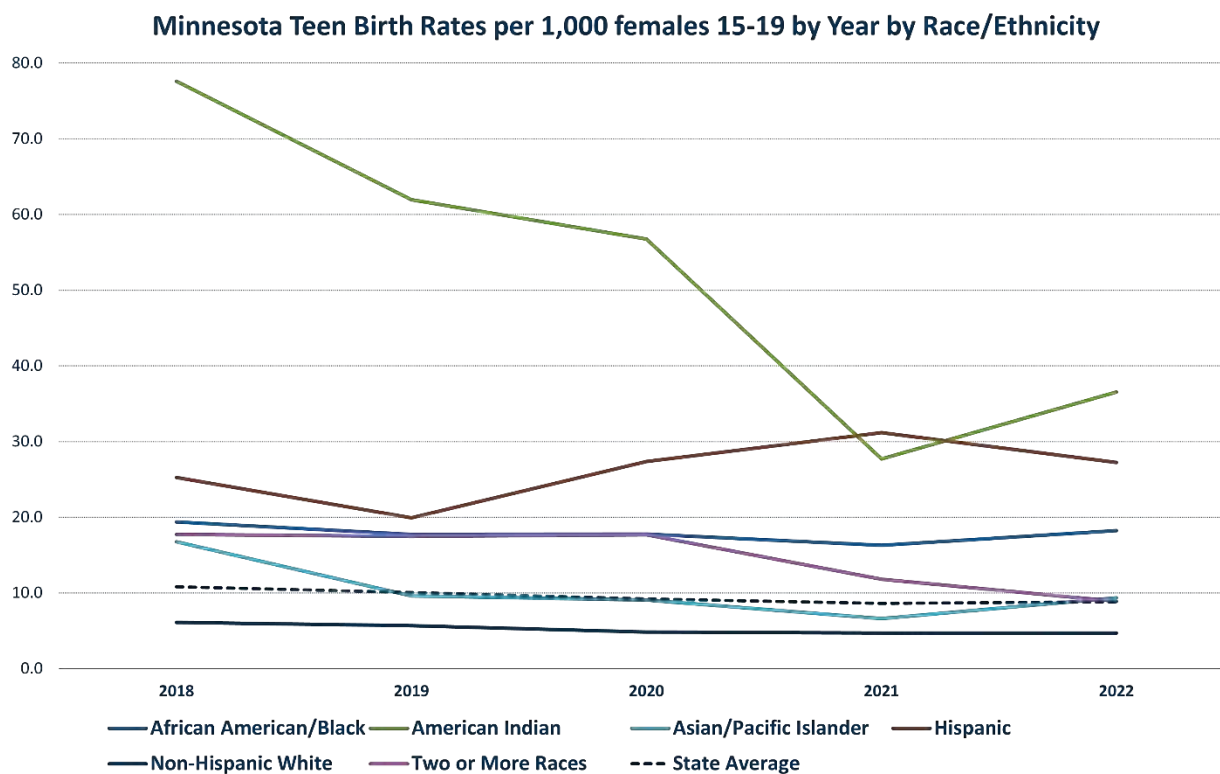
Disparities in Teen Births by Race and Ethnicity

While the gaps in racial and ethnic disparities in teen births have been decreasing in Minnesota, inequities persist (Figure 3). There were 1,496 births to mothers ages 15-19 in Minnesota in 2022. Despite the state teen birth rate of 8.2 per 1,000 in 2022, American Indian youth experienced a birth rate of 36.5 per 1,000, almost 8 times higher than their white peers. Hispanic teens experienced birth rates almost 6 times higher than their white peers at 27.2 per 1,000. African American/Black teens had a birth rate of 18.2 per 1,000, about 4 times higher than

their white peers. Finally, Asian and Pacific Islander teens were also experiencing a birth rate above the state average at 9.3 per 1,000, about 2 times higher than their white peers.

Additionally, historic declines in the state birth rate have not been reflected equally by race and ethnicity. Between 2021 and 2022, the birth rates for American Indian, African American/Black and Asian/Pacific Islander teens increased. American Indian teens birth rates rose from 27.7 to 36.5 per 1,000 females ages 15-19, African American/Black teen birth rates rose from 16.3 to 18.2 and Asian/Pacific Islander teen birth rates rose from 6.6 to 9.3. Hispanic teen birth rates decreased between 2021 and 2022 from 31.2 to 27.2 per 1,000 females (15-19) after a few years of increases. Birth rates for teens with two or more races identified decreased from 11.8 to 8.9 per 1,000 females aged 15-19 and birth rates for non-Hispanic white teens remained steady at 4.7.

Figure 3.



Source: MDH, Center for Health Statistics, 2023

Disparities in Teen Births by Country of Origin

Minnesota is home to a large population of immigrants. Immigrants face numerous barriers to accessing healthcare, including sexual and reproductive care. A lack of culturally specific providers, a lack of translators, inefficient transportation, a lack of insurance, poverty, immigration status, and community dynamics all impact access to evidence-based sexual health education for immigrant youth. Over 11,000 female teens (15-19) in Minnesota were foreign born in 2022, making up 6% of the female teen population in Minnesota.⁴ However, 14% of teen births in 2022 were to foreign born mothers at a rate of 19.5 per 1,000 females (15-19), almost 3 times the rate of US born mothers in Minnesota.⁵ Immigrant youth in Minnesota face many challenges and barriers to achieving their healthiest lives, including reproductive healthcare services and education.

Sexually Transmitted Infections Among Youth

All three reportable sexually transmitted infections (STI's)—chlamydia, gonorrhea and syphilis— continue to increase annually at the national and state level. The populations that are most severely affected by STIs include teens, young adults, gay and bisexual men, pregnant people, and racial and ethnic minority groups.⁶ In 2022, Minnesota ranked 13th nationally for chlamydia, and 16th for gonorrhea, and 17th for syphilis.⁷ For youth (ages 15-19) in Minnesota, there were 5,409 cases of chlamydia, 1,183 cases of gonorrhea, and 24 cases of syphilis (any

⁴ United States Census Bureau, American Community Survey, 2023

⁵ MDH, Center for Health Statistics, 2023

⁶ Centers for Disease Control and Prevention (CDC) 2022 State of STIs

⁷ Centers for Disease Control and Prevention (CDC) 2022 STI Surveillance Report – State Ranking Tables

stage) diagnosed in 2023.⁸ Racial and ethnic disparities are evident in STI rates among adolescents in Minnesota as well.⁹

- Chlamydia rates were highest among African American/Black youth, followed by Hispanic youth, Asian/Pacific Islander youth, and American Indian youth.
- Chlamydia rates were 10 times higher for African American/Black youth and 4 times higher for Hispanic youth when compared to the rate of white youth.
- Gonorrhea rates were highest among African American/Black youth, followed by Hispanic youth, American Indian youth, and Asian/Pacific Islander youth.
- Gonorrhea rates were 29 times higher for African American/Black youth and 4 times higher for Hispanic youth compared to white youth.⁹

In 2022, there were 20 new cases of HIV diagnosed in youth aged 15-19 in Minnesota, with the vast majority of cases diagnosed in youth assigned male at birth. This was an 82% increase in new cases compared to 2021. There are currently 59 youth (ages 15-19) living with HIV in Minnesota.⁹

In summary, Minnesota youth and young adults are impacted by the rise in STIs in Minnesota, which includes the following:

- Despite making up 6.5% of the state population, youth (ages 15-19) accounted for 25% of chlamydia and 15% of gonorrhea cases diagnosed in Minnesota.⁹
- 72% of chlamydia or gonorrhea cases diagnosed among youth were females.⁸
- 40% of total gonorrhea or chlamydia cases in 2023 were in the Cities of Minneapolis and Saint Paul.⁸

⁸ Minnesota Department of Health, STI Surveillance System, STI Surveillance Report Data Tables, 2023

⁹ University of Minnesota Healthy Youth Development Prevention Research Center, 2023 Minnesota Adolescent Health Sexual Health Report

- Persons of color continue to be disproportionately affected by STIs.⁸
- The number of new HIV cases diagnosed in youth increased 82% from 2021 to 2022.

With these disparities, and little improvement in Minnesota's STI numbers since 2020, in Minnesota overall, the need for high quality, medically-accurate, and evidence-based and informed programming is high. Implementing these programs will help address the rates of STIs through delaying the onset of sexual activity and educating on the benefits of abstinence and sexual risk avoidance efforts among youth in the target communities.

Experience of Trauma Among Youth

Adverse childhood experiences (ACEs) are direct and indirect exposure to trauma through child abuse, neglect, domestic violence and other traumatic events can have social, behavioral, and emotional impacts on children and young people that have life-long impacts on their health and well-being.¹⁰ In 2022, 47% of 8th, 9th, and 11th grade students completing the Minnesota Student Survey indicated they had experienced at least one ACE, and half of those students experienced more than one ACE. There was an increase in the number of students reporting the ACEs of living with someone with mental health issues and experiencing sexual abuse between 2019 and 2022, in part highlighting the impact of COVID on mental well-being for families and youth.¹¹ As compared to students reporting no ACES, students reporting 4 or more ACEs were:

- 13.8 time more likely to reporting using e-cigarettes.
- 15.6 times more likely to report using marijuana.
- Nearly 5 times more likely to report poor mental health.**Error! Bookmark not defined.**

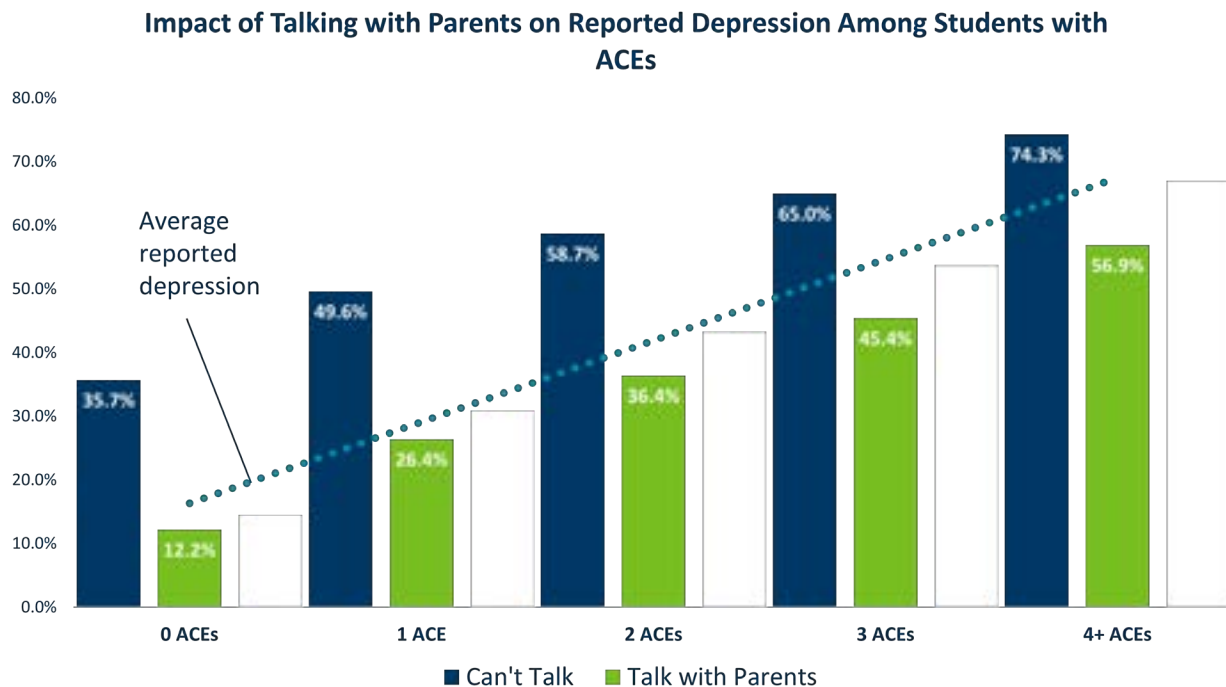
¹⁰ Adverse Childhood Experiences in Minnesota Report, Behavioral Risk Factor Surveillance System, 2011

¹¹ Adverse Childhood Experiences in Minnesota: 2022 Minnesota Student Survey – Risk & Protective Factors Data, FamilyWise

When the number of ACEs increase, risky sexual behavior increases, as well as other health problems such as chronic health conditions, depression, smoking, alcohol or drug abuse, and intimate partner violence.

Encouragingly, protective factors can influence the impact of ACEs and other traumatic life events for youth. For example, students were more likely to report feeling depressed as the number of ACEs reported increase (Figure 4), but if students reported being able to talk to their parents, reported rates of depression decreased, regardless of the number of ACEs they reported. Students with 4 or more ACEs who indicated they were able to talk with their parents were less likely to report being depressed than their peers with four or more ACEs who were not able to speak with their parents. Implementation of high quality, medically accurate, and evidence-based and informed programming, particularly programs that integrate parents, may mitigate impacts of ACEs on youth participants.

Figure 4. Effect of Protective Factors on ACEs as Reported in the Minnesota Student Survey



Source: Minnesota Student Survey, 2022

Existing Programs

Minnesota has a wide variety of access to adolescent sexual health education and teen pregnancy prevention programming across the state. In the Twin Cities metro area, multiple organizations provide teen pregnancy prevention education in various formats. Public school districts in Minneapolis and Saint Paul include sexual health education in high school classrooms. MDH is a grantee of the Personal Responsibility Education Program (PREP) and supports six subrecipients working in schools and community-based organizations to provide culturally specific and evidence-based sexual health education.

The Sexual and Reproductive Health Services (SRHS) state-funded grant in Minnesota funds community-based organizations and local public health across the state to provide youth sexual health education. In a year, SRHS-funded organizations provided sexual health education, contraception use, and pregnancy prevention to over 91,000 individuals of all ages throughout the state. Additionally, 3,569 female, 652 male, and 86 transgender or nonbinary patients ages 15-19 received family planning counseling services through the SRHS grant.

The Sexuality and Family Life Educators (SFLE) network convenes a monthly meeting of sexual health educators across Minnesota. Current SRAE subrecipients are members of SFLE, finding a source of support in their work in sexual health education.

Despite Minnesota historically being below the national average of teen birth rates and STIs, specific populations within Minnesota experience disproportionate rates of teen birth and STIs. MDH will use the SRAE funds to target specific populations of youth 10-14 and parents of youth 10-19 in the state demonstrating the most need, focusing specifically on counties with teen birth rates higher than the national average and experiencing high numbers of teen births and STIs to address the disparities outlined above.

Goal(s)

The broad goal of Minnesota's Sexual Risk Avoidance Education Grant Program (SRAE) is discussed in the following goal statement:

GOAL STATEMENT: The Sexual Risk Avoidance Education Grant Program - Healthy Teen Initiative (HTI), is a statewide approach targeting adolescents, parents of adolescents, and supportive adult mentors. This program aims to decrease risk factors and increase protective factors associated with teen pregnancy and sexually transmitted infections for Minnesota's most vulnerable adolescent populations, which will ultimately affect the state's pregnancy, birth, and sexually transmitted infection (STI) rates, particularly addressing the outlined disparities.

Preventing teen pregnancy and STIs is a complex challenge that requires a comprehensive, multi-level approach. In order to reduce disparities in teen births and STIs, interventions should address sexual health knowledge, systemic socioeconomic influences, and a wide range of protective factors, ranging from open parent-child communication to school attachment. It is therefore important for chosen curricula to include complementary approaches that will address cultural norms, build developmental assets in youth, and increase the full range of protective factors against teen pregnancy and STIs. The proposed programs listed in the Evidence Based Strategies section (page 31-33) utilize a risk avoidance, youth development, multi-level, holistic approach to teen pregnancy prevention that involves the students, families, school, and community to ensure optimal physical, emotional, and social health for youth in the Minnesota communities served by the SRAE grant program funding.

Through accomplishment of this goal, the MN SRAE program hopes to achieve the following short term outcomes:

SHORT TERM OUTCOME #1: Reach at least **850** youth 10-14 years old in counties that are among the top 10 counties with the highest rates of birth, chlamydia, and gonorrhea among youth such as Hennepin County, Ramsey County, Watonwan County, and in Tribal communities across the state to decrease risk factors and increase protective factors.

SHORT TERM OUTCOME #2: Reach at least **500** parents and adult mentors of youth 10-19 years old in counties that are among the top 10 counties with the highest rates of birth, chlamydia, and gonorrhea among youth such as Hennepin County, Ramsey County, Watonwan County, and in Tribal communities across the state to decrease risk factors and increase protective factors.

Intermediate and long-term outcomes are discussed in the Logic Model (below) and Objective Performance Measures section (page 40).

Logic Model

See following page

Implementation Plan

Minnesota's Sexual Risk Avoidance Education Program – Healthy Teen Initiative (MN SRAE) uses evidenced-based and informed approaches to decrease risk factors and increase protective factors associated with teen pregnancy and STIs. MN SRAE projects are implemented using a Positive Youth Development (PYD) framework as part of risk avoidance strategies to help participants build healthy life skills, develop individual protective factors that reduce risks, empower youth to make healthy decisions, and provide tools and resources to prevent pregnancy and STIs. The program targets funds towards Minnesota's most vulnerable populations to decrease the state's pregnancy, birth, and STIs rates for adolescents experiencing disparities. MN SRAE plans to build capacity by directing funding to Tribes, non-profit community-based youth-serving organizations, schools, and out of school settings that serve our most vulnerable youth.

The goal of the MN SRAE program is summarized in the following goal statement:

GOAL STATEMENT: The Sexual Risk Avoidance Education Grant Program - Healthy Teen Initiative (HTI), is a statewide approach targeting adolescents, parents of adolescents, and supportive adult mentors. This program aims to decrease risk factors and increase protective factors associated with teen pregnancy and sexually transmitted infections for Minnesota's most vulnerable adolescent populations, which will ultimately affect the state's pregnancy, birth, and sexually transmitted infection (STI) rates, particularly addressing the outlined disparities.

As mentioned above, this initiative will continue to focus on young people in Minnesota counties experiencing racial and ethnic disparities and inequities around teen pregnancy and birth. In FFY24, Minnesota will fund subrecipients to implement the following:

- **Division of Indian Work (DIW):** DIW will continue to sub-contract with Tribal communities within metro-area schools to implement *Live It!* with 100 American-Indian youth.
- **Independent School District #840 – Watonwan County (ISD #840):** ISD #840 will continue to partner with St. James, Butterfield, and Madelia schools in Watonwan County to implement *Making a Difference* with 115 6th and 7th grade students,

Positive Potential with 150 6th, 7th, and 8th grade students, and *Teen Outreach Program* with 70 7th grade students.

- **Lutheran Social Services (LSS):** LSS will partner with middle schools in Hennepin County to implement *Making a Difference* with 300 students. Additionally, they will partner with local community organizations, parent groups, and shelters to provide *It's That Easy* to 50 parents/caregivers and 50 non-family member adult mentors of youth.
- **Minnesota Community Care (MCC):** MCC will partner with middle schools in Ramsey County to implement *HealthSmart* with 150 youth. Additionally, they will partner with local community organizations and parent groups to provide *It's That Easy* to 150 parents/caregivers.
- **Planned Parenthood – Duluth and Bemidji Offices:** Planned Parenthood will partner with Tribal communities in rural northern Minnesota to implement single sessions of *It's That Easy* with 50 American Indian caregivers and multi-session implementations with 165 American Indian caregivers.

MDH will use the following activities to monitor and support subrecipient implementation:

Activities	Mechanisms	Broad Implementation Steps	Responsible Party	Outputs	Start Date	End Date
Continue to fund 5 existing subrecipients to implement evidence-based and informed programs	Existing grant agreements with 5 subrecipients from FFY24-FFY28, provided funding is sustained	Continue grant management and technical assistance provided by MDH	MDH – SRAE Grant Manager	5 successful subrecipients reaching 850 youth and 500 parents annually	October 1, 2024	September 30, 2028
Continue to train subrecipients in MDH approved evidence-based and informed programs	Curricula trainings	Schedule and conduct curriculum trainings based on need	MDH – SRAE Grant Manager UMN-PRC	At least 4 evidence-based and/or informed curriculum trainings provided annually by curriculum partner, UMN-PRC At least 20 professionals trained to implement evidence-based and/or informed curricula	October 1, 2024	September 30, 2028
Monitor subrecipients for compliance with chosen MDH approved curricula	Annual subrecipient fidelity monitoring observations Subrecipient fidelity monitoring logs	Conduct subrecipient fidelity monitoring observations Review subrecipient fidelity monitoring logs	MDH – SRAE Grant Manager MDH – SRAE Evaluator UMN-PRC	5 annual subrecipient fidelity monitoring observations conducted, 1 per subrecipient 5 subrecipients completed fidelity monitoring logs for each session within 3 days of delivery	October 1, 2024	September 30, 2028
Monitor subrecipients for compliance with SRAE program	Annual subrecipient site visits	Conduct subrecipient in-person site visits	MDH – SRAE Grant Manager	5 annual subrecipient site visits completed, 1 per subrecipient	October 1, 2024	September 30, 2028

requirements	Quarterly progress reports			20 quarterly progress reports completed, 4 per subrecipient		
Collect, analyze, and submit required federal evaluation measures	Winter and Summer data submission workbooks	<p>Disseminate materials outlining data submission requirements</p> <p>Provide videos and user guides for completing workbooks</p> <p>Submit federal performance measure data through data portal</p> <p>Analyze subrecipient survey and program data to share back with subrecipients</p>	MDH-SRAE Evaluator	<p>3 data submission workbooks completed annually, per subrecipient</p> <p>680 entry and 680 exit surveys collected from youth participants annually</p> <p>2 1-on-1 data submission meetings annually, per subrecipient</p>	October 1, 2024	September 30, 2028
Provide relevant technical assistance and skills development for subrecipients	<p>Annual In-Person All Subrecipient Meeting/Training</p> <p>Annual Virtual All Subrecipient Meeting/Training</p> <p>Monthly Office Hour meetings</p>	<p>Host in-person and virtual subrecipient meetings</p> <p>Host monthly Office Hour meetings</p> <p>Provide 1-on-1 technical assistance to subrecipients as</p>	<p>MDH-SRAE Grant Manager</p> <p>MDH – SRAE Evaluator</p>	<p>2 all subrecipient meeting/training conducted annually</p> <p>12 monthly Office Hour meeting conducted annually, providing relevant skills development</p> <p>12-20 1-on-1 technical</p>	October 1, 2024	September 30, 2028

	1-on-1 technical assistance meetings	needed to support low-performing subrecipients and navigate challenges		assistance meetings provided annually		
--	--------------------------------------	--	--	---------------------------------------	--	--

Activities*Monitoring*

MDH will provide ongoing monitoring of the subrecipients for both compliance with chosen MDH approved curricula and compliance with SRAE program requirements. Fidelity monitoring will consist of subrecipient fidelity monitoring logs, completed within three days of each session, and an annual subrecipient fidelity monitoring observation for each subrecipient, provided by the MDH SRAE program training partner, the University of Minnesota. Program monitoring requirements will consist of 1) annual subrecipient site visits 2) quarterly progress reports and 3) twice a year performance measure data submission by provided workbooks. All submitted materials will be reviewed by the SRAE Grant Manager and SRAE Evaluator. Fidelity monitoring visits will pay close attention to program quality, ensuring that programs are implemented with fidelity and medical accuracy. Quarterly reports with detailed program recipient information will be required of subrecipients before reimbursing quarterly invoices.

Training

MDH will continue to train subrecipients in MDH approved evidence-based and informed programs in partnership with the University of Minnesota. New staff will be required to train in approved curriculum prior to implementation and returning staff will be offered opportunities to brush up on skills through updated curricula trainings. Additionally, MDH will ensure that information provided by subrecipients is medically accurate, evidence-based, and inclusive. Ensuring safe and supportive environments will be key to the success of Minnesota's SRAE, especially among the most vulnerable youth. Skills trainings in subjects such as trauma-informed care, working with marginalized populations, mental health awareness, and best practices for youthwork will be provided through mandatory annual trainings.

Technical Assistance

MDH will provide technical assistance and skills development training through an annual mandatory in-person all subrecipient meeting/training, an annual mandatory virtual subrecipient meeting/training, optional monthly office hour meetings, and 1-on-1 technical assistance meetings. In-person and virtual trainings will cover relevant adolescent health topics while monthly office hours sessions will highlight effective program management practices. 1-on-1 technical assistance meetings will be provided to subrecipients on an as-needed basis to provide support in navigating challenges and to improve performance among low-performing subrecipients.

Involvement of Service Recipients

Service recipients will continue to be involved with the development and execution of the MN SRAE implementation plan through feedback surveys implemented with subrecipients at regular intervals and collaborative processes for the development of new monitoring tools. Youth will be involved at the at the subrecipient-level through the development of peer education structures within MN SRAE programming, existing youth leadership groups, and local program evaluation measures.

Barriers

MDH has experienced no barriers to date with the MN SRAE program and no barriers are anticipated in the future.

Partnership

MDH will continue a long-standing partnership with UMN-PRC to provide training, fidelity monitoring observation, and technical support to all MN SRAE subrecipients. Their staff are certified trainers in all federally identified evidence-based and informed curricula named in

this application. The UMN-PRC will train the MN SRAE subrecipients as needed, providing at least 4 curriculum trainings per year. In the case of subrecipient staff turnover, UMN-PRC will train sites individually as required. They will also conduct annual fidelity monitoring observations with each grantee and provide curriculum related technical assistance to MN SRAE subrecipients as established in a contract with MDH.

Management of Subrecipients and Partners

MDH will conduct the following activities to ensure that the HTI-SRAE program is carried out with integrity to the Implementation Plan and effectively addresses MDH's and FYSB's priorities.

MDH

- MDH staff will meet monthly to assess subrecipient progress and needs, and review MDH's compliance with the Implementation plan. They will also meet monthly with UMN-PRC to assess subrecipient training and review fidelity observation findings.

Subrecipients

- MDH will conduct 5 site visits to continue partnerships with subrecipients, assess their SRAE program, identify successes, challenges and compliance with the Implementation Plan. Any challenges will be addressed through ongoing technical assistance. Monthly virtual open office hours will also be provided to address subrecipient concerns.
- MDH staff will review and assess data and reporting issues and compare to subrecipient grant workplan to assess programmatic progress.

Partnership with UMN-PRC

MDH will:

- Meet monthly with UMN PRC to assess subrecipient training needs and schedule trainings.
- Check monthly that all trainings were conducted as scheduled.
- Observe UMN PRC trainings for effectiveness and review participant evaluation; follow-up will be provided if any challenges are identified.
- Collaboratively assess subrecipient compliance challenges and create improvement plans/technical assistance with UMN PRC.
- Check in monthly with UMN PRC about their follow-up with subrecipient compliance improvements; follow-up will be provided if any challenges are identified.

Description Of Programmatic Assurances

The MN SRAE staff have chosen acceptable curricula for grantees to use based on review of medical accuracy and alignment/use of adolescent learning and development theories. As new curricula are considered, this review is repeated. Each curriculum is assessed for alignment with the A-F criteria and grantees are expected to use the resulting alignment tools to direct the implementation of their program to ensure compliance. In accordance with the Title V State SRAE legislation, grantees are routinely monitored for compliance with the following criteria in their SRAE work:

- a) The holistic, individual, and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future.
- b) The advantage of refraining from non-marital sexual activity to improve the future prospects, and physical and emotional health of youth.

- c) The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.
- d) The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
- e) The effect of other youth risk behaviors, such as drug and alcohol usage, on increasing the risk for teen sex.
- f) Strategies on how to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that—even with consent—teen sex remains a youth risk.

If any problems are identified during these visits, a correction plan is created, and grantees are more closely monitored to assure compliance. In addition, MDH will take appropriate action to correct any inaccurate information discovered by FYSB during the state plan review process or at any time during the grant project period(s).

Medically Appropriate Materials And Culturally And Age-Appropriate Approaches

Medical Accuracy Assurance

Minnesota's SRAE program will make every reasonable effort to ensure that materials proposed in this application and programs funded during the project period of this grant are medically accurate including yearly curricula reviews to ensure programs are updated via the HHS Teen Pregnancy Prevention Evidence Review (TTPER). Additionally, our fidelity monitoring visits performed by the UMN-PRC will ensure that curricula are being implemented with fidelity, ensuring medical accuracy.

Trauma Informed Care

Adverse childhood experiences (ACEs) are direct and indirect exposure to trauma through child abuse, neglect, domestic violence and other traumatic events can have social, behavioral, and emotional impacts on children and young people that have life-long impacts on their health and well-being.¹⁰ Minnesota collected ACE data in 2011, revealing that fifty-five percent of Minnesotans report experiencing one or more ACEs in childhood, with communities of color and American Indians experiencing the greatest number of ACEs. In 2022, 47% of 8th, 9th, and 11th grade students completing the Minnesota Student Survey indicated they had experienced at least one ACE, and half of those students experienced more than one ACE.¹¹ Subrecipient training includes adapting a curriculum to be trauma-informed and building spaces or classrooms of respect for all participants.

Inclusivity

Subrecipients must identify target populations and ensure that programs are inclusive, non-stigmatizing towards youth and must not express judgment regarding sexual orientation or seek to influence the beliefs of participants with respect to sexual orientation or gender identity. Subrecipients are also encouraged to make appropriate adaptations to curricula to ensure information is presented with inclusive, non-stigmatizing language. Subrecipients and their sub-contractors ensure that all youth-serving staff are trained to prevent and respond to harassment or bullying in all forms. Programs serving youth are prepared to monitor claims of bullying or harassment, address them seriously, and document their corrective action(s) so all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation. Subrecipient training includes skill building workshops that build educators' ability to provide inclusive and equitable education.

Culturally, Linguistically, and Age-Appropriate

Programs are tailored to the needs of the target population, including making culturally appropriate adaptations, translating materials and instruction for youth who do not speak English, and ensuring materials are written and spoken at an age-appropriate reading level.

Voluntary

All youth are informed that participation in MN SRAE programs is voluntary and they may withdraw their consent to participate at anytime. Parents are also provided with the ability to opt their child out of entry and exit surveys, per IRB requirements.

Evidence-Based Strategies

The MDH SRAE program requires subrecipients to use one or more of the following evidence-based or evidence-informed interventions:

Youth-Focused Interventions

HealthSmart- This intervention is an evidence-informed health education program that focuses on the CDC's six areas of risk for young people and is aligned with the National Health Education Standards. The curriculum focuses on sexual risk avoidance education as a way to protect sexual health and avoid unplanned pregnancy, HIV and other STIs.

Live It! - This intervention is a sexuality education and teen pregnancy prevention program created by the Division of Indian Work in Minneapolis, MN. Designed for American Indians by American Indians, it is a culturally specific program for youth and the adults in their lives. The curriculum details basic physiological and emotional development before, during and after adolescence, along with cultural, artistic, and self-reflective exercises.

Making a Difference! – This intervention provides youth with the knowledge, confidence, and skills necessary to reduce their risk of STI, HIV, and pregnancy by abstaining from sex. The curriculum is designed for middle-school youth and implemented through 8 modules. It is also available in a 13-module school edition with shorter sessions to accommodate school scheduling.

Positive Potential – This intervention is a whole-child program for middle school students. The curriculum is designed to reduce or delay sexual behaviors, reduce other risky behaviors including the use of alcohol, tobacco, and drugs, and promote positive youth development among largely white rural communities. The three-year grade level program consists of five 45 to 50 minute sessions per grade level,

Teen Outreach Program (TOP) – This intervention promotes the positive development of adolescents through curriculum-guided, interactive group discussions; positive adult guidance and support; and community service learning. The TOP Curriculum is focused on key topics related to adolescent health and development, including building social, emotional, and life skills; developing a positive sense of self; and connecting with others. Specific curriculum lesson topics include health and wellness (including sexuality), emotion management, and self-understanding among many others. The development of supportive relationships with adult facilitators is a crucial part of the model, as are relationships with other peers in the program.

Parent/Mentor-Focused Intervention

It's that Easy! A Guide to Raising Sexually Healthy Children (ITE) – this program equips parent educators with practical tools and techniques for use with groups and

individuals. It provides guidance on a variety of important parent/child conversations—from how to respond to straightforward questions about body parts, to how to broach more complex issues such as media influences and personal values. ITE empowers parents to connect with their kids, share their family's values and engage in meaningful conversations about sex.

All approved interventions are aligned with the six required SRAE topics (A-F) through a curriculum-specific alignment tool spreadsheet. MN SRAE subrecipients are required to conduct the interventions(s) they choose with fidelity. Grantees are trained in their chosen curricula through MDH's contracted SRAE training partner, the University of Minnesota – Prevention Research Center/Department of Pediatrics/Medical School and monitored through:

- 1) Annual fidelity monitoring observations, conducted by certified curriculum trainers through MDH's training partner, the University of Minnesota
- 2) Fidelity monitoring session reports, submitted by subrecipients within 3 days of a session
- 3) Quarterly progress reports, submitted to the SRAE grant manager every 3 months
- 4) Annual site visits, conducted by the SRAE grant manager

The MN SRAE team meets monthly with the University of Minnesota to discuss grantee compliance with fidelity and to determine follow-up plans for those not in compliance.

PYD Framework Include Leading In Partnership With Youth And Young Adults/Meaningful Youth Engagement

Positive Youth Development

An integral feature of Minnesota's Sexual Risk Avoidance Education Program – Healthy Teen Initiative is its focus on Positive Youth Development (PYD) as a means of helping youth develop skills shown to delay the onset of sexual intercourse or to promote sexual risk

avoidance. Young people with a positive outlook for the future, healthy self-esteem, plans for higher education, attachment to school, and involvement in extracurricular activities are more likely to delay the onset of sexual intercourse. Because PYD's effectiveness is well documented, it is a foundational aspect of Minnesota's evidence-based and informed programming with youth 10-14 years old which includes: HealthSmart, LiveIt!, Making a Difference, Positive Potential, and Teen Outreach Program (TOP). Curricula trainings provided by the University of Minnesota – Prevention Research Center (UMN-PRC) include foundational training on PYD frameworks.

Meaningful Youth Engagement

MDH is working to increase youth leadership and peer education as meaningful youth engagement strategies for MN SRAE programming. Several subrecipients, including Lutheran Social Services and Independent School District 840, have begun to integrate previous graduates of their SRAE programs into peer educator roles, providing successful youth-led lessons. Additionally, the training partner for the MN SRAE program, the UMN-PRC, utilizes a young adult intern for the development and dissemination of the MN Adolescent Sexual Health Report each year, which reviews the most current statistics on the sexual health of Minnesota youth, including pregnancy, birth and STI statistics, trends in adolescent pregnancy and sexual behaviors, and how Minnesota measures up regionally and nationally. This young adult intern is a critical part of the analysis of the data and co-presents the data at several workshops and webinars with UMN-PRC staff. Additionally, SRAE grantees follow meaningful youth engagement strategies as outlined by the U.S. Department of Health & Human Services such as providing meaningful opportunities for youth to contribute to programs, setting meeting times that accommodate youth schedules, providing incentives such as reasonable snacks or meals during programming, using youth-friendly language, and regularly requesting youth feedback.

Future goals for youth engagement in SRAE programming include increased support and structure for subrecipients looking to integrate peer education into their programming as well as several professional development workshops designed to train subrecipient staff on youth engagement strategies and youth-equity frameworks. MDH is also planning to add questions to the exit surveys to collect qualitative feedback from youth participants on ways programming could be improved.

Equity

The MN SRAE program targets populations in Minnesota experiencing the greatest disparities in teen pregnancies, births, and STI rates, including young people of color and American Indian youth; lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ); immigrant youth; youth in foster care or aging out of foster care; youth in alternative learning centers; and justice-involved youth. Data provided in the Description of Problem and Need section highlight why these are the populations of greatest need.

Subrecipients must identify target populations and ensure that programs are inclusive, non-stigmatizing towards youth and must not express judgment regarding sexual orientation or seek to influence the beliefs of participants with respect to sexual orientation or gender identity. If not already in place, subrecipients establish and publicize the organizational policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. Subrecipient training includes skill building workshops that build educators' ability to provide inclusive and equitable education.

Subrecipient Division of Indian Work implements a culturally specific sexuality education and pregnancy prevention curriculum, *Live It!*, which is designed by American Indian

communities in Minnesota for use with American Indian youth. American Indian adolescents have one of the highest rate of teen pregnancies in Minnesota and have unique cultural needs. The *Live It!* curriculum integrates spiritual and cultural teachings such as smudging, talking circles, indigenous language blessings, and partnership with community elders in addition to the sexual risk avoidance education topics. Programs are implemented with Native community leaders and teachers.

The Minnesota Department of Health implements several processes to advance equity, including a collaboration with the National Maternal and Child Health Workforce Development Center to engage all staff in clarifying their individual role in advancing equity. Staff participate in a Systems Supports Mapping project, which involves looking at individual roles and mapping out the responsibilities, needs, resources, and wishes the individual needs to be successful prioritizing health equity in their role and associated programs. In addition, MDH launched a Data Vision Project in 2023 to support strategic goals and advance health equity by being consistent, transparent, responsive, community-centered, and equity-driven whenever public health data is collected, analyzed, used, or shared. The SRAE Evaluator is part of the Division of Child and Family Health CHF Health Equity Measurement group which works to use existing data with an equity-focused lens and develop future data collection measures to better measure and demonstrate underlying, systemic causes of the health inequities experienced in Minnesota. Additionally, all Child and Family Health Division staff are required to attend a Tribal-State Relations Training, a comprehensive program provided in partnership with American Indian tribal governments to empower state employees to work effectively with American Indians and promote authentic and respectful relationships between state agencies and American Indian tribes.

Finally, the MN SRAE - HTI supports several youth-centered events that advance health equity, such as the Minnesota School OUTreach Coalition's Q-Quest, a conference for LGBTQ+ youth that advances health literacy and access to vital health services.

Youth Populations Served

MDH targets its SRAE funding toward populations experiencing the greatest disparities in teen pregnancies and STIs through the implementation of high quality, medically accurate, evidenced-based and evidence-informed programs to promote healthy youth development, risk avoidance, and to voluntarily refrain from nonmarital sexual activity in youth 10-14. In addition, the initiative implements evidence-informed programs that reach parents of youth ages 10-19. Populations in Minnesota experiencing the greatest disparities in teen pregnancies and STI rates include young people of color and American Indian youth; lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ); immigrant youth; youth in foster care or aging out of foster care; youth in alternative learning centers; justice-involved youth; and youth facing other structural inequities. Data provided in the Description of Problem and Need section highlight why these are the populations of greatest need.

Minnesota also targets funding to areas of highest need geographically with organizations who reach vulnerable youth populations with the highest rates of teen births and STIs across the state. This includes service area(s) with teen birth rates that are at or above the national average of 13.6 per 1,000 females ages 15-19 years old, including Tribal nations that are experiencing the greatest disparities in teen pregnancy and STI rates. Multiple service area(s) can be covered with one fiscal agent/application, but all service areas and target populations included must be eligible for funding.

The MN SRAE program also targets parents and supportive adult mentors of youth to decrease risk factors and increase protective factors associated with teen pregnancy and sexually transmitted infections (STIs). Risk factors can include living in poverty, early sexual activity, early use of alcohol and drugs, and race and ethnicity. Some protective factors include open communication with parents/or adults about accurate contraception use, parental support and healthy family dynamics, intent to abstain from sex or limit one's number of partners, positive attitudes towards condom use, and understanding the importance of refraining from nonmarital sexual activity and pregnancy.¹²

Linkages And Referrals To Healthcare And Other Services

The MN SRAE program will not be able to meet all the needs of youth in the communities subrecipients reach. MDH will provide information to subrecipients on the importance of referring youth to the following programs for continuity of care and ensure that referral systems are active and effective at the subrecipient level. Many subrecipients operate within school-based clinic systems and/or youth-serving healthcare clinics and have healthcare services available in house. For those who do not have these services in house, MDH will provide recommendations to community clinics with youth-friendly services, including mental health, physical health, sex trafficking/exploitation, and substance abuse. Additionally, Minnesota offers statewide hotline resources such as the Minnesota Family Planning & STI Hotline, the Sexual Violence Center Crisis Line, and the Minnesota Warmline (for mental health support).

¹²Risk and Protective Factors – Youth.gov [Youth.Gov \(http://youth.gov/youth-topics/teen-pregnancy-prevention/risk-and-protective-factors\)](http://youth.gov/youth-topics/teen-pregnancy-prevention/risk-and-protective-factors)

Local Evaluation (Optional)

No local evaluation will take place in Minnesota due to FY2024 funding availability.

National Evaluation

MDH is committed to completing all requirements of the national evaluation by FYSB.

All subrecipients are contractually obligated to agree to collecting required national performance measures to submit to MDH.

Performance Measurement

MDH agrees to collect information related to the performance measures and submit the data to FYSB through the following processes:

- Subrecipients are required to report federally mandated performance measures to the MDH on a twice annual basis using the supplied optional data collection tools available through SRAE PAS. MDH will review submitted data and discuss programming with subrecipients biannually. MDH will submit federally mandated performance measures for subrecipients and overall program measures biannually according to the FYSB-mandated schedule.
- Subrecipients will submit ongoing fidelity monitoring forms through a REDCap tool for each cohort to document minor adaptations. Subrecipients will be observed annually for implementation with fidelity through the MN-PRC partner, who will share observations with MDH. All major adaptations requests must be submitted to MDH for approval before implementation.

- Subrecipients are also required to submit quarterly progress reports and invoices to MDH for ongoing program monitoring.

Objective Performance Measures

MDH will measure two specific outcome objectives and measures in order to determine success in reaching key goals. MDH will monitor the following outcomes through the entry and exit surveys collected from youth participants and attendance data.

Outcome Measure 1: Greater self-efficacy as youth (10-14) strive to reach their goals.

- 80% of participants will indicate they are more likely make plans to reach their goals
- 80% of participants will indicate they are more likely to manage emotions in healthy ways
- 80% of participants will indicate they are more likely to understand what makes a relationship healthy

Outcome Measure 2: Adolescents (10-14) will be supported by family and community to make positive health and sexual health decisions.

- 80% of participants will indicate they felt respected by program facilitators
- 50% of participants will indicate they are more likely to talk to caregivers about sex.
- 60% of participants will indicate they are more likely to wait until graduating from high school before having sex
- 75% of participants will indicate they are more likely to wait to have a child until having a full-time job

Sustainability Plan

The MN SRAE program is reviewing and refining the 2018 sustainability plan with completion by June 2024. For the past 20+ years, Minnesota has had a wide range of teen pregnancy prevention and positive youth development programs with collaboratives across the state (many are long-term efforts).

Organization	Program	Description	Pregnancy Prevention Focus	Positive Youth Development Focus
MDH	Sexual and Reproductive Health Services (SRHS) grant	\$13,862,000 (annual) grant funding to 35 organizations (ongoing since 1978)	X	X
MDH	Personal Responsibility Education Program (PREP)	\$543,000 (annual) grant funding to 6 organizations	X	X
MDH	Eliminating Health Disparities Initiative (EHDI) grant	Addresses health inequities for populations of color and American Indians across 8 different priority health areas including teen pregnancy prevention	X	X
MDH	MN Partnership for Adolescent Health	Collaborative partnership (external and internal) that created and oversees implementation of the Adolescent and Young Adult Health Action Plan		X
Sexual and Family Life Educators (SFLE)		Network of sexual health educators that's been in existence for over 30 years; meets monthly to network, discuss current events, cross-promote programs, share resources and learn from each other	X	X
Reproductive Health Alliance (RHA)		Consortium of family planning providers, leaders and advocates from across	X	

		MN whose works to guarantee access to reproductive health care in MN		
--	--	--	--	--

The MN SRAE sustainability plan will focus on continued partnership with these organizations and efforts to ensure continuation of SRAE activities after federal funds end. MN SRAE subrecipients will be engaged in development of the sustainability plan through MN SRAE monthly office hour meetings, twice per year grantee meetings and annual individual site visits. Subrecipients will revise their program's sustainability plans for MN SRAE funding annually in their workplan, which is submitted in July for the upcoming Federal Fiscal Year (FFY). Sustainability plans will be reviewed by the SRAE Grant Manager for the following methods to:

- Secure and maintain community support.
- Integrate programs and services.
- Create strategic partnerships.
- Secure diverse financial opportunities.
- Collect performance and outcome measure data to make continuous quality improvements.
- Ensure that recruitment prioritizes new and/or existing settings with new populations of youth each year.

Service Recipient Involvement

The MN SRAE State Implementation Plan will be posted online on the MDH SRAE-HTI website. MN SRAE staff are available to present or discuss the plan when requests are made.

Youth service recipients will be reached through subrecipient programming and MDH SRAE sustainability efforts.

Budget Information – Non-Construction Projects – SF-42A

Completed with LOI packaged 12/23.

APPENDICES

Attached are the following forms:

- A) Project/Performance Site Location(s) SF-P/PSL
- B) Assurances–SF-424B Mandatory Non-Construction Programs
- C) Certification Regarding Lobbying
- D) Protection of Human Subjects Assurance Identification/IRB

Exhibit L



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2501MNSRAE

FAIN# 2501MNSRAE

Federal Award Date: August 6, 2025

Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
85 East Seventh Place
Suite 220

ST PAUL, MINNESOTA 55164

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1416007162B3

5. Data Universal Numbering System (DUNS)

804887321

6. Recipient's Unique Entity Identifier

DHQVY2WCVHC5

7. Project Director or Principal Investigator

Emily McDowell
Project Director
emily.mcdowell@state.mn.us

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

David Lee
Grants Management Officer
david.lee@acf.hhs.gov
202-401-5461

10. Program Official Contact Information

Jerry Milner
Program Authorizing Official
ACYF - Family and Youth Services Bureau
Milner.Jerry@acf.hhs.gov
111-111-1111

Federal Award Information

11. Award Number

2501MNSRAE

12. Unique Federal Award Identification Number (FAIN)

2501MNSRAE

13. Statutory Authority

The Bipartisan Budget Act of 2018, Title V, Section 2954, Public Law 113-93, 42 US Code 710

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.235

16. Assistance Listing Program Title

Sexual Risk Avoidance Education (SRAE)

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2024

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2024 -

27. Total Amount of the Federal Award

including Approved Cost Sharing or Matching

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer - Signature

David Lee
Grants Management Officer

Financial Information

End Date 09-30-2026

\$447,776.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$660,122.00

*See Remarks

*See Remarks

End Date 09-30-2026

*See Remarks

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2501MNSRAE

FAIN# 2501MNSRAE

Federal Award Date: August 6, 2025

Recipient Information

MINNESOTA DEPARTMENT OF HEALTH

85 East Seventh Place

Suite 220

ST PAUL, MINNESOTA 55164

Employer Identification Number (EIN): 1416007162B3

Data Universal Numbering System (DUNS): 804887321

Recipient's Unique Entity Identifier: DHQVY2WCVHC5

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-25-1512	2025,G990597	\$660,122.00	\$447,776.00	\$660,122.00	2501MNSRAE	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Sexual Risk Avoidance Education Program. Funds are subject to the requirements of Section 510 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the SRAE program under which this grant has been awarded, at 42 U.S.C. § 710, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

Exhibit M



FISCAL YEAR 2025

SUPPLEMENTAL TERMS and CONDITIONS

The *ACF Standard Terms and Conditions* applies to all ACF awards and is located on the [Award Terms and Conditions](#) (T&C) page. The *Supplemental Terms and Conditions* herein are additional requirements applicable to the program named below.

By acceptance of awards for this program, the recipient agrees to comply with the requirements included in both the *Standard* and *Supplemental Terms and Conditions* for this program.

Administration on Children, Youth, and Families (ACYF) Family and Youth Services Bureau (FYSB)

Title V State Sexual Risk Avoidance Education (SRAE) Program

Assistance Listing No. 93.235

EFFECTIVE PERIOD

The supplemental T&Cs are effective on the date shown in the footer at the bottom of the respective pages and applies to awards and award modifications that add funding which are issued on or after that date (including any supplements to awards and competing and non-competing continuation awards). For recipients of such awards, the T&Cs supersede all previous similar T&Cs and will remain in effect until updated for subsequent awards. All T&Cs will be updated and reissued, as needed.

APPLICABLE LEGISLATION, STATUTE, REGULATIONS

1. The administration of this program is authorized under Title V, [Section 510](#), of the Social Security Act (the Act).
2. The program is codified at [42 U.S.C. §710](#).
3. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards located under 2 CFR Parts [200](#) and [300](#). In accordance with 2 CFR §200.101, Applicability, this program must comply with 2 CFR 200 in its entirety. No exceptions were identified.
4. Additional program and applicable regulation and requirements include:
 - a. The Notice of Funding Opportunity (NOFO) found here: [HHS-2024-ACF-ACYF-SRAE-0044](#)
 - b. [The ACF Standard Terms and Conditions](#)

ADDITIONAL TERM AND CONDITION

5. Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the SRAE program under which this grant has been awarded, at 42 U.S.C. §710, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. *See* 45 C.F.R. §§ 75.403-405.

COST SHARING OR MATCHING (NON-FEDERAL SHARE) OF PROGRAM FUNDING

6. The Title V State SRAE does not require a match.

FINANCIAL MANAGEMENT AND REPORTING

7. Federal funds awarded under this grant must be expended for the purposes for which they were awarded and within the time period allotted.
8. The OMB approved Financial Reporting form for this program is the Federal Financial Report SF-425. The SF-425 is due annually and no later than December 30, which is 90 days after the end of each reporting period.
 - a. Submission Methodology: All periodic SF-425 financial reports for all grant programs must be submitted electronically through the Payment Management System (PMS). Recipients must not submit duplicate copies either by mail, by fax or as an email attachment of any reports submitted.
 - b. Submission Schedule: Annual. Each annual financial report must be submitted within 90 days (i.e., no later than December 30) following the end of each Federal Fiscal Year (FFY).
 - i. An interim financial report (covering Year 1 of the project period) is due 90 days following the end of Federal Fiscal Year 1.
 - ii. A final financial report (cumulative, covering the entire 2-year project period) is due 120 days following the end of Federal Fiscal Year 2.
9. Obligation Deadline:
 - a. In accordance with [Section 503\(b\)](#) of the Act (42 U.S.C. §703(b)), the Title V State Sexual Risk Avoidance Education program has a 2-year project/obligation period starting from the first day of the FFY for which these funds were awarded through the last day of the next FFY. (i.e., October 1, Federal Fiscal Year 1 through September 30, Federal Fiscal Year 2). Any Federal funds not obligated by the end of the obligation period will be recouped by this Department.
10. Liquidation Deadline:
 - a. In accordance with 2 CFR §200.344(b), a recipient must liquidate all obligations incurred under the award no later than 120 days after the end of the funding/obligation period (i.e., January 30 following the end of Federal Fiscal Year 2). Any Federal funds from this award not liquidated by this date will be recouped by this Department.

PROGRAM MANAGEMENT AND REPORTING

11. The OMB approved Program Report form for this program is the Performance Progress Report (PPR). Semi-annual narrative program performance reports must describe the program activities carried out,

including an assessment of the effectiveness of those activities in achieving the purposes of this award. Each report covers the preceding 6-month period and is due 30 days following the end of the 2nd and 4th quarters (i.e., no later than April 30 and October 30, respectively). Please refer to the general terms and conditions for Electronic Submission guidance.

12. All recipients and subrecipient(s), including their implementation sites, will be required to collect and report information on program implementation and program outcomes through a common set of performance measures. This requirement applies to any community partners that agree to host a site or recruit program participants (e.g., school districts, non-profits). SRAE performance measures will be distributed to funded recipients, that will be required to collect and report on these measures approximately twice a year. ACF has defined measures at the recipient, provider, and program levels.
13. Recipients will be expected to check local and state laws, policies, and procedures to ensure that the collection of performance measures data is feasible and obtain any necessary permissions (e.g., formal agreements with partners, Institutional Review Board (IRB) approval, copies of school district approvals) to collect these data. Recipients are responsible for ensuring all subrecipients and implementation sites collect and submit the SRAE performance measures. Recipients may develop additional indicators of program performance, as needed, including adding items to the entry or exit surveys. However, all FYSB OMB-approved items must be administered first, in the order presented in the approved survey, before any additional items are added. Any additional survey items should be added at the end of the OMB-approved survey and should not be submitted to ACF.
14. Additional program conditions:
 - a. Have the project fully functioning and serving youth within at least 90 days following the issuance of the Notice of Award.
 - b. Formally train facilitators/educators in the evidence-based effective program model or elements of the effective program model by professionals who can provide follow-up technical assistance to facilitators.
 - c. Provide SRAE programming that demonstrates the incorporation of positive youth development (PYD) and meaningful youth engagement.
 - d. Send at least two key staff persons to the Adolescent Pregnancy Prevention (APP) Program Grantee Training, if held during the project period. A minimum of two staff persons are to attend at least one of two topical training sessions offered each year of the project in areas such as Washington, DC; Phoenix, AZ; and Boston, MA.
 - e. Collect and report on all OMB cleared federal SRAE performance measures (recipient, partners, and subrecipients). SRAE Performance Measures are currently approved under OMB # 0970-0536, expiration date 12/31/2025.
 - f. For states and subrecipients conducting local evaluations, participate in training and TA provided by the federal government and follow related guidance provided by ACF/FYSB.
 - g. Submit curricula and programmatic materials to FYSB, as requested, for a medical accuracy review and provide a plan to comply with making any required modifications.
 - h. Agree to participate in the National Evaluation, if selected.

PROPERTY REPORTING

15. The OMB approved property reporting is the following:

- a. Real Property Reports (SF-429s). The SF-429 Real Property forms are not applicable to this program. Purchase, construction, and major renovation are not an allowable activity or expenditure under this award. For more information, see the *ACF Standard Terms and Conditions*.
- b. Tangible Property Report (SF-428s). The SF-428 Tangible Personal Property forms must be submitted as described in the *ACF Standard Terms and Conditions*.

POINTS OF CONTACT

16. Points of contact for additional information or questions concerning either the operation of the program or related financial matters can be found on the *Notice of Award*.

- a. Program Office
MeGan Hill
Program Specialist
330 C Street, S.W.
Washington, D.C. 20201
E-mail: megan.hill@acf.hhs.gov
Phone: (301) 348-3565
- b. Office of Grants Management
David Lee
Supervisory Grant Management Specialist
330 C Street, S.W.
Washington, D.C. 20201
E-mail: david.lee@acf.hhs.gov
Phone: (202) 401-5461

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF
OREGON; STATE OF MINNESOTA; STATE
OF COLORADO; STATE OF
CONNECTICUT; STATE OF DELAWARE;
DISTRICT OF COLUMBIA; STATE OF
HAWAI'I; STATE OF ILLINOIS; STATE OF
MAINE; STATE OF MARYLAND;
COMMONWEALTH OF MASSACHUSETTS;
STATE OF MICHIGAN; STATE OF NEW
JERSEY; STATE OF NEW YORK; STATE
OF RHODE ISLAND; STATE OF
WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
HEALTH AND HUMAN SERVICES;
ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of U.S. Department of
Health and Human Services; UNITED STATES
HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND
FAMILIES; and ANDREW GRADISON, in his
official capacity as Acting Assistant Secretary
of U.S. Health and Human Services
Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

DECLARATION OF MINNA CASTILLO

DECLARATION OF MINNA CASTILLO, DEPUTY EXECUTIVE DIRECTOR,
COLORADO DEPARTMENT OF HUMAN SERVICES

I, MINNA CASTILLO, pursuant to 28 U.S.C. § 1746 declare as follows:

1. I am a resident of the State of Colorado. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I am currently the Deputy Executive Director for Community Partnerships at the Colorado Department of Human Services (CDHS). As Deputy Executive Director of Community Partnerships, I oversee CDHS' Office of Children, Youth and Families and Office of Economic Security. I also serve as a liaison for CDHS to other state agencies, county and tribal governments, federal and interstate partners, and community partners to further the CDHS' mission of empowering Coloradans to thrive. Prior to my current position, I served as the director of CDHS's Office of Children, Youth and Families (OCYF) for six years, where I oversaw CDHS' Divisions of Youth Services, Child Welfare, and Community Programs. In addition to my state government experience, I previously spent 20 years in the nonprofit sector in roles focused on serving and strengthening families.

3. In both my current role as Deputy Executive Director, and prior role as Director of OCYF, I have supervised CDHS' Division of Community Programs, under which Colorado's Personal Responsibility Education Program (PREP) grant program—the Colorado Sexual Health Initiative (CoSHI)—is administered. Further, I have served as Colorado's authorized representative for the PREP grant since 2019. Prior to my state government service, I also partnered with PREP subgrantees through my work in the nonprofit sector. Presently, I have access to all documentation concerning Colorado's PREP grant awards since the initial award, and regularly

consult with CDHS staff who are directly responsible for the administration of Colorado's PREP grant funds.

4. I submit this declaration in connection with Plaintiff States' Motion for Preliminary Injunction and Complaint for Injunctive and Declaratory Relief pertaining to the August 6, 2025 Notice of Award (NOA) from the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF) regarding state Personal Responsibility Education Program (PREP) grants; the August 7, 2025 PREP Supplemental Terms and Conditions (Supplemental T&Cs); and the August 26, 2025 directive letter from ACF to grantees (the PREP Directive). I have personal knowledge of the matters set forth below, or with respect to the matters for which I do not have personal knowledge, I have reviewed information gathered from CDHS records by others within the organization.

5. In Colorado, CDHS supports comprehensive, evidence-based educational programming to reduce pregnancy, HIV and other sexually transmitted infections (STIs), and birth rates for youth throughout the state. While annual program enrollment varies, CDHS typically partners with 9-10 schools, 5-6 county human services agencies, 4-6 youth justice centers, and 10-12 community-based organizations. Across the State, over 2,000 youth and 1,000 adults are served by the programs we implement with PREP funding. CoSHI distributes PREP grant funds to partner organizations, which are then utilized to provide comprehensive sexual health education and programming to youth, and to provide substantive training for trusted adults to enhance their knowledge and skills in answering questions from youth about sensitive sexual health topics.

6. In applying for PREP grants, CDHS has complied with the program's application requirements, which include assurances that programming is evidence-based, medically accurate, age appropriate, targeted towards high-risk youth, and provided in the cultural context most

appropriate for individuals in the particular population group to which the programming is directed. CDHS has also ensured that its PREP programming complies with the grant's non-discrimination requirements—which preclude discrimination on the basis of sex, sexual orientation, and gender identity—described in 42 U.S.C. §§ 708(a)(2), 713(d)(2)(B)(vi) and 45 C.F.R. § 75.300(e)(8). The programming addresses both abstinence and the use of contraception, as well as at least three of six “adulthood preparation subjects” as described in 42 U.S.C. § 713(b)(2)(C). In its grant applications, CDHS also addresses how Colorado uses positive youth development principles when offering trauma-informed prevention programming, consistent with ACF's recurring Grant Administration Guidance documents, most recently issued in January 2025. CDHS last certified Colorado's compliance with these requirements as part of its state plan, submitted to ACF on March 28, 2025. That state plan is attached as Exhibit 1.

Federal Funding Relied on by CDHS

7. Most recently, Colorado submitted a PREP grant application in response to ACF's Funding Opportunity Announcements (FOA) in 2016. Colorado has submitted a letter of intent to re-authorize PREP grants each year as a continuation of its 2016 application. ACF extends funding to grantees for three-year grant terms. Colorado requests re-authorization of grant funds each year, resulting in overlapping awards. Colorado has continuously received PREP funding since September 2010.

8. ACF has issued three currently active awards to CDHS, covering the period from October 1, 2022, through September 30, 2027. For the period from October 1, 2022 through September 30, 2025, ACF provided \$843,176.00 in PREP funding to Colorado. For the period from October 1, 2023 through September 30, 2026, ACF provided \$899,397.00 in PREP funding to Colorado. For the period from October 1, 2024 through September 30, 2027, ACF provided

\$887,485.00 in PREP funding to Colorado. CDHS is currently operating its PREP programs using fiscal year 2024 funds, from the grant award covering the period from October 1, 2024 through September 30, 2026. Colorado has not yet drawn upon fiscal year 2025 funds, from the grant award covering the period from October 1, 2024 through September 30, 2027. However, Colorado estimates that fiscal year 2024 award funds will be exhausted in December 2025, and CDHS will then be required to transition to fiscal year 2025 award funds to support its PREP programming.

9. ACF disburses PREP funding as reimbursements requested by CDHS. PREP funding is drawn down from ACF daily to reimburse PREP related expenditures at the time they occur.

10. Colorado has well-established partnerships with several county human services agencies, schools, youth justice centers, and community-based organizations to administer these funds. Since 2020, Colorado has partnered with organizations such as CDHS Division of Youth Services, Gunnison County Juvenile Services, Inside Out Youth Services, Sangre De Cristo Center for Youth, The Matthews House, Meraki Counseling, Woods+the Wild, Hilltop Health Services, Union Counseling, Mile High 360 and multiple county departments of human services to design and implement sexual health education and adult preparation skills programming for young people in Colorado along with substantive training for trusted adults to support youth addressing sensitive topics related to sexual health. Many of the youth and adults served are from or work with vulnerable populations, such as individuals involved in the child welfare or juvenile justice systems, and those who are experiencing financial hardship or are at risk of becoming unhoused.

Communications from Federal Government

11. On or about April 14, 2025, CDHS received a letter, via email, from ACF's Family and Youth Services Bureau's (FYSB) Division of Positive Youth Development indicating that ACF

was performing a “medical accuracy review” and requesting submission of “any current curricula and programmatic materials” related to state PREP grants. FYSB stated that the “purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete.” That letter is attached as Exhibit 2.

12. As requested, CDHS submitted all PREP curricula and materials on April 22, 2025. This included facilitator manuals and student workbooks for four curricula.

13. On August 6, 2025, CDHS received a Notice of Award (NOA) describing the financial information associated with Colorado’s PREP grant award funds. The NOA states, “[t]he use of Federal funds from this award constitutes the grantee’s acceptance of the listed terms and conditions.” In the Remarks section, the NOA states, “Recipients are prohibited from including gender ideology in any program or service that is funded with this award.” The Terms and Conditions section states, in part, “[t]he statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one’s sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.” The NOA is attached as Exhibit 3.

14. On August 7, 2025, ACF published Supplemental T&Cs applicable to PREP awards and award modifications that add funding. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per ACF’s notice,

these Supplemental T&Cs are effective immediately and apply to “awards and award modifications that add funding which are issued on or after” August 7, 2025.

15. Per the August 6, 2025 NOA and the Supplemental T&Cs, the “gender ideology” terms and conditions of the NOA and Supplemental T&Cs are not accepted until the grantee uses federal funds to which the terms and conditions apply. CDHS has not used any funds awarded under the August 6, 2025, NOA and thus has not accepted the “gender ideology” term in the NOA or the Supplemental T&Cs.

16. On August 26, 2025, CDHS received another letter from ACF (the PREP Directive), via email, stating that “Colorado’s current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified” because Colorado’s curriculum and materials include “gender ideology.” The identified content, ACF claims, is “outside of the scope of PREP’s authorizing statute...and all references to it must be removed from Colorado’s PREP curricula and program materials[.]” ACF further “instructs Colorado to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter.” ACF asserts that it may take “additional enforcement action,” and lists as possibilities “allowing HHS to withhold, disallow, suspend, or terminate Federal awards.” That letter is attached as Exhibit 4.

Harms to Colorado

17. Colorado is currently and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and PREP Directive have created immense confusion for our agency and partners. PREP grant funds ensure that Colorado’s most vulnerable youth populations receive medically accurate sexual education, where they otherwise likely would not. Doing so further reduces the risks associated with

unintended pregnancies and sexually transmitted diseases, thereby advancing the public health of Colorado's youth. Uncertainty surrounding the future availability of funds inhibits Colorado's ability to plan for future PREP programming insofar as it is unclear whether the programming may be maintained with its current reach or its current curricula, what costs would be associated with transitioning to an alternative curricula, or whether any changes in the curricula would alter the efficacy of the programming. Plainly, any reduction in the reach or efficacy of the program will place vulnerable youth at risk of unintentionally becoming pregnant or contracting STIs, deteriorating the public health. Additionally, Colorado's PREP grant funds contribute to the full or partial salary of seven employees at CDHS. With the uncertainty of the PREP grant's continuation past October 27, 2025, our agency must contemplate reducing or terminating these valuable positions. Our agency's ability to plan for the future is severely negatively impacted.

18. Further, the threat to our state's federal financial assistance for failure to remove content concerning "gender ideology" puts at risk \$887,485.00 in funding.

19. The impact of a disruption in funds would be devastating to the program. Given my experience, without the continued and uninterrupted funding of PREP grants, CDHS and its partners will not be as effective in administering and providing age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. As a result, youth in Colorado, especially high-risk youth, will suffer.

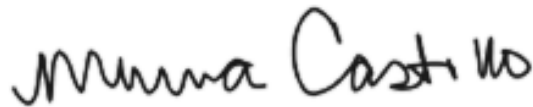
20. For example, a major component of Colorado's PREP programming is educating youth in youth justice centers, and the adults charged with their care. PREP grant funds have also been used for the benefit of youth in foster care because of abuse or neglect, and their foster parents. PREP funding also benefits youth in Colorado's rural or underserved communities. Some youth served identify as LGBTQ+ and will be directly harmed by a loss of programming or by

discriminatory or non-inclusive alterations to current programming. These youth often suffer from trauma, may be more prone to high-risk behaviors, and are in environments where quality sexual health education is not otherwise available. Absent quality education, these population segments will be at increased risk of endemic STIs, unintended pregnancies, and will suffer from continued marginalization as a result.

21. Colorado law directs that human sexuality education, where offered, be provided in a culturally sensitive manner, in a way that is “meaningful to the experiences and needs of . . . lesbian, gay, bisexual, and transgender communities[,]” and must not “exclude the health needs of intersex individuals or lesbian, gay, bisexual, or transgender individuals.” §§ 22- 1-128(2)(c), (7)(b)(III) C.R.S. (2025). It would be virtually impossible for CDHS to harmonize ACF’s directives with Colorado law.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 19, 2025, at Denver, Colorado.



MINNA CASTILLO

Deputy Executive Director,

Colorado Department of Human Services

Exhibit 1

Colorado Department of Human Services
Colorado Sexual Health Initiative (CoSHI)
2501COPREP-FFY25 State Plan

Project Title: CoSHI 2501COPREP State Plan

State Name: Colorado

Fiscal Year: Federal Fiscal Year 2025

Grant Allocation Amount: \$887,485.00

Address: 1575 Sherman Street, 2nd Floor, Denver, CO 80203

Contact Name: Zoa P. Schescke

Contact Phone Number: 720.636.4512

Email Address: zoa.schescke@state.co.us

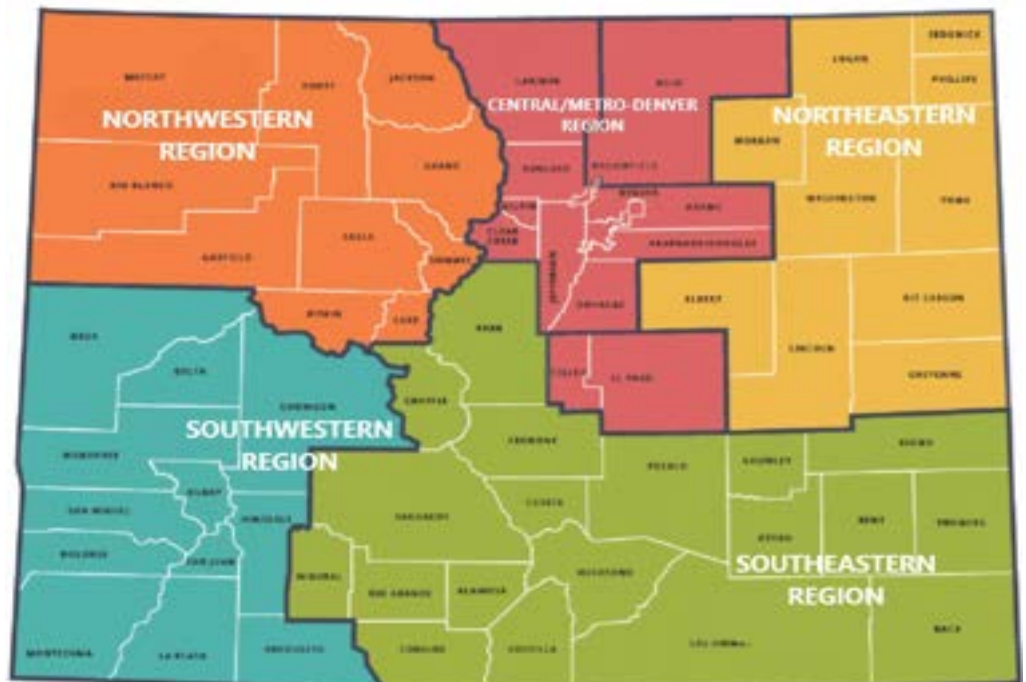
Colorado's implementation of the Personal Responsibility Education Program seeks to increase young people's access to education regarding abstinence, healthy relationships, and medically accurate, age appropriate, sexual health education that is presented in a trauma informed manner, in addition to fostering connections to trusted adults. The Colorado Department of Human Services (CDHS) integrates a positive youth development (PYD) approach in this programming, promoting risk avoidance skills through methods that normalize the benefits of delaying sexual activity. The PREP grant is administered by the Colorado Sexual Health Initiative (CoSHI), within the Division of Community Programs, one of the main divisions comprising the Office of Children, Youth and Families at CDHS.

The CoSHI team works to engage youth with lived experience, and those who serve

on existing advocacy boards, alongside youth-serving professionals from the communities and sites where implementation will occur in the selection of evidence-based interventions (EBIs), Adult Preparation Subjects (APS), and in the planning of program implementation. While many of the APSs are likely to be addressed by the lessons included in the EBIs, some may require additional curricula such as the “Askable Adults” workshop, “Beyond the Birds and the Bees” designed to address the Adult-Child Communication APS.

The CoSHI team will continue to work with young people who are impacted by public systems of care in Colorado, such as child welfare and juvenile justice. The team will also continue to award funding to eligible community based, county-based sites and/or sub-recipients within Colorado. The eligible and interested sites that apply for funding differ each year, however the CoSHI team attempts to ensure that

awards (up to \$15,000 per organization) are offered to organizations that are dispersed across key regional areas of Colorado.



Implementation within at least five of the thirteen Division of Youth Services (DYS) sites that are managed by CDHS will continue as well.

Each of the sites will receive funding, training and technical assistance to ensure they are able to implement evidence-based interventions to fidelity and offer APS in their communities or DYS site with the assistance, training and ongoing technical assistance (TA) from CDHS state staff. All CDHS state staff offering training and technical assistance have extensive experience as both adult and youth facilitators. Additionally, the CoSHI Training Manager and CoSHI Programs Manager have both attended multiple and specific training workshops allowing them to be the Lead Trainer for all evidence-based interventions offered by Colorado PREP sites. This has been pursued as a means of sustainability and will help to ensure all facilitators can be trained to facilitate programming with fidelity and from a trauma informed approach that ensures implementation is offered in a medically accurate and age-appropriate manner, even when staff turnover within subrecipient sites creates the need for additional training of staff during the year. The training & TA offered by CDHS State staff may also include co-facilitation assistance from CDHS, and/or other contracted facilitators from Colorado communities who are trained to assist with implementation and facilitation.

Based on numbers served in past years and available data regarding numbers of youth in care, the anticipated number of youth and adults to be served at each site is available in the tables below. The anticipated number of adults to be served is based upon the number of adults that will be offered the “Beyond the Birds and the Bees” workshop that is required for all youth serving professionals in DYS sites and

highly encouraged for all foster parents, caseworkers and other adults working with youth at other sites beginning implementation of EBIs.

Anticipated Number of Youth to be Served					
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
Division of Youth Services Sites					
Campus at Lookout Mountain	15	15	10	15	55
Campus at Mountview	10	10	10	10	40
Gilliam Youth Services Center	10	10	10	10	40
Grand Mesa Youth Services Center	15	15	10	15	55
Prairie Vista Youth Services Center	10	10	8	10	38
Total Youth from DYS Sites	60	60	48	60	228
Regional Sites					
Northwestern Colorado	15	15	15	15	60
Northeastern Colorado	10	10	10	10	40
Southwestern Colorado	50	50	50	50	200
Southeastern Colorado	25	25	25	25	100
Central/Metro Denver	100	100	100	100	100
Total Youth from Regional Sites	200	200	200	200	800
Total Youth to be Served	260	260	248	260	1,028

Each site will identify the appropriate evidence-based intervention(s) (EBIs) for their site/community based upon the specific needs of the young people within that site/community. The EBIs will be chosen from a specific list provided by CDHS and will only include those which meet the specific requirements of the PREP grant and meet the Colorado Department of Education Standards, with minor adaptations allowed, provided these do not alter the effectiveness, or the fidelity of the EBI.

Anticipated Number of Adults to be Served					
	1 st Quarter	2nd Quarter	3 rd Quarter	4 th Quarter	TOTAL
Division of Youth Services Sites					
Campus at Lookout Mountain	20	5	5	5	35
Campus at Mountview	20	5	5	5	35
Gilliam Youth Services Center	25	5	5	5	40
Grand Mesa Youth Services Center	30	5	5	5	45
Prairie Vista Youth Services Center	30	5	5	5	45
Total Adults from DYS Sites	125	25	25	25	200
Regional Sites					
Northwestern Colorado	30	15	10	15	70
Northeastern Colorado	12	5	5	7	29
Southwestern Colorado	75	45	40	45	205
Southeastern Colorado	15	10	7	10	42
Central/Metro Denver	150	75	55	50	330
Total Adults from Regional Sites	282	150	117	127	676
Total Adults to be Served	407	175	142	152	876

These curricula options include:

- Street Smart
- Get Real
- FLASH
- 3 R's
- LiFT
- Making Proud Choices
- Power Through Choices
- Safer Choices
- AllForYou2!

While at least three of the Adult Preparation Subjects (APS) are addressed in each of the curricula, some sites will also choose to address additional APSs. All Colorado PREP sites will address Healthy Relationships, Adolescent Development, and Healthy Life Skills via the evidence-based interventions, and will address Adult-Child Communication via the Askable Adult workshop, "Beyond the Birds and the Bees" that has been developed by CDHS staff. If any sites choose to address Financial Literacy or Educational and Career Success, they may also do so, if they can justify this within their budget request and stay within the budget requirements. In addition to offering these APS, sites will be encouraged to offer linkages to referral sources as needed.

All sites will also be required to participate in the collection of pre and post survey data and in the collection of yearly performance measure data, as well as quarterly reporting, regular check-in calls, yearly site visits and observations, and all State and Federal Sub-Recipient monitoring requirements. Pre and Post survey data will be collected electronically via the CoSHI Database. This online database will be managed by Digi Limited and LPA Consulting who will be contracted via Purchase Order. The scope of the evaluation conducted by Digi Limited and LPA Consulting will include the required performance measurement data in addition to questions related to changes in knowledge regarding sexual health and risk avoidance topics, and intentions around risk behaviors that are addressed in each specific evidence-based intervention.

Exhibit 2



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, D.C. 20201 | www.acf.hhs.gov

April 14, 2025

Minna Castillo Cohen
Colorado Dept. of Human Services
1575 Sherman Street
Denver, CO, 80203

RE: State Personal Responsibility Education Program 1601COPREP

Dear Minna Castillo Cohen:

The Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB), Division of Positive Youth Development's State Personal Responsibility Education Program (PREP) grant recipients and subrecipients are required to comply with all statutory requirements of PREP including ensuring the programs are "medically accurate and complete" and the program provides "age-appropriate" information and activities. 42 U.S.C. § 713(b)(2)(B); *see also* 45 CFR § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award); and 45 CFR § 75.364(a) (requiring grantees to provide HHS with access to any records pertinent to the Federal award).

In accordance with the terms and conditions of your State Personal Responsibility Education Program grants, you may be requested to submit curricula and programmatic materials to FYSB, for a medical accuracy review, as specified in the *Terms and Conditions, Other Terms and Conditions Section under Program Reporting and Requirements*.

This letter is to request that you submit for a medical accuracy review any current curricula and programmatic materials in use or in any way relevant to your State PREP grant. This includes both the curricula and programmatic materials you are currently implementing as well as any curricula and programmatic materials you have approved for use by subrecipients or subcontractors in your state's PREP program. Please submit these curricula and materials within three (3) business days, and no later than April 17, 2025 by 11:59 PM ET.

Instructions for submitting these curricula and materials are as follows:

- Provide electronic copies of all curricula materials and supplemental information that will be provided to facilitators and program participants, including, but not limited to:
 - Teacher Manual
 - Student Manual
 - Handouts

- Video Links
- DVDs
- Brochures
- PowerPoints
- Text Messages
- Video Game Content
- Consent/Assent Forms

The purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete. A Guidance Document on the medical accuracy review process is attached to this email. Be sure to complete the attached Grantee Submission Form to identify all program materials that will be uploaded to Dropbox. It is very important this form be submitted along with your curricula. We ask that all supplemental materials be listed at the bottom of the form, separate from the curricula files.

Please email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,



Andrew Gradison

Acting Assistant Secretary
Administration for Children and Families

Enclosures:

Medical Accuracy Review Guidance Document
Grantee Submission Form

Exhibit 3



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2501COPREP
FAIN# 2501COPREP
Federal Award Date: August 6, 2025

Recipient Information

1. Recipient Name

DEPARTMENT OF HUMAN SERVICES
COLORADO
1575 Sherman Street, 3rd Floor

DENVER, COLORADO 80203

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1840644739C3

5. Data Universal Numbering System (DUNS)

878147602

6. Recipient's Unique Entity Identifier

WQ33FA1ZHQ8

7. Project Director or Principal Investigator

Shelia Aderman

no_email_131328@grantsolutions.gov

303-866-7172

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

David Lee

Grants Management Officer

david.lee@acf.hhs.gov

202-401-5461

10. Program Official Contact Information

Debbie Powell

Deputy Associate Commissioner

ACYF - Family and Youth Services Bureau

debbie.powell@acf.hhs.gov

(202) 205 2360

Federal Award Information

11. Award Number

2501COPREP

12. Unique Federal Award Identification Number (FAIN)

2501COPREP

13. Statutory Authority

Section 513 of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.092

16. Assistance Listing Program Title

Personal Responsibility Education Program

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2024

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2024 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2027

\$558,003.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$887,485.00

*See Remarks

*See Remarks

End Date 09-30-2027

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

David Lee

Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2501COPREP
FAIN# 2501COPREP
Federal Award Date: August 6, 2025

Recipient Information

DEPARTMENT OF HUMAN SERVICES COLORADO
1575 Sherman Street, 3rd Floor
DENVER, COLORADO 80203

Employer Identification Number (EIN): 1840644739C3

Data Universal Numbering System (DUNS): 878147602

Recipient's Unique Entity Identifier: WQ33FA1ZHJQ8

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-X-1512	2025,G99SU25	\$887,485.00	\$558,003.00	\$887,485.00	2501COPREP	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Personal Responsibility Education Program. Funds are subject to the requirements of Section 513 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

Exhibit 4



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2501C●PREP

FAIN# 2501C●PREP

Federal Award Date: August 6, 2025

Recipient Information**1. Recipient Name**

DEPARTMENT ●F HUMAN SERVICES
C●L●R●A●D●
1575 Sherman Street, 3rd Floor

DENVER, C●L●R●A●D● 80203

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1840644739C3

5. Data Universal Numbering System (DUNS)

878147602

6. Recipient's Unique Entity Identifier

W●33FA1ZHJ●8

7. Project Director or Principal Investigator

Shelia Aderman

no_email_131328@grantsolutions.gov

303-866-7172

8. Authorized Official

*See Remarks

Federal Agency Information**9. Awarding Agency Contact Information**

David Lee

Grants Management ●fficer

david.lee@acf.hhs.gov

202-401-5461

10. Program Official Contact Information

Debbie Powell

Deputy Associate Commissioner

ACYF - Family and Youth Services Bureau

debbie.powell@acf.hhs.gov

(202) 205 2360

Federal Award Information**11. Award Number**

2501C●PREP

12. Unique Federal Award Identification Number (FAIN)

2501C●PREP

13. Statutory Authority

Section 513 of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.092

16. Assistance Listing Program Title

Personal Responsibility Education Program

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award**19. Budget Period Start Date** 10-01-2024**20. Total Amount of Federal Funds Obligated by this Action**

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative ●ffset

21. Authorized Carryover

22. ●ffset

23. Total Amount of Federal Funds ●bligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2024 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2027

\$558,003.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$887,485.00

*See Remarks

*See Remarks

End Date 09-30-2027

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

David Lee

Grants Management ●fficer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2501COPREP
FAIN# 2501COPREP
Federal Award Date: August 6, 2025

Recipient Information

DEPARTMENT OF HUMAN SERVICES COLORADO
1575 Sherman Street, 3rd Floor
DENVER, COLORADO 80203

Employer Identification Number (EIN): 1840644739C3

Data Universal Numbering System (DUNS): 878147602

Recipient's Unique Entity Identifier: WQ33FA1ZHJQ8

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-X-1512	2025,G998U25	\$887,485.00	\$558,003.00	\$887,485.00	2501COPREP	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Personal Responsibility Education Program. Funds are subject to the requirements of Section 513 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of -effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF
OREGON; STATE OF MINNESOTA; STATE
OF COLORADO; STATE OF
CONNECTICUT; STATE OF DELAWARE;
DISTRICT OF COLUMBIA; STATE OF
HAWAI'I; STATE OF ILLINOIS; STATE OF
MAINE; STATE OF MARYLAND;
COMMONWEALTH OF MASSACHUSETTS;
STATE OF MICHIGAN; STATE OF NEW
JERSEY; STATE OF NEW YORK; STATE
OF RHODE ISLAND; STATE OF
WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
HEALTH AND HUMAN SERVICES;
ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of U.S. Department of
Health and Human Services; UNITED STATES
HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND
FAMILIES; and ANDREW GRADISON, in his
official capacity as Acting Assistant Secretary
of U.S. Health and Human Services
Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

**DECLARATION OF JULIE VIGIL, M.S.,
M.P.H., CHC, CHRC, FACHE**

DECLARATION OF JULIE VIGIL, M.S., M.P.H., CHC, CHRC, FACHE

I, Julie Vigil, M.S., M.P.H., CHC, CHRC, FACHE, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am a resident of the State of Connecticut. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. Presently, I am the Branch Chief of the Community, Family Health and Prevention (CFHP) Branch of the Connecticut Department of Public Health (DPH).

3. As the Branch Chief for the CFHP Branch, I oversee operations across 12 health units, including Maternal and Child Health, Oral Health, Primary Care, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Injury and Violence Prevention, and Chronic Disease Prevention. This work involves managing multi-million-dollar budgets and federal grants to improve statewide access to preventive and primary care services. I advise the Commissioner of DPH on emerging public health trends, population health data, and policy initiatives. I also foster stakeholder engagement across healthcare providers, schools, and municipalities.

4. I submit this declaration in connection with Plaintiff States' Motion for Preliminary Injunction and Complaint for Injunctive and Declaratory Relief pertaining to the August 6, 2025 Notice of Award (NOA) from the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF) regarding state Personal Responsibility Education Program (PREP) grants, the August 7, 2025 PREP Supplemental Terms and Conditions (Supplemental T&Cs), and the August 26, 2025 directive letter from ACF to grantees

(the PREP Directive). I have personal knowledge of the matters set forth below, or with respect to the matters for which I do not have personal knowledge, I have reviewed information gathered from DPH's records by others within the organization.

5. In Connecticut, DPH has supported comprehensive, evidence-based educational programming to reduce pregnancy, HIV and other sexually transmitted infections (STIs), and birth rates for youth at school districts and community-based organizations.

6. In applying for PREP grants, DPH has complied with the program's application requirements, which include assurances that programming is evidence-based, medically accurate, age appropriate, provided in the cultural context most appropriate for individuals in the particular population group to which the programming is directed, and targeted towards high-risk youth. The programming addresses both abstinence and the use of contraception, as well as at least three of six "adulthood preparation subjects" as described in 42 U.S.C. § 713(b)(2)(C). In its grant applications, DPH also addresses how Connecticut uses positive youth development principles when offering trauma-informed prevention programming. DPH last provided materials for medical review to ACF of Connecticut's compliance with these requirements on April 23, 2025.

Federal Funding Relied on by DPH

7. In 2023, Connecticut submitted a PREP grant application in response to ACF's Funding Opportunity Announcement (FOA). Since that time, Connecticut has submitted a letter of intent packet to re-authorize PREP grants each year. ACF extends funding to grantees each year for three-year grant terms. Connecticut receives funding each year, which must be expended in three years, resulting in overlapping awards. Connecticut has received these funds since 2010.

8. ACF has issued to DPH three currently active awards covering the period from October 1, 2022, through September 30, 2027. For the period from October 1, 2022 through

September 30, 2025, ACF provided \$520,314 in PREP funding to Connecticut. For the period from October 1, 2023 through September 30, 2026, ACF provided \$555,007 in PREP funding to Connecticut. For the period from October 1, 2024 through September 30, 2027, ACF provided \$535,230 in PREP funding to Connecticut. DPH is currently operating using fiscal year 2024 funds and has not yet drawn down 2025 funds.

9. ACF disburses PREP funding as reimbursements requested by DPH. DPH expects to request its next grant disbursement prior to October 15, 2025. Reimbursable expenses are accrued throughout the year, and DPH is reimbursed by ACF for those expenses on a rolling basis. Connecticut has well-established partnerships with school districts and local organizations to administer these funds. Connecticut has historically partnered with other state agencies, local health departments, and community-based organizations to design and implement curriculum-based programs to at-risk youths on topics such as abstinence and contraception education for the prevention of pregnancy and STIs.

Communications from Federal Government

10. On or about April 14, 2025, DPH received via email a letter from ACF's Family and Youth Services Bureau (FYSB)'s Division of Positive Youth Development indicating that ACF was performing a "medical accuracy review" and requesting submission of "any current curricula and programmatic materials" related to state PREP grants. FYSB stated that the "purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete." A copy of that letter is attached as **Exhibit A**.

11. As requested, DPH submitted all PREP curricula and materials on April 23, 2025. This included three curriculum-based educational programs: Making Proud Choices!, Be Proud! Be Responsible!, and Reducing the Risk.

12. On August 6, 2025, DPH received a Notice of Award (NOA) describing the financial information associated with Connecticut’s PREP grant award funds. The NOA states, “[t]he use of Federal funds from this award constitutes the grantee’s acceptance of the listed terms and conditions.” In the Remarks section, the NOA states, “Recipients are prohibited from including gender ideology in any program or service that is funded with this award.” The Terms and Conditions section states, in part, “[t]he statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one’s sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.” A copy of the NOA is attached as **Exhibit B**.

13. On August 7, 2025, ACF published Supplemental T&Cs applicable to PREP awards and award modifications that add funding. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per ACF’s notice, these Supplemental T&Cs are effective immediately.

14. Per the August 6, 2025 NOA and the Supplemental T&Cs, the “gender ideology” terms and conditions of the NOA and Supplemental T&Cs are not accepted until the grantee uses federal funds to which the terms and conditions apply. DPH has not used any funds awarded under the August 6, 2025 NOA and thus has not accepted the “gender ideology” term in the NOA or the Supplemental T&Cs.

15. On August 26, DPH received via email another letter from ACF (the PREP Directive) stating that Connecticut’s “current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified” because Connecticut’s curriculum and materials include “gender ideology.” The identified content, ACF claims, is “outside of the scope of PREP’s authorizing statute . . . and all references to it must be removed from the PREP curricula and program materials.” ACF further instructs Connecticut **“to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter.”** ACF asserts that it may take “additional enforcement action,” and lists as possibilities “allowing HHS to withhold, disallow, suspend, or terminate Federal awards.” A copy of that letter is attached as **Exhibit C.**

Harms to Connecticut

16. Connecticut is currently and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and PREP Directive have created immense confusion for our agency. Our agency’s ability to plan for the future is severely negatively impacted. For 2024, the PREP grant covered the salary of 2.25 employees at DPH. For 2025, the PREP grant covers the salary of 1.25 employees at DPH. With the uncertainty of the PREP grant’s continuation past October 27, 2025, our agency is being forced to contemplate reducing or terminating these valuable employees’ positions.

17. Further, the threat to our state’s federal financial assistance for failure to remove content concerning “gender ideology” puts at risk \$1,610,551.

18. The impact of a disruption in funds would be devastating to the program. Given my experience, without the continued and uninterrupted funding of PREP grants, DPH and

its partners will not be as effective in administering and providing age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. As a result, youth in Connecticut, especially high-risk youth, will suffer. Historically, the PREP program has received funding since 2010 and has served an annual average of 800-1,200 at-risk youth. The PREP program has provided evidence-based, medically accurate information to at-risk youths that directly impacts their decisions regarding both abstinence and contraception. This group includes youth who are aging out of foster care, homeless youth, youth with HIV/AIDS, victims of human trafficking, pregnant or parenting youth who are under age 21, and youth who live in rural areas or areas with high teen birth rates.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 24, 2025, at Hartford, Connecticut.

s/ Julie Vigil
JULIE VIGIL, M.S., M.P.H., CHC, CHRC,
FACHE
Branch Chief
Connecticut Department of Public Health

EXHIBIT A



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, D.C. 20201 | www.acf.hhs.gov

April 14, 2025

Rosa Biaggi
Connecticut Dept. of Public Health
401 Capital Avenue
MS #111MAT
Hartford, CT, 06134

RE: State Personal Responsibility Education Program 1601CTPREP

Dear Rosa Biaggi:

The Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB), Division of Positive Youth Development's State Personal Responsibility Education Program (PREP) grant recipients and subrecipients are required to comply with all statutory requirements of PREP including ensuring the programs are "medically accurate and complete" and the program provides "age-appropriate" information and activities. 42 U.S.C. § 713(b)(2)(B); *see also* 45 CFR § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award); and 45 CFR § 75.364(a) (requiring grantees to provide HHS with access to any records pertinent to the Federal award).

In accordance with the terms and conditions of your State Personal Responsibility Education Program grants, you may be requested to submit curricula and programmatic materials to FYSB, for a medical accuracy review, as specified in the *Terms and Conditions, Other Terms and Conditions Section under Program Reporting and Requirements*.

This letter is to request that you submit for a medical accuracy review any current curricula and programmatic materials in use or in any way relevant to your State PREP grant. This includes both the curricula and programmatic materials you are currently implementing as well as any curricula and programmatic materials you have approved for use by subrecipients or subcontractors in your state's PREP program. Please submit these curricula and materials within three (3) business days, and no later than April 17, 2025 by 11:59 PM ET.

Instructions for submitting these curricula and materials are as follows:

- Provide electronic copies of all curricula materials and supplemental information that will be provided to facilitators and program participants, including, but not limited to:
 - Teacher Manual
 - Student Manual

- Handouts
- Video Links
- DVDs
- Brochures
- PowerPoints
- Text Messages
- Video Game Content
- Consent/Assent Forms

The purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete. A Guidance Document on the medical accuracy review process is attached to this email. Be sure to complete the attached Grantee Submission Form to identify all program materials that will be uploaded to Dropbox. It is very important this form be submitted along with your curricula. We ask that all supplemental materials be listed at the bottom of the form, separate from the curricula files.

Please email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,



Andrew Gradison

Acting Assistant Secretary
Administration for Children and Families

Enclosures:

Medical Accuracy Review Guidance Document
Grantee Submission Form

EXHIBIT B



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2501CTP P

FA #2501CTP P

Federal Award Date: August 6, 2025

Recipient Information

Recipient Name

DEPARTMENT OF PUBLIC HEALTH
CONNECTICUT
410 Capitol Ave
MS #11MAT

HARTFORD, CONNECTICUT 06134 0308

Congressional District of Recipient

*See Remarks

Award Account Number and Title

*See Remarks

Employer Identification Number (EIN)

1066000798A9

Data Universal Number in System D N

807853791

Recipient's Unique Identifier

RFZKKT5RU3F8

Project Director or Principal Investigator

Marc Camardo

marc.camardo@ct.gov

(860) 509-7101

Authorized Official

*See Remarks

Federal Agency Information

Awarding Agency Contact Information

David Lee

Grants Management Officer

david.lee@acf.hhs.gov

202-401-5461

Program Official Contact Information

Debbie Powell

Deputy Associate Commissioner

ACYF - Family and Youth Services Bureau

debbie.powell@acf.hhs.gov

(202) 205 2360

Federal Award Information

Award Number

2501CTPREP

Unique Federal Award Identification Number FA N

2501CTPREP

Statutory Authority

Section 513 of the Social Security Act

Federal Award Project Title

*See Remarks

Assistance Listing Number

93.092

Assistance Listing Program Title

Personal Responsibility Education Program

Award Action Title

Supplement

Status of the Award D

*See Remarks

Summary Federal Award

Fiscal Year Start Date 10-01-2024

Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

Total Approved Cost Sharing or Matching where applicable

Total Federal and Non Federal Approved

Project Period Start Date 10-01-2024 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2027

\$336,524.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$535,230.00

*See Remarks

*See Remarks

End Date 09-30-2027

*See Remarks

Authorized Treatment of Program Income

*See Remarks

Grants Management Officer Signature

David Lee

Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2501CTPREP

FAIN# 2501CTPREP

Federal Award Date: August 6, 2025

Recipient Information

DEPARTMENT OF PUBLIC HEALTH CONNECTICUT

410 Capitol Ave

MS #11MAT

HARTFORD, CONNECTICUT 06134 0308

Employer Identification Number (EIN): 1066000798A9

Data Universal Numbering System (DUNS): 807853791

Recipient's Unique Entity Identifier: RFZKKT5RU3F8

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-X-1512	2025,G99SU25	\$535,230.00	\$336,524.00	\$535,230.00	2501CTPREP	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Personal Responsibility Education Program. Funds are subject to the requirements of Section 513 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

EXHIBIT C



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, DC 20201 | www.acf.hhs.gov

Tuesday, August 26, 2025

Mr. Marc Camardo, State PREP Coordinator
Connecticut Department of Public Health
401 Capital Avenue, MS #111MAT
Hartford, CT 06134

RE: State Personal Responsibility Education Program grants for Fiscal Years 2023 (#2301CTPREP), 2024 (#2401CTPREP), and 2025 (#2501CTPREP).

Dear Connecticut Department of Public Health:

On April 14, 2025, the Administration for Children and Families (ACF) requested that Connecticut provide current curricula and programmatic materials in use or in any way relevant to your state Personal Responsibility Education Program (PREP) grant for a medical accuracy review in accordance with the Terms and Conditions of the grant. We appreciate your timely response to ACF's request.

While preparing Connecticut's PREP content for the medical accuracy review, ACF identified content in the curricula and other program materials that fall outside of the scope of PREP's authorizing statute at 42 U.S.C. § 713. Specifically, the following subjects and language are outside the scope of the authorizing statute and all references to it must be removed from Connecticut's PREP curricula and program materials:¹

¹ ACF initiated a medical accuracy review to determine if Connecticut's approach to biological sex in its PREP curricula is medically accurate and in compliance with the program statute and the terms and conditions of the award. In preparing the materials that we received, we saw that the curricula include gender ideology which is not authorized by the statute. As per this letter, Connecticut will need to remove this content from its PREP curricula and program materials. In light of this, we are changing our planned course of action and are no longer conducting a review for medical accuracy because the content that we were going to review for medical accuracy is outside of the subjects that are statutorily authorized in this program.

Making Proud Choices! 5th Edition, Facilitator Guide

- Page 36: “Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus ‘outing’ themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don’t always line up with what observers might expect based on a person’s perceived biological sex. The simple act of requesting pronouns sends the message that transgender and gender nonconforming youth are welcome and respected in the group.”
- Page 39: “**Respect diversity:** Let’s keep in mind that there’s diversity in society and in the group. Individuals come from different family backgrounds, different racial and cultural groups and different living situations. Some young people have already had romantic relationships; others aren’t even thinking about it. Some have had sexual intercourse. Some have had sex because they choose to; other’s may have had sex against their will. Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender. All of these differences make us unique. Regardless of how you see yourself, your background, previous relationships or experience, each of you has a place in this group. This will be a safe space for everyone.”
- Page 39-40: “**Gender** refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

Gender identity is peoples’ inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn’t fit these labels. It may be the same as (cisgender) or different from (transgender) the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.”

Be Proud Be Responsible! 5th Edition Facilitator Guide

- Page 15: “Demonstrate acceptance and respect for all participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation or gender identity.”
- Page 20: “In addition, during the roleplay practice, participants may roleplay sexual pressure situations with someone of a different or the same gender. This

may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It's important to address this situation directly and proactively.

Here are some tips:

- Explain the situation in a matter-of-fact way. Let participants know that they may be doing the roleplays with someone of a different or the same gender.
- Emphasize that they are playing roles. Doing the roleplay to practice the skill doesn't say anything about the sexual orientation of the people doing the roleplay or mean that anyone is expressing a real-life attraction toward the other person in the roleplay.
- Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and negotiate condom use to protect themselves. This will help ensure that they all get the most out of the roleplay activities."

Reducing the Risk, 5th Edition, Facilitator Guide

- Page 14: "Be sure your reading of the roleplay allows for inclusivity and does not reinforce one view of gender identity or gender stereotypes. You can do this by introducing Lee and Lee as a couple without specifying their genders, by not differentiating the two Lees' lines using stereotypical male and female voices, and by leaving it open as to which Lee is pressuring and which does not want to have sex."
- Page 71: "Over the course of the roleplay activities, students will be in a position where they must roleplay sexual pressure situations with classmates of both a different and the same gender. This may be awkward for teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It's important to address this situation directly and proactively.

Here are some tips:

- Explain the situation in a matter-of-fact way. Let students know that every student in the class will, at some point, be doing a roleplay with a classmate of a different gender and with a classmate of the same gender. Most likely, they will do this several times."

The "purpose" of a PREP grant award is for states to "carry out personal responsibility education programs consistent with this subsection." 42 U.S.C. § 713(b)(1). The statute defines PREP as "a program that is designed to educate adolescents on -- (i) both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, consistent with the requirements of subparagraph (B);

and (ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).” 42 U.S.C. § 713(b)(2).

The statute includes no mention of gender ideology, which is both irrelevant to teaching abstinence and contraception and unrelated to any of the adult preparation subjects described in section 713(b)(2)(C).² The statute neither requires, supports nor authorizes teaching students that gender identity is distinct from biological sex or that boys can identify as girls and vice versa; thus, gender ideology is outside the scope of the authorizing statute and any expenditures associated with gender ideology are not allowable, reasonable, or allocable to the PREP grant. See 45 C.F.R. §§ 75.403-405.

We are aware that these curricula and other program materials were previously approved by ACF. However, the prior administration erred in allowing PREP grants to be used to teach students gender ideology because that approval exceeded the agency’s authority to administer the program consistent with the authorizing legislation as enacted by Congress. Connecticut’s current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified. 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). ACF 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.

Therefore, ACF instructs Connecticut to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter and provide a copy of the modified materials to ACF for approval.

The content flagged on the pages of this letter provides examples of gender ideology content that does not adhere to the PREP statute;³ Connecticut is directed to remove these and all similar language throughout their curricula and program materials. Should Connecticut fail to make the appropriate modifications to its PREP curricula and program materials, ACF may take additional enforcement action. See 45 C.F.R. § 75.371 (allowing HHS to withhold, disallow, suspend, or terminate Federal awards if imposing additional conditions on a grantee does not cure noncompliance).

² 42 U.S.C. § 713(b)(2)(C) lists the following adult preparation subjects: “(i) Healthy relationships, including marriage and family interactions; (ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects; (iii) Financial literacy; (iv) Parent-child communication; (v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity; (vi) Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.”

³ We are not setting forth all of the problematic language in this letter but are providing a general description and examples so that you understand what needs to be removed from the curricula and program materials. If you have any questions about whether language needs to be removed, please contact the Federal Project Officer, Chéri Thompson at Cheri.Thompson@acf.hhs.gov.

Thank you for your attention to this matter. Please submit the modified curricula and materials by uploading to the Dropbox links previously provided to you within sixty (60) days, and no later than **Monday, October 27, 2025**, at 11:59 pm. You may email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,

A handwritten signature in black ink that reads "Andrew K. Gradison". The signature is written in a cursive style with a large, stylized 'A' and 'G'.

Andrew Gradison
Acting Assistant Secretary
Administration for Children and Families

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF
OREGON; STATE OF MINNESOTA; STATE
OF COLORADO; STATE OF
CONNECTICUT; STATE OF DELAWARE;
DISTRICT OF COLUMBIA; STATE OF
HAWAI'I; STATE OF ILLINOIS; STATE OF
MAINE; STATE OF MARYLAND;
COMMONWEALTH OF MASSACHUSETTS;
STATE OF MICHIGAN; STATE OF NEW
JERSEY; STATE OF NEW YORK; STATE
OF RHODE ISLAND; STATE OF
WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
HEALTH AND HUMAN SERVICES;
ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of U.S. Department of
Health and Human Services; UNITED STATES
HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND
FAMILIES; and ANDREW GRADISON, in his
official capacity as Acting Assistant Secretary
of U.S. Health and Human Services
Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

**DECLARATION OF STEVEN
BLESSING**

DECLARATION OF STEVEN BLESSING

DIRECTOR OF DELAWARE DIVISION OF PUBLIC HEALTH

I, STEVEN BLESSING, pursuant to 28 U.S.C. § 1746 declare as follows:

1. I am a resident of Delaware. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I am the Division Director of the Division of Public Health (DPH), a position I have held since 2022. I have been employed by DPH since 1994. In my current role at DPH, I am responsible for overseeing more than 300 public health programs, managing a workforce of over 800 personnel, and administering millions of dollars in state and federal funding.

3. I am familiar with the information in the statements set forth below either through personal knowledge, in consultation with DPH staff, or from documents that have been provided to and reviewed by me.

4. I submit this declaration in connection with Plaintiff States' Motion for Preliminary Injunction and Complaint for Injunctive and Declaratory Relief pertaining to the August 6, 2025 Notice of Award (NOA) from the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF) regarding state Personal Responsibility Education Program (PREP) grants; the August 7, 2025 PREP Supplemental Terms and Conditions (Supplemental T&Cs), and the August 26, 2025 directive letter from ACF to grantees (the PREP Directive). I have personal knowledge of the matters set forth below, or with respect to the matters for which I do not have personal knowledge, I have

reviewed information gathered from Delaware's PREP Program records by others within the organization.

5. In Delaware, our PREP Program supports comprehensive, evidence-based educational programming to reduce pregnancy, HIV and other sexually transmitted infections (STIs), and birth rates for youth at thirteen school districts and five community-based organizations. Across the State, 2276 youth are served by the programs we implement with PREP funding. In addition, Delaware's PREP Program will develop and support individualized Technical Assistance and Professional Development plans for twenty champion teachers/community sites. As part of its PREP mission and priorities, the Delaware Division of Public Health aims to:

- **Build educator capacity and partnerships**
 - Establish a cohort of 35 champion teachers in priority schools, with at least 25% from community-based organizations.
 - Provide annual training for school-based health center (SBHC) staff and collaborate with SBHCs, parents, and teachers to expand teen access to wellness centers.
 - Partner with school districts and community organizations to increase adolescent access to prevention services.
 - Maintain collaboration with the University of Delaware Center for Drug and Alcohol Studies to integrate youth data into program presentations.
- **Implement evidence-based curricula**
 - Deliver *Making Proud Choices!* (MPC) in at least 8 middle schools and 9 community sites annually.

- Deliver *Be Proud! Be Responsible!* (BPBR) in at least 13 high schools and 9 community sites annually.
- Target and monitor MPC/BPBR implementation to reach 1,600 youth annually, including:
 - 1,400 youth in school-based settings,
 - 200 youth in community-based settings, and
 - Parent workshops at 3 sites.
- Within these totals:
 - BPBR: 850 youth in schools, 100 in community sites.
 - MPC: 550 youth in schools, 100 in community sites.
- **Promote adulthood preparation and family engagement**
 - Offer adulthood preparation subjects (including financial literacy) to at least 1,000 youth.
 - Provide 10 parent workshops annually, with at least one in each county.
- **Ensure quality and accountability**
 - Conduct 25 educator observations annually to monitor program fidelity and adaptations.
 - Collaborate with evaluators to complete pre/post testing aligned with national PREP performance measures, with reporting submitted to Mathematica and the Federal OLDC system semi-annually and annually.
 - Require at least one vendor staff member to attend the PREP annual conference and topical trainings each year.
- **Support innovation and sustainability**

- Provide mini-grants to trained community organizations to offset costs for curriculum delivery (materials, facilities, equipment, incentives, etc.).
- Develop ongoing data-driven outreach to at-risk populations, ensuring teachers and community educators incorporate local health resource referrals into youth programming.

6. In applying for PREP grants, Delaware's PREP Program has complied with the program's application requirements, which include assurances that programming is evidence-based, medically accurate, age-appropriate, provided in the cultural context most appropriate for individuals in the particular population group to which the programming is directed, and targeted towards high-risk youth. The programming addresses both abstinence and the use of contraception, as well as at least three of six "adulthood preparation subjects" as described in 42 U.S.C. § 713(b)(2)(C). In its grant applications, Delaware's PREP Program also addresses how Delaware uses positive youth development principles when offering trauma-informed prevention programming. Delaware's PREP Program last provided certification to ACF of Delaware's compliance with these requirements on August 12th, 2025. That certification is attached as Exhibit A.

Federal Funding Relied on by Delaware's PREP Program

7. In 2022, Delaware submitted a PREP grant application in response to ACF's Funding Opportunity Announcement (FOA). Since that time, Delaware has submitted a letter of intent packet to re-authorize PREP grants each year. ACF extends funding to grantees for three-year grant terms. Delaware applies for a new grant each year, resulting in overlapping awards. Delaware has received these funds since 2022.

8. ACF has issued to Delaware's PREP Program three currently active awards covering the period from October 1, 2022, through September 30, 2027. For the period from October 1, 2022, through September 30, 2025, ACF provided \$250,000 in PREP funding to Delaware. For the period from October 1, 2023, through September 30, 2026, ACF provided \$250,000 in PREP funding to Delaware. For the period from October 1, 2024, through September 30, 2027, ACF provided \$250,000 in PREP funding to Delaware. Delaware's PREP Program is currently operating using fiscal year 2024 funds and has drawn down 2025 funds.

9. ACF disburses PREP funding as reimbursements requested by Delaware's PREP Program. Delaware expects to request its next grant disbursement on or around November 2025. Reimbursable expenses are accrued throughout the year, and Delaware's PREP Program is presently awaiting the disbursement of funds from ACF for previously submitted requests.

10. Delaware has well-established partnerships with school districts and local organizations to administer these funds. Since 2022, Delaware has partnered with Planned Parenthood of Delaware (PPDE) to encourage more creative engagement with high-risk youth, and develop and maintain individualized Technical Assistance and Professional Development plans for twenty champion teacher/community sites.

Communications from Federal Government

11. On or about April 14, 2025, Delaware's PREP Program received via email a letter from ACF's Family and Youth Services Bureau (FYSB)'s Division of Positive Youth Development indicating that ACF was performing a "medical accuracy review" and requesting submission of "any current curricula and programmatic materials" related to state PREP grants. FYSB stated that the "purpose for the medical accuracy review of program materials is to ensure

the information being shared with program participants is medically accurate and complete.” That letter is attached as Exhibit B.

12. As requested, Delaware’s PREP Program submitted all PREP curricula and materials on August 12th, 2025. This included a Teacher’s manual, three videos, posters, and consent forms.

13. On August 6, 2025, Delaware’s PREP Program received a Notice of Award (NOA) describing the financial information associated with Delaware’s PREP grant award funds. The NOA states, “[t]he use of Federal funds from this award constitutes the grantee’s acceptance of the listed terms and conditions.” In the Remarks section, the NOA states, “Recipients are prohibited from including gender ideology in any program or service that is funded with this award.” The Terms and Conditions section states, in part, “[t]he statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one’s sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.” The NOA is attached as Exhibit C.

14. On August 7, 2025, ACF published Supplemental T&Cs applicable to PREP awards and award modifications that add funding. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per ACF’s notice, these Supplemental T&Cs are effective immediately.

15. Per the August 6, 2025 NOA and the Supplemental T&Cs, the “gender ideology” terms and conditions of the NOA and Supplemental T&Cs are not accepted until the grantee use federal funds to which the terms and conditions apply. Delaware’s PREP has not used any funds awarded under the August 6, 2025, NOA and thus has not accepted the “gender ideology” term in the NOA or the Supplemental T&Cs.

16. On August 26, 2025, Delaware’s PREP Program received via email another letter from ACF (the PREP Directive) stating that Delaware’s “current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified” because Delaware’s curriculum and materials include “gender ideology.” The identified content, ACF claims, is “outside of the scope of PREP’s authorizing statute...and all references to it must be removed from [the] PREP curricula and program materials.” ACF further instructs Delaware **“to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter.”** ACF asserts that it may take “additional enforcement action,” and lists as possibilities “allowing HHS to withhold, disallow, suspend, or terminate Federal awards.” That letter is attached as Exhibit D.

17. In order to avoid any issues related to non-compliance, including loss of funding, Delaware’s PREP program began making changes to the curriculum.

Harms to Delaware

18. Delaware is currently and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and PREP Directive have created immense confusion for our agency and partners. Our agency’s ability to plan for the future is severely negatively impacted.

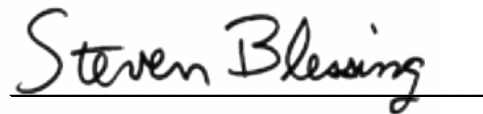
19. Further, the threat to our state's federal financial assistance for failure to remove content concerning "gender ideology" puts at risk \$250,000.

20. The impact of a disruption in funds would be devastating to the program. Given my experience, without the continued and uninterrupted funding of PREP grants, Delaware's PREP Program and its partners will not be as effective in administering and providing age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. As a result, youth in Delaware, especially high-risk youth, will suffer.

21. Professional development activities and training will no longer be provided to teachers and community-based providers responsible for delivering sexual health education to adolescents. As a result, the comprehensive education and evidence-based materials that previously reached approximately 3,000 youth annually will no longer be disseminated. Additionally, workshops and outreach efforts designed to equip parents and communities with resources to support adolescent sexual health and risk reduction will be discontinued. The absence of these critical supports is expected to significantly limit the capacity of educators, families, and communities to engage adolescents in informed, healthy decision-making. Discontinuation represents a substantial gap in preventive education and community engagement efforts, potentially impacting health outcomes among Delaware's youth.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 23, 2025, in Dover, Delaware

A handwritten signature in black ink that reads "Steven Blessing". The signature is written in a cursive style and is positioned above a solid horizontal line.

STEVEN BLESSING

Director of Delaware Division of Public Health

Exhibit A

OMB Clearance #: 0970-0380
EXPIRATION DATE: 03/31/2027

ACF PERFORMANCE PROGRESS REPORT ACF-OGM-PPR Cover Page

Administration for Children and Families
U.S. Department of Health and Human Services

		Page 1	of Pages 9
1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS 103989187	
		3b. EIN 1516000279b5	
4. Recipient Organization (Name and complete address including zip code) Executive Office Of The Governor Of Delaware 417 FEDERAL ST STE 1 DOVER, DELAWARE 19901 3635		5. Recipient Identifying Number or Account Number	
6. Project/Grant Period Start Date: (Month, Day, Year) 10-01-2023	End Date: (Month, Day, Year) 09-30-2026	7. Reporting Period End Date (Month, Day, Year) 03-31-2025	8. Final Report? <input type="checkbox"/> Yes X <input checked="" type="checkbox"/> No 9. Report Frequency <input type="checkbox"/> annual X <input checked="" type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)			
11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			

Through this information collection, ACF is gathering information about the performance progress report that documents the grantee's progress, accomplishments, impact of the program and compliance with the terms of the award. Public reporting burden for this collection of information is estimated to average 30 hours per grantee response for the performance progress report, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (42 U.S.C. § 713), as amended by Section 50503 (Pub. L. No. 115-123), extended by Section 302 (Pub. L. No. 116-260). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0380 and the expiration date is 03/31/2027. If you have any comments on this collection of information, please contact your Federal Project Officer.

<p>11a. Typed or Printed Name and Title of Authorized Certifying Official</p> <p>Michelle Bruner, Chief of Administration</p>	<p>11c. Telephone (<i>area code, number and extension</i>) 302-744-4932</p>
<p>11b. Signature of Authorized Certifying Official</p> <p><i>Michelle Bruner</i></p>	<p>11d. Email Address</p> <p>michelle.bruner@delaware.gov</p>
	<p>11e. Date Report Submitted (<i>Month, Day, Year</i>) 08/12/2025</p> <p>12. Agency use only</p>

ACF PERFORMANCE PROGRESS REPORT
Appendix B – Program Indicators
ACF-OGM-PPR

			Page 3	of Pages 9
1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency Number	3a. DUNS 103989187	4. Reporting Period End Date (MM/DD/YYYY) 03/31/2025	
		3b. EIN 1516000279b5		

Program Indicators			
(1) Item	(2) Activity Description	(3) Indicator	(4) Explanation
B-01	Major activities and accomplishments during this period		
B-02	Describe any challenges related to the areas addressed in item B-01 and mitigation strategies used		
B-03	Significant findings and events		
B-04	Dissemination activities		

Program Indicators			
(1) Item	(2) Activity Description	(3) Indicator	(4) Explanation
B-05	Other activities		
B-06	Activities planned for next reporting period		

**Personal Responsibility Education Program
PROGRAM INDICATORS CHART
Attachment 1**

Grantee:

Grant #: 2402DEPREP

Activity Period: 10/01/2024-03/31/2025

	Explanation
Major activities and accomplishments during this period	<p>Planned Parenthood of Delaware (PPDE) – PREP Grant Update Planned Parenthood of Delaware’s Education Department serves as the sole sub-awardee of the State Personal Responsibility Education Program (PREP) grant in Delaware. Below are programmatic updates covering the period of October 2024 through March 2025:</p> <p>Youth Programming: A total of 786 middle and high school students successfully completed one of the following evidence-based: <i>Making Proud Choices!</i> or <i>Be Proud! Be Responsible!</i></p> <p>Professional Trainings Facilitated:</p> <ul style="list-style-type: none"> • Teacher Training – Best Practices in Sex Education (October 15–16): 6 Champion Teachers trained • Fall Provider Fair Workshop – Teen Dating Violence (October 23): 72 participants, including approximately 30 SBHC staff • Crash Course: Best Practices for Teaching Sex Ed – VoTech School District (November 4): 8 participants, including 2 Champion Teachers • Curriculum Booster Session (November 13): 7 Champion Teachers • SBHC Training – Supporting LGBTQ+ Teens <ul style="list-style-type: none"> ○ New Castle County: 9 participants (6 SBHC staff) ○ Kent County: 9 participants (5 SBHC staff)

	<p>Parent Workshops Facilitated:</p> <ul style="list-style-type: none"> • Parent Information Session – Child Inc.: 6 participants • Askable Adult Workshop – Academia Antonia Alonso Charter Middle School: 10 participants • Askable Adult & LGBTQ+ Inclusion Workshop – Child Inc.: 7 participants (parents and staff) <p>During the reporting period, 14 Champion Teachers and PPDE staff implemented evidence-based youth programs at 15 sites around the state.</p>
Challenges and mitigation strategies used	<p>Reaching the high school population in community settings has presented some challenges. To address this, a variety of outreach strategies have been implemented, including attending community events, engaging in conversations with organizations to better understand their needs and the programs they offer, and maintaining consistent communication through phone calls and emails. Continued relationship-building through these methods will be essential to support long-term growth and ensure the sustainability of community-based sessions year after year.</p>
Significant findings and events	
Dissemination activities	<p>All flyers regarding professional training and parent workshops are attached in OLDC</p>
Activities planned for next reporting period	<p>Planned Activities for the Next Reporting Period</p> <p>PPDE staff will focus on the following priorities:</p> <ul style="list-style-type: none"> • Train 6–8 new Champion Teachers.

	<ul style="list-style-type: none">• Follow up with all trained CTs to assess implementation plans, challenges, and program fit.• Support CTs through parent workshops, technical assistance, and regular communication.• Schedule APS classes and ensure administration of entry/exit surveys.• Conduct site visits with PPDE and DPH staff to observe program delivery.• Plan one statewide PD event for SBHC staff, informed by a needs assessment and offering CEUs.• Reach out to at least two community programs to schedule summer programming.• Maintain regular contact with CTs to provide support on:<ul style="list-style-type: none">◦ Survey administration◦ APS course options (incl. financial literacy)◦ Supplies and resources◦ Parent workshops◦ Adaptations and fidelity logs◦ Youth referrals, Teen Council, co-facilitation, and observations <p>These efforts aim to boost confidence and ensure effective program implementation.</p>
--	---

**Personal Responsibility Education Program
PROGRAM INDICATORS CHART
Attachment 2**

Grantee: State of Delaware

Grant: State DE2402DEPREP

Activity Period: 10/01/2024-03/31/2025

Participant Data

Site or Implementation Provider	Total # Initiated	Total # Completed	# Male	# Female	# Ages 10 to 14	# Ages 15 to 19	# Age 20	# Pregnant and Parenting	#JJ	#FC	#RHY
Gauger-Cobbs MS	76	74			74						
Woodbridge MS	88	95			95						
Academia A. A. Charter	77	94			94						
Milford Central Academy	135	127			127						
NCCL School	14	13			13						

JJ – youth in juvenile justice

FC – Youth in foster care

RHY – Runaway and homeless youth

Site or Implementation Provider	Total # Initiated	Total # Completed	# Male	# Female	# Ages 10 to 14	# Ages 15 to 19	# Age 20	# Pregnant and Parenting	#JJ	#FC	#RHY
Polytech High School	95	100				100					
Al DuPont High School	51	51				51					
Christiana High School	65	67				67					
Newark High School	68	67				67					
Appoquinimink High School	74	74				74					
Middletown High School	102	93				93					
Cape Henlopen High School	209	128				128					
Odyssey Charter High School	45	41				41					
Delcastle High School	67	77				77					

JJ – youth in juvenile justice

FC – Youth in foster care

RHY – Runaway and homeless youth

Exhibit B



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, D.C. 20201 | www.acf.hhs.gov

April 14, 2025

Dr. Rick Hong
Delaware Health and Human Services
417 Federal Street
Dover, DE, 19901

RE: State Personal Responsibility Education Program 1601DEPREP

Dear Dr. Rick Hong:

The Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB), Division of Positive Youth Development's State Personal Responsibility Education Program (PREP) grant recipients and subrecipients are required to comply with all statutory requirements of PREP including ensuring the programs are "medically accurate and complete" and the program provides "age-appropriate" information and activities. 42 U.S.C. § 713(b)(2)(B); *see also* 45 CFR § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award); and 45 CFR § 75.364(a) (requiring grantees to provide HHS with access to any records pertinent to the Federal award).

In accordance with the terms and conditions of your State Personal Responsibility Education Program grants, you may be requested to submit curricula and programmatic materials to FYSB, for a medical accuracy review, as specified in the *Terms and Conditions, Other Terms and Conditions Section under Program Reporting and Requirements*.

This letter is to request that you submit for a medical accuracy review any current curricula and programmatic materials in use or in any way relevant to your State PREP grant. This includes both the curricula and programmatic materials you are currently implementing as well as any curricula and programmatic materials you have approved for use by subrecipients or subcontractors in your state's PREP program. Please submit these curricula and materials within three (3) business days, and no later than April 17, 2025 by 11:59 PM ET.

Instructions for submitting these curricula and materials are as follows:

- Provide electronic copies of all curricula materials and supplemental information that will be provided to facilitators and program participants, including, but not limited to:
 - Teacher Manual
 - Student Manual
 - Handouts

- Video Links
- DVDs
- Brochures
- PowerPoints
- Text Messages
- Video Game Content
- Consent/Assent Forms

The purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete. A Guidance Document on the medical accuracy review process is attached to this email. Be sure to complete the attached Grantee Submission Form to identify all program materials that will be uploaded to Dropbox. It is very important this form be submitted along with your curricula. We ask that all supplemental materials be listed at the bottom of the form, separate from the curricula files.

Please email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,



Andrew Gradison

Acting Assistant Secretary
Administration for Children and Families

Enclosures:

Medical Accuracy Review Guidance Document
Grantee Submission Form

Exhibit C



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2502DEPREP

FAIN# 2502DEPREP

Federal Award Date: August 6, 2025

Recipient Information

1. Recipient Name

Executive Office Of The Governor Of Delaware
417 FEDERAL ST STE 1

DOVER, DELAWARE 19901 3635

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1516000279B5

5. Data Universal Numbering System (DUNS)

103989187

6. Recipient's Unique Entity Identifier

GKQPH6J32LN7

7. Project Director or Principal Investigator

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

David Lee

Grants Management Officer

david.lee@acf.hhs.gov

202-401-5461

10. Program Official Contact Information

Debbie Powell

Deputy Associate Commissioner

ACYF - Family and Youth Services Bureau

debbie.powell@acf.hhs.gov

(202) 205 2360

Federal Award Information

11. Award Number

2502DEPREP

12. Unique Federal Award Identification Number (FAIN)

2502DEPREP

13. Statutory Authority

Section 513 of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.092

16. Assistance Listing Program Title

Personal Responsibility Education Program

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2024

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carry over

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2024 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2027

\$157,187.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$250,000.00

*See Remarks

*See Remarks

End Date 09-30-2027

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

David Lee

Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2502DEPREP

FAIN# 2502DEPREP

Federal Award Date: August 6, 2025

Recipient Information

Executive Office Of The Governor Of Delaware

417 FEDERAL ST STE 1

DOVER, DELAWARE 19901 3635

Employer Identification Number (EIN): 1516000279B5

Data Universal Numbering System (DUNS): 103989187

Recipient's Unique Entity Identifier: GKQPH6J32LN7

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-X-1512	2025,G998U25	\$250,000.00	\$157,187.00	\$250,000.00	2502DEPREP	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Personal Responsibility Education Program. Funds are subject to the requirements of Section 513 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters .

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

Exhibit D



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, DC 20201 | www.acf.hhs.gov

Tuesday, August 2 , 2025

Mr. Steve Lessings, Director
Delaware Health and Social Services
417 Federal Street
Dover, DE 19901

RE: State Personal Responsibility Education Program grants for Fiscal Years 2023 (#2302DEPREP), 2024 (#2402DEPREP), and 2025 (#2502DEPREP).

Dear Delaware Health and Social Services:

On April 14, 2025, the Administration for Children and Families (ACF) requested that Delaware provide current curricula and programmatic materials in use or in any way relevant to your state Personal Responsibility Education Program (PREP) grant for a medical accuracy review in accordance with the Terms and Conditions of the grant. We appreciate your timely response to ACF's request.

While preparing Delaware's PREP content for the medical accuracy review, ACF identified content in the curricula and other program materials that fall outside of the scope of PREP's authorizing statute at 42 U.S.C. § 713. Specifically, the following subjects and language are outside the scope of the authorizing statute and all references to it must be removed from Delaware's PREP curricula and program materials.¹

Using Pronouns 5th Edition, Facilitator Curriculum

- Page 3 (Module 1, Activity Procedure, Facilitator's Note): "Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is

¹ ACF initiated a medical accuracy review to determine if Delaware's approach to biological sex in its PREP curricula is medically accurate and in compliance with the program statute and the terms and conditions of the award. In preparing the materials that we received, we saw that the curricula include gender ideology which is not authorized by the statute. As per this letter, Delaware will need to remove this content from its PREP curricula and program materials. In light of this, we are changing our planned course of action and are no longer conducting a review for medical accuracy because the content that we were going to review for medical accuracy is outside of the subjects that are statutorily authorized in this program.

optional some youth may not feel comfortable sharing their pronouns and thus “outing” themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he she his her their) or they might request more creative pronouns such as hir or zir. Pronouns don’t always line up with what observers might expect based on a person’s perceived biological sex. The simple act of requesting pronouns sends the message that transgender and gender nonconforming youth are welcome and respected in the group.”

- Page 39-40 (Module 1, Activity C Procedure): **“Respect diversity”** Let’s keep in mind that there’s diversity in society and in the group. Individuals come from different family backgrounds, different racial and cultural groups and different living situations. Some young people have already had romantic relationships others aren’t even thinking about it. Some have had sexual intercourse. Some have had sex because they choose to; other’s may have had sex against their will. Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender.

Young people may express themselves in ways that don’t conform with their biological sex. There are many ways that youth can express their gender identity. .

..

Define terms related to diversity as needed.

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

Gender identity is peoples’ inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn’t fit these labels. It may be the same as (cisgender) or different from (transgender) the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.”

Assignment Prompt for Middle School

- Slide 7: “‘Sex assigned at birth’ is the **male or female** **assigned at birth** is **not** the private parts (genitals) we are born with—it doesn’t consider how we feel inside about our gender.”

- Slide 9: “Transgender or ‘trans’
 - Sometimes, a person’s inner feelings about their gender doesn’t match their body parts.
 - For example, they have a penis, and now, ‘I’m female.’
 - This is called ‘transgender’ or just ‘trans.’
 - Sometimes a person’s gender feels fluid and changing. They might call themselves ‘non-binary.’”

e Pro d e esponsi e 5th Edition Facilitator Curriculum

- Page 15 (Facilitator Information): “Demonstrate acceptance and respect for all participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation or gender identity.”
- Page 20 (Teaching Strategies): “In addition, during the roleplay practice, participants may roleplay sexual pressure situations with someone of a different or the same gender. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It’s important to address this situation directly and proactively.”

The “purpose” of a PREP grant award is for states to “carry out personal responsibility education programs consistent with this subsection.” 42 U.S.C. § 713(b)(1). The statute defines PREP as “a program that is designed to educate adolescents on -- (i) both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, consistent with the requirements of subparagraph () and (ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).” 42 U.S.C. § 713(b)(2).

The statute includes no mention of gender ideology, which is both irrelevant to teaching abstinence and contraception and unrelated to any of the adult preparation subjects described in section 713(b)(2)(C).² The statute neither requires, supports nor authorizes

² 42 U.S.C. § 713(b)(2)(C) lists the following adult preparation subjects: “(i) Healthy relationships, including marriage and family interactions (ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects (iii) Financial literacy (iv) Parent-child communication (v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity (vi) Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.”

teaching students that gender identity is distinct from biological sex or that boys can identify as girls and vice versa thus, gender ideology is outside the scope of the authorizing statute and any expenditures associated with gender ideology are not allowable, reasonable, or allocable to the PREP grant. See 45 C.F.R. 75.403-405.

We are aware that these curricula and other program materials were previously approved by ACF. However, the prior administration erred in allowing PREP grants to be used to teach students gender ideology because that approval exceeded the agency's authority to administer the program consistent with the authorizing legislation as enacted by Congress. Delaware's current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified. 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). ACF 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.

Therefore, Federal Instructions Delaware are to remove all content concerning gender ideology from its current program materials and all other aspects of its program de iure within 30 days of receipt of this letter and provide a copy of the modified materials to Federal Project Officer for approval.

The content flagged on the pages of this letter provides examples of gender ideology content that does not adhere to the PREP statute.³ Delaware is directed to remove these and all similar language throughout their curricula and program materials. Should Delaware fail to make the appropriate modifications to its PREP curricula and program materials, ACF may take additional enforcement action. See 45 C.F.R. 75.371 (allowing HHS to withhold, disallow, suspend, or terminate Federal awards if imposing additional conditions on a grantee does not cure noncompliance).

Thank you for your attention to this matter. Please submit the modified curricula and materials by uploading to the Dropbox link previously provided to you within sixty (60) days, and no later than **Monday** **to arrive** at 11:59 pm. You may email your FYS Federal Project Officer if you need clarification regarding this request.

Sincerely,



Andrew Bradison
Acting Assistant Secretary
Administration for Children and Families

³ We are not setting forth all of the problematic language in this letter but are providing a general description and examples so that you understand what needs to be removed from the curricula and program materials. If you have any questions about whether language needs to be removed, please contact the Federal Project Officer Chéri Thompson at Cheri.Thompson@acf.hhs.gov.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF OREGON; STATE OF MINNESOTA; STATE OF COLORADO; STATE OF CONNECTICUT; STATE OF DELAWARE; DISTRICT OF COLUMBIA; STATE OF HAWAI'I; STATE OF ILLINOIS; STATE OF MAINE; STATE OF MARYLAND; COMMONWEALTH OF MASSACHUSETTS; STATE OF MICHIGAN; STATE OF NEW JERSEY; STATE OF NEW YORK; STATE OF RHODE ISLAND; STATE OF WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; ROBERT F. KENNEDY, JR., in his official capacity as Secretary of U.S. Department of Health and Human Services; UNITED STATES HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES; and ANDREW GRADISON, in his official capacity as Acting Assistant Secretary of U.S. Health and Human Services Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

DECLARATION OF APRIL THOMAS-JONES

DECLARATION OF PLANNED PARENTHOOD OF DELAWARE

I, April Thomas-Jones, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am a resident of Pennsylvania. I am over the age of 18, competent to testify to the matters herein, and make this declaration based on my personal knowledge.

2. I am the President & CEO of Planned Parenthood of Delaware (PPDE). I have a Bachelors Degree in Public Relations, Journalism, and Advertising from Temple University and a Masters in Education from Lincoln University, with nearly 20 years of non-profit leadership experience.

3. Planned Parenthood of Delaware possesses expert knowledge and skills in serving adolescents. PPDE has established a systematic process to enhance the knowledge, attitudes, and skills of youth-serving professionals through well-designed professional development events. These trainings include clear goals, skill-building sessions, and feedback to improve participant effectiveness.

4. I submit this declaration in connection with Plaintiff States' Motion for Preliminary Injunction and Complaint for Injunctive and Declaratory Relief pertaining to the August 6, 2025 Notice of Award (NOA) from the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF) regarding state Personal Responsibility Education Program (PREP) grants; the August 7, 2025 PREP Supplemental Terms and Conditions (Supplemental T&Cs), and the August 26, 2025 directive letter from ACF to grantees (the PREP Directive). I have personal knowledge of the matters set forth below, or with respect to the matters for which I do not have personal knowledge, I have reviewed information gathered from Planned Parenthood of Delaware's records by others within the organization.

5. The Division of Public Health (DPH) supports the development and sustainability of a statewide professional development partnership. This initiative aims to promote healthy outcomes and reduce sexual risk behaviors among adolescents by fostering collaborative

partnerships, promoting positive lifestyles, and ensuring the availability of effective health education and services. These efforts contribute to DPH's vision of creating an environment where all Delawareans can achieve their full potential for a healthy life.

6. Division of Public Health is a PREP grantee. PPDE contracts with DPH and receives PREP funding through this contract. PPDE operates as a sub-grantee of DPH, delivering services to promote healthy outcomes and reduce sexual risk behaviors among adolescents. PPDE's management team is accountable to DPH and subject to regular monitoring and review by DPH.

7. As part of its work, PPDE operates in one state to administer comprehensive, evidence-based educational programming to reduce pregnancy, HIV, sexually transmitted infections (STIs), and birth rates for youth. This work is funded completely by PREP. In Delaware, PPDE provides Sexual Education Training Initiatives to reduce teen pregnancy and reduce sexual risk behaviors among adolescents. PPDE provides these services at 13 of 19 school districts and 5 community-based organizations. Across the State, 2276 youth are served by the programs PPDE implements with PREP funding. In 2024, PPDE received \$246,166 in PREP funding to provide these services in Delaware.

8. PPDE's programming is evidence-based, medically accurate, and age-appropriate. PPDE's programming addresses both abstinence and the use of contraception, as well as at least three of six "adulthood preparation subjects" as described in 42 U.S.C. § 713(b)(2)(C). It is provided in the cultural context most appropriate for individuals in the particular population group to which the programming is directed and targeted towards high-risk youth. Additionally, PPDE's programs use positive youth development principles when offering trauma-informed prevention programming. To reduce racial, ethnic, and geographic-based sexual health disparities by targeting middle/high school-aged youth with particular emphasis on vulnerable populations, including homeless youth, those in foster care and in youth correctional settings. The program team regularly collects and reports data on training, program activities, and participant outcomes to ensure effective implementation and compliance with federal and state requirements.

Effectiveness of programs

9. As part of its work administering state education programming, PPDE measures outcomes by systematically collecting and analyzing data on participant training, program implementation, and outcomes. This information is regularly reported to federal and state agencies to ensure effective program delivery and compliance with all regulatory requirements.

10. The program uses PREP pre- and post-surveys to measure student progress. The pre-survey, given at the start, collects information about students' backgrounds, knowledge, attitudes, and goals. The post-survey, given at the end, looks at what students have learned, how their skills and confidence have improved, and how satisfied they are with the program. By comparing these surveys, we see that students gain knowledge and skills, feel more confident, and find the program valuable. This shows the program is effective in helping students learn and grow.

Communications from Federal Government

11. PPDE is aware that on or about April 14, 2025, DPH received a letter from ACF's Family and Youth Services Bureau (FYSB)'s Division of Positive Youth Development indicating that ACF was performing a "medical accuracy review" and requesting submission of "any current curricula and programmatic materials" related to state PREP grants. FYSB stated that the "purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete."

12. PPDE is also aware that on August 6, 2025, DPH received a notice of Award (NOA) describing the financial information associated with DPH PREP grant award funds. The NOA states, "[t]he use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions." In the Remarks section, the NOA states, "Recipients are prohibited from including gender ideology in any program or service that is funded with this award." The Terms and Conditions section states, in part, "[t]he statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is

outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.”

13. PPDE is also aware that on August 7, 2025, ACF published Supplemental T&Cs applicable to awards and award modifications that add funding. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per ACF’s notice, these Supplemental T&Cs are effective immediately.

14. PPDE is also aware that on August 26, 2025, DPH received another letter from ACF (the PREP Directive) stating that Delaware’s “current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified” because Delaware’s curriculum and materials include “gender ideology.” The identified content, ACF claims, is “outside of the scope of PREP’s authorizing statute...and all references to it must be removed from the PREP curricula and program materials.” ACF further instructs Delaware “**to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter.**” ACF asserts that it may take “additional enforcement action,” and listed as possibilities “allowing HHS to withhold, disallow, suspend, or terminate Federal awards.”

Harms to PPDE

15. PPDE is currently and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and the PREP Directive have created immense confusion and negatively impacted our organization’s ability to plan for the future.

16. The federal government’s threat to Delaware to restrict federal financial assistance if content concerning “gender ideology” is not removed puts at risk \$250,000.00. This would have a catastrophic effect on PPDE’s work.

17. For example, our PREP grant covers the salary of 2 employees at PPDE. With the uncertainty of the PREP grant's continuation past October 27, 2025, our organization is being forced to contemplate reducing or terminating these valuable employees' positions.

18. Professional development activities and training will no longer be provided to teachers and community-based providers responsible for delivering sexual health education to adolescents. As a result, the comprehensive education and evidence-based materials that previously reached approximately 3,000 youth annually will no longer be disseminated. Additionally, workshops and outreach efforts designed to equip parents and communities with resources to support adolescent sexual health and risk reduction will be discontinued. The absence of these critical supports is expected to significantly limit the capacity of educators, families, and communities to engage adolescents in informed, healthy decision-making. Discontinuation represents a substantial gap in preventive education and community engagement efforts, potentially impacting health outcomes among Delaware's youth.

Harms to middle/high school-aged youth with particular emphasis on vulnerable populations including homeless youth, those in foster care and in youth correctional settings.

19. If PPDE loses PREP funding, PPDE would be unable to meet its obligations to provide age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. Youth in Delaware, especially high-risk youth, will suffer.

20. The elimination of curriculum and programming which include medically accurate, inclusive information around sexuality, gender identity, and diversity will result in higher rates of youth depression, suicide, teen pregnancy and STI infections. Teachers, parents, and youth in Delaware have come to rely on PPDE to provide access to trauma-informed, evidence-based interventions in order to promote healthy lives.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 26, 2025, at Delaware, Wilmington.

s/
APRIL THOMAS-JONES
President & CEO of Planned Parenthood

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF
OREGON; STATE OF MINNESOTA; STATE
OF COLORADO; STATE OF
CONNECTICUT; STATE OF DELAWARE;
DISTRICT OF COLUMBIA; STATE OF
HAWAI'I; STATE OF ILLINOIS; STATE OF
MAINE; STATE OF MARYLAND;
COMMONWEALTH OF MASSACHUSETTS;
STATE OF MICHIGAN; STATE OF NEW
JERSEY; STATE OF NEW YORK; STATE
OF RHODE ISLAND; STATE OF
WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
HEALTH AND HUMAN SERVICES;
ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of U.S. Department of
Health and Human Services; UNITED STATES
HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND
FAMILIES; and ANDREW GRADISON, in his
official capacity as Acting Assistant Secretary
of U.S. Health and Human Services
Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

**DECLARATION OF BRANDON
SUZUKI**

HAWAI‘I

I, Brandon Suzuki, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am a resident of Hawai‘i. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I am the Adolescent and Health Coordinator/PREP Director in the Family Health Services Division, Maternal and Child Health Branch of the Hawai‘i State Department of Health.

3. I submit this declaration in connection with Plaintiff States’ Motion for Preliminary Injunction and Complaint for Injunctive and Declaratory Relief pertaining to the August 6, 2025 Notice of Award (NOA) from the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF) regarding state Personal Responsibility Education Program (PREP) grants; the August 7, 2025 PREP Supplemental Terms and Conditions (Supplemental T&Cs), and the August 26, 2025 directive letter from ACF to grantees (the PREP Directive). I have personal knowledge of the matters set forth below, or with respect to the matters for which I do not have personal knowledge, I have reviewed information gathered from Hawai‘i State Department of Health’s records prepared by others within the organization.

4. In Hawai‘i, our Department of Health supports comprehensive, evidence-based educational programming to reduce pregnancy, HIV and other sexually transmitted infections (STIs), and birth rates for youth at 15 school districts and 244 community-based youth organizations. Across the State, 116 youth with elevated needs are served by the programs we implement with PREP funding. Hawai‘i State Department of Health regularly engages and supports community-based youth organizations to prepare them for future PREP curriculum implementation. We also attend community events to showcase curriculum opportunities and expand program reach.

5. In applying for PREP grants, Hawai‘i State Department of Health has complied with the program’s application requirements, which include assurances that programming is evidence-based, medically accurate, age appropriate, provided in the cultural context most appropriate for individuals in the particular population group to which the programming is directed, and targeted towards high-risk youth. The programming addresses both abstinence and the use of contraception, as well as at least three of six “adulthood preparation subjects” as described in 42 U.S.C. 713(b)(2)(C). In its grant applications, Hawai‘i State Department of Health also addresses how Hawai‘i uses positive youth development principles when offering trauma-informed prevention programming.

Hawai‘i

6. In 2016, Hawai‘i submitted a PREP grant application in response to ACF’s Funding Opportunity Announcement (FOA). Since that time, Hawai‘i has submitted a letter of intent packet to re-authorize PREP grants each year. ACF extends funding to grantees for three-year grant terms. Hawai‘i applies for a new grant each year, resulting in overlapping awards. Hawai‘i has received these funds since October 2016.

7. ACF has issued to Hawai‘i State Department of Health three currently active awards covering the period from October 1, 2022, through September 30, 2027. For the period from October 1, 2022 through September 30, 2025, ACF provided 250,000.00 in PREP funding to Hawai‘i. For the period from October 1, 2023 through September 30, 2026, ACF provided 250,000.00 in PREP funding to Hawai‘i. For the period from October 1, 2024 through September 30, 2027, ACF provided 250,000.00 in PREP funding to Hawai‘i. Hawai‘i State Department of Health is currently operating using fiscal year 2023 funds and has not yet drawn down 2024 or 2025 funds.

8. ACF disburses PREP funding as reimbursements requested by Hawai'i State Department of Health. Hawai'i State Department of Health expects to request its next grant disbursement on or around October 01, 2025. Reimbursable expenses are accrued throughout the year, and Hawai'i State Department of Health is presently awaiting the disbursement of funds from ACF for previously submitted requests.

. Hawai'i has well-established partnerships with local organizations to administer these funds. Since 2016, Hawai'i has partnered with Hawai'i National Guard Youth Challenge Academy, Residential Youth Services & Empowerment, Hale Ipa, Hawaii Friends of Restoration Justice, Office of Youth Services, Bobby Benson Center, and Ulu A'e Learning Center to design and implement interactive lessons facilitated by trained, caring adults. Through participation in these programs, teens become prepared to navigate life's challenges and make a difference in their communities.

10. On or about April 14, 2025, Hawai'i State Department of Health received via email a letter from ACF's Family and Youth Services Bureau (FYSB)'s Division of Positive Youth Development indicating that ACF was performing a "medical accuracy review" and requesting submission of "any current curricula and programmatic materials" related to state PREP grants. FYSB stated that the "purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete." That letter is attached as Exhibit A.

11. As requested, Hawai'i State Department of Health submitted all PREP curricula and materials on April 16, 2025. This included Grantee Submission Form for Curricula and

Educational Materials, Teen Outreach Curriculum – Facilitation Guide, Building My Skills, Connecting with Others, and Learning About Myself.

12. On August 6, 2025, Hawai‘i State Department of Health received a Notice of Award (NOA) describing the financial information associated with Hawai‘i PREP grant award funds. The NOA states, “[t]he use of Federal funds from this award constitutes the grantee’s acceptance of the listed terms and conditions.” In the Remarks section, the NOA states, “Recipients are prohibited from including gender ideology in any program or service that is funded with this award.” The Terms and Conditions section states, in part, “the statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one’s sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. 75.403-405.” The NOA is attached as Exhibit B.

13. On August 7, 2025, ACF published Supplemental T&Cs applicable to PREP awards and award modifications that add funding. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per ACF’s notice, these Supplemental T&Cs are effective immediately.

14. Per the August 6, 2025 NOA and the Supplemental T&Cs, the “gender ideology” terms and conditions of the NOA and Supplemental T&Cs are not accepted until the grantee uses federal funds to which the terms and conditions apply. Hawai‘i State Department of Health has

not used any funds awarded under the August 6, 2025, NOA and thus has not accepted the “gender ideology” term in the NOA or the Supplemental T&Cs.

15. On August 26, 2025, Hawai‘i State Department of Health received via email another letter from ACF (the PREP Directive) stating that Hawai‘i’s “current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified” because Hawai‘i’s curriculum and materials include “gender ideology.” The identified content, ACF claims, is “outside of the scope of PREP’s authorizing statute...and all references to it must be removed from [the] PREP curricula and program materials.” ACF further instructs Hawai‘i “

” ACF asserts that it may take “additional enforcement action,” and lists as possibilities “allowing HHS to withhold, disallow, suspend, or terminate Federal awards.” That letter is attached as Exhibit C.

Hawai‘i

16. Hawai‘i is currently and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and PREP Directive have created immense confusion for our agency and partners. Our agency’s ability to plan for the future is severely negatively impacted. Our PREP grant covers the salary of 1.5 employees at Family Health Services Division, Maternal and Child Health Branch. With the uncertainty of the PREP grant’s continuation past October 27, 2025, our agency is being forced to contemplate reducing or terminating these valuable employees’ positions.

17. Further, the threat to our state’s federal financial assistance for failure to remove content concerning “gender ideology” puts at risk 578,557. 3 of federal funding.

18. The impact of a disruption in funds would be devastating to the program. Given my experience, without the continued and uninterrupted funding of PREP grants, Hawai'i State Department of Health and its partners will not be as effective in administering and providing age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. As a result, youth in Hawai'i, especially high-risk youth, will suffer.

19. The loss of funds will cut 1.5 positions, significantly weakening the Family Health Services Division, Maternal and Child Health Branch within the Hawai'i State Department of Health and reducing the state's budget capacity. This will restrict prevention and support programs for youth with elevated needs who depend on these services for safe and developmentally appropriate care.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 23, 2025, at Honolulu, Hawai'i.



BRANDON SUZUKI
Adolescent and Health Coordinator/
PREP Director
Family Health Services Division
Maternal and Child Health Branch
Hawai'i State of Dept. of Health

Exhibit A



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, D.C. 20201 | www.acf.hhs.gov

April 14, 2025

Kenneth Fink
Hawaii State Dept. of Health
1250 Punchbowl
Honolulu, HI, 96813

RE: State Personal Responsibility Education Program 1601HIPREP

Dear Kenneth Fink:

The Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB), Division of Positive Youth Development's State Personal Responsibility Education Program (PREP) grant recipients and subrecipients are required to comply with all statutory requirements of PREP including ensuring the programs are "medically accurate and complete" and the program provides "age-appropriate" information and activities. 42 U.S.C. § 713(b)(2)(B); *see also* 45 CFR § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award); and 45 CFR § 75.364(a) (requiring grantees to provide HHS with access to any records pertinent to the Federal award).

In accordance with the terms and conditions of your State Personal Responsibility Education Program grants, you may be requested to submit curricula and programmatic materials to FYSB, for a medical accuracy review, as specified in the *Terms and Conditions, Other Terms and Conditions Section under Program Reporting and Requirements*.

This letter is to request that you submit for a medical accuracy review any current curricula and programmatic materials in use or in any way relevant to your State PREP grant. This includes both the curricula and programmatic materials you are currently implementing as well as any curricula and programmatic materials you have approved for use by subrecipients or subcontractors in your state's PREP program. Please submit these curricula and materials within three (3) business days, and no later than April 17, 2025 by 11:59 PM ET.

Instructions for submitting these curricula and materials are as follows:

- Provide electronic copies of all curricula materials and supplemental information that will be provided to facilitators and program participants, including, but not limited to:
 - Teacher Manual
 - Student Manual
 - Handouts

- Video Links
- DVDs
- Brochures
- PowerPoints
- Text Messages
- Video Game Content
- Consent/Assent Forms

The purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete. A Guidance Document on the medical accuracy review process is attached to this email. Be sure to complete the attached Grantee Submission Form to identify all program materials that will be uploaded to Dropbox. It is very important this form be submitted along with your curricula. We ask that all supplemental materials be listed at the bottom of the form, separate from the curricula files.

Please email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,

A handwritten signature in blue ink that reads "Andrew K. Gradison".

Andrew Gradison

Acting Assistant Secretary
Administration for Children and Families

Enclosures:

Medical Accuracy Review Guidance Document
Grantee Submission Form

Exhibit B



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2502HIPREP
FAIN# 2502HIPREP
Federal Award Date: August 6, 2025

Recipient Information

1. Recipient Name

HAWAII DEPARTMENT OF HEALTH
1250 PUNCHBOWL ST

HONOLULU, HAWAII 96813 2416

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1996000449A4

5. Data Universal Numbering System (DUNS)

809935679

6. Recipient's Unique Entity Identifier

LFVFLBD6XZB5

7. Project Director or Principal Investigator

Matthew Shim

sylvia@hawaiigenetics.org

808-733-4060

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

David Lee

Grants Management Officer

david.lee@acf.hhs.gov

202-401-5461

10. Program Official Contact Information

Debbie Powell

Deputy Associate Commissioner

ACYF - Family and Youth Services Bureau

debbie.powell@acf.hhs.gov

(202) 205 2360

Federal Award Information

11. Award Number

2502HIPREP

12. Unique Federal Award Identification Number (FAIN)

2502HIPREP

13. Statutory Authority

Section 513 of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.092

16. Assistance Listing Program Title

Personal Responsibility Education Program

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2024

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2024 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2027

\$157,187.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$250,000.00

*See Remarks

*See Remarks

End Date 09-30-2027

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer - Signature

David Lee

Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2502HIPREP

FAIN# 2502HIPREP

Federal Award Date: August 6, 2025

Recipient Information

HAWAII DEPARTMENT OF HEALTH
1250 PUNCHBOWL ST
HONOLULU, HAWAII 96813 2416

Employer Identification Number (EIN): 1996000449A4

Data Universal Numbering System (DUNS): 809935679

Recipient's Unique Entity Identifier: LFFVLBD6XZB5

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>		<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>			
75-X-1512	2025,G99SU25	\$250,000.00	\$157,187.00	\$250,000.00		2502HIPREP	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Personal Responsibility Education Program. Funds are subject to the requirements of Section 513 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of -effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

Exhibit C



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, DC 20201 | www.acf.hhs.gov

Tuesday, August 2 , 2025

Mr. Matthew Shim, Chief
Hawaii State Department of Health
1250 Punchbowl
Honolulu, HI 9 813

RE: State Personal Responsibility Education Program grants for Fiscal Years 2023 (#2302HIPREP), 2024 (#2402HIPREP), and 2025 (#2502HIPREP).

Dear Mr. Shim:

On April 14, 2025, the Administration for Children and Families (ACF) requested that Hawaii provide current curricula and programmatic materials in use or in any way relevant to your state Personal Responsibility Education Program (PREP) grant for a medical accuracy review in accordance with the Terms and Conditions of the grant. We appreciate your timely response to ACF's request.

While preparing Hawaii's PREP content for the medical accuracy review, ACF identified content in the curricula and other program materials that fall outside of the scope of PREP's authorizing statute at 42 U.S.C. § 713. Specifically, the following subjects and language are outside the scope of the authorizing statute and all references to it must be removed from Hawaii's PREP curricula and program materials:¹

een trea h Program P rri m e ond dition

- AM-S -A2, "Defining Sexuality," page 80: "Facilitator Tip: Sexuality is complex and can be difficult to define. It is normal for participants to struggle to

¹ ACF initiated a medical accuracy review to determine if Hawaii's approach to biological sex in its PREP curricula is medically accurate and in compliance with the program statute and the terms and conditions of the award. In preparing the materials that we received, we saw that the curricula include gender ideology which is not authorized by the statute. As per this letter, Hawaii will need to remove this content from its PREP curricula and program materials. In light of this, we are changing our planned course of action and are no longer conducting a review for medical accuracy because the content that we were going to review for medical accuracy is outside of the subjects that are statutorily authorized in this program.

understand it broadly and to have different views. Support participants in sharing and listening to one another, and make sure dialogue remains respectful and inclusive.

Circle ‘Sex in ‘Sexuality.’

As

- How much of our Word Web is about ‘having sex’ or ‘sex as a physical behavior

Share

- Sexuality is more than physical behavior.

As

- Besides physical behavior, what else do you think could be part of a person’s sexuality?

If participants do not identify in the following, add

- Sexual and reproductive anatomy
- Body Image
- Biological sex
- Gender including gender identity, gender expression and gender roles
- Sexual orientation
- Desires, pleasure, intimacy and reproduction
- Beliefs, attitudes and values about sexuality”

- AM-SI-F1, “This Is Me. Who Are You?” page 94: “Our identity, or how we see ourselves, includes many different things, such as our race ethnicity, nationality, culture, religious affiliation, age, gender, sexuality, roles (Example: athlete, big sister, etc.), personality traits and interests.”
- AM-HW-F1, Facilitator Resource, “Frequently Asked Questions,” page 148:
“Who is someone with a penis not identified as a woman? Who is someone with a vagina not identified as a girl or woman?
 When we use body parts to describe people, we’re talking about ‘biological sex,’ or sex assigned at birth, which is different than gender. Gender is how people identify and express themselves. Transgender people are people whose gender identity is different from their biological sex or sex assigned at birth. Gender non-conforming and non-binary people are people whose gender identities are not exclusively either boy/man or girl/woman. However someone identifies, they should feel safe, respected and included in TOP.”

The “purpose” of a PREP grant award is for states to “carry out personal responsibility education programs consistent with this subsection.” 42 U.S.C. § 713(b)(1). The statute defines PREP as “a program that is designed to educate adolescents on -- (i) both abstinence and contraception for the prevention of pregnancy and sexually transmitted

infections, including HI/AIDS, consistent with the requirements of subparagraph () and (ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).” 42 U.S.C. 713(b)(2).

The statute includes no mention of gender ideology, which is both irrelevant to teaching abstinence and contraception and unrelated to any of the adult preparation subjects described in section 713(b)(2)(C).² The statute neither requires, supports nor authorizes teaching students that gender identity is distinct from biological sex or that boys can identify as girls and vice versa; thus, gender ideology is outside the scope of the authorizing statute and any expenditures associated with gender ideology are not allowable, reasonable, or allocable to the PREP grant. See 45 C.F.R. 75.403-405.

We are aware that these curricula and other program materials were previously approved by ACF. However, the prior administration erred in allowing PREP grants to be used to teach students gender ideology because that approval exceeded the agency’s authority to administer the program consistent with the authorizing legislation as enacted by Congress. Hawaii’s current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified. 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). ACF 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.

Here are the instructions to allow to remove a content concerning gender ideology from its curriculum a program materials and another aspects of its program development within the scope of receipt of this letter and provide a copy of the modified materials to the Federal approver.

The content flagged on the pages of this letter provides examples of gender ideology content that does not adhere to the PREP statute.³ Hawaii is directed to remove these and all similar language throughout their curricula and program materials. Should Hawaii fail to make the appropriate modifications to its PREP curricula and program materials, ACF may take additional enforcement action. See 45 C.F.R. 75.371 (allowing HHS to

² 42 U.S.C. § 713(b)(2)(C) lists the following adult preparation subjects: “(i) Healthy relationships, including marriage and family interactions (ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects (iii) Financial literacy (iv) Parent-child communication (v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity (vi) Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.”

³ We are not setting forth all of the problematic language in this letter but are providing a general description and examples so that you understand what needs to be removed from the curricula and program materials. If you have any questions about whether language needs to be removed, please contact the Federal Project Officer, Chéri Thompson at Cheri.Thompson@acf.hhs.gov.

withhold, disallow, suspend, or terminate Federal awards if imposing additional conditions on a grantee does not cure noncompliance).

Thank you for your attention to this matter. Please submit the modified curricula and materials by uploading to the Dropbox link previously provided to you within sixty (60) days, and no later than **Monday** **October 27** at 11:59 pm. You may email your FYS Federal Project Officer if you need clarification regarding this request.

Sincerely,



Andrew Bradison
Acting Assistant Secretary
Administration for Children and Families

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF
OREGON; STATE OF MINNESOTA; STATE
OF COLORADO; STATE OF
CONNECTICUT; STATE OF DELAWARE;
DISTRICT OF COLUMBIA; STATE OF
HAWAI'I; STATE OF ILLINOIS; STATE OF
MAINE; STATE OF MARYLAND;
COMMONWEALTH OF MASSACHUSETTS;
STATE OF MICHIGAN; STATE OF NEW
JERSEY; STATE OF NEW YORK; STATE
OF RHODE ISLAND; STATE OF
WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
HEALTH AND HUMAN SERVICES;
ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of U.S. Department of
Health and Human Services; UNITED STATES
HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND
FAMILIES; and ANDREW GRADISON, in his
official capacity as Acting Assistant Secretary
of U.S. Health and Human Services
Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

DECLARATION OF BRIAN JOHNSON

DECLARATION OF BRIAN JOHNSON
ILLINOIS DEPARTMENT OF HUMAN SERVICES

I, BRIAN JOHNSON, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am a resident of the State of Illinois. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I have been employed by the Illinois Department of Human Services (IDHS) since 2022. I have served as the Bureau Chief for Family and Community Services since February 15, 2022. In this role, I am responsible for administering prevention and youth development services intended to delay and avoid risk-taking behaviors.

3. As Bureau Chief for Family and Community Services, I have personal knowledge about federal funding related to the Personal Responsibility Education Program (PREP) and Sexual Risk Avoidance Education (SRAE) grants received by Illinois. I also have personal knowledge of the matters set forth below, or with respect to the matters for which I do not have personal knowledge, I have reviewed information gathered from IDHS's records by others within the organization.

4. I submit this declaration in connection with Plaintiff States' Motion for Preliminary Injunction and Complaint for Injunctive and Declaratory Relief pertaining to the August 6, 2025, PREP and August 12, 2025, SRAE Notice of Awards (NOA), including the Supplemental Terms and Conditions (Supplemental T&Cs) from the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF) regarding state PREP and SRAE grants; and the August 26, 2025 directive letter from ACF to PREP grantees (the PREP Directive). Illinois relies on HHS's PREP and SRAE funding programs to provide evidence-based curricula to youth across Illinois.

5. PREP grants received by Illinois enable IDHS to support comprehensive, evidence-based educational programming in 29 school districts to reduce pregnancy, HIV and other sexually transmitted infections (STIs), and birth rates for youth. In fiscal year 2025, 8,739 youth were served by the program that IDHS implemented with PREP funding.

6. In applying for PREP grants, IDHS has complied with the program's application requirements, which include assurances that programming is evidence-based, medically accurate, age appropriate, provided in the cultural context most appropriate for individuals in the particular population group to which the programming is directed, and targeted towards high-risk youth. The programming addresses both abstinence and the use of contraception, as well as all of six "adulthood preparation subjects" as described in 42 U.S.C. § 713(b)(2)(C). In its grant applications, IDHS also addresses how Illinois uses positive youth development principles when offering trauma-informed prevention programming. IDHS last received ACF certification of compliance with these requirements on August 13, 2025.

7. SRAE grants received by Illinois enable IDHS to support medically accurate and complete, age-appropriate educational programming to Illinois youth ages 10-19 that is focused on avoiding non-marital sexual activity with the goals of reducing pregnancy, HIV and other sexually transmitted infections (STIs), and birth rates among teens. This is a program that IDHS began providing in February 2025. In fiscal year 2025, IDHS provided this education to 106 youth in two school districts – fewer than IDHS originally hoped because funding delays meant that the program only became available mid-year, but IDHS intends to grow the program in the future. SRAE is an abstinence-only program.

8. In applying for SRAE grants, IDHS has complied with the program's application requirements, which include assurances that programming is evidence-based, medically accurate,

age appropriate, provided in the cultural context most appropriate for individuals in the particular population group to which the programming is directed, and recognizes the experiences of youth from diverse communities, backgrounds, and experiences. The programming focuses on normalizing the optimal health behavior of avoiding non-marital sexual activity and teaching personal responsibility, healthy decision-making, healthy relationships, and other topics as described in 42 U.S.C. § 710(b)(3). In its grant applications, IDHS also addresses how Illinois uses positive youth development principles when offering trauma-informed prevention programming. IDHS last received ACF certification of compliance with these requirements on August 13, 2025.

PREP Federal Funding Relied on by IDHS

9. In 2010 Illinois submitted a PREP grant application in response to ACF's Funding Opportunity Announcement (FOA). Since that time, Illinois has submitted a letter of intent packet to re-authorize PREP grants each year. ACF extends PREP funding to grantees for three-year grant terms. Illinois applies for a new grant each year and relies on overlapping rewards. Illinois has received these funds since October 1, 2010.

10. ACF has issued to IDHS three currently active awards covering the period from October 1, 2022, through September 30, 2027. For the period from October 1, 2022 through September 30, 2025, ACF provided \$1,861,059.00 in PREP funding to Illinois. For the period from October 1, 2023 through September 30, 2026, ACF provided \$1,985,149.00 in PREP funding to Illinois. For the period from October 1, 2024 through September 30, 2027, ACF provided \$1,919,015.00 in PREP funding to Illinois. IDHS is currently operating using fiscal year 2024 funds and has not yet drawn 2025 funds.

11. ACF disburses PREP funding as reimbursements are requested by IDHS. IDHS expects to request its next grant disbursement on or around December 2025. Reimbursable expenses are accrued throughout the year. Some providers purchased the curriculum in recent months, so the ACF-demanded changes could require them to purchase a new curriculum without the budget to do so.

12. IDHS has well-established partnerships with community organizations to administer the programs supported by PREP funds within Illinois school districts. Since 2010, IDHS's sub-grantees have partnered with local school districts with vulnerable or high-risk student populations throughout Illinois to design and implement evidence-based sex education and personal responsibility curriculum.

SRAE Federal Funding Relied on by IDHS

13. In 2024, Illinois submitted a SRAE grant application in response to ACF's Funding Opportunity Announcement (FOA). Illinois submits a letter of intent packet to re-authorize SRAE grants. ACF extends SRAE funding to grantees for two-year grant terms. Illinois.

14. ACF has issued one two-year grant to IDHS covering the period from October 1, 2024 through September 30, 2026. The first payment on this grant was not received until December 27, 2024 and the second payment was received on August 6, 2025. In total, ACF provided \$1,985,560.00 in SRAE funding to Illinois.

15. Illinois has well-established partnerships with community organizations to administer SRAE programming in school districts, at churches, and at community events. Illinois partners with community-based organizations as well as local health departments to design and implement SRAE training and abstinence-focused education.

Communications from Federal Government

16. On or about April 14, 2025, IDHS received a letter via email from ACF's Family and Youth Services Bureau (FYSB)'s Division of Positive Youth Development indicating that ACF was performing a "medical accuracy review" and requesting submission of "any current curricula and programmatic materials" related to state PREP grants. FYSB stated that the "purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete."

17. As requested, IDHS submitted all PREP curricula and materials on April 18, 2025. This included curricula and any supplemental information pertaining to curriculum.

18. IDHS received a Notice of Awards (NOA) for PREP on August 6, 2025, and on August 12, 2025 for SRAE, describing the financial information associated with Illinois' annual PREP and SRAE grant award funds. The NOA states, "[t]he use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions."

19. For the first time since Illinois began receiving this grant, in the Remarks section, the August 6 and August 12 NOA state, "Recipients are prohibited from including gender ideology in any program or service that is funded with this award." The Terms and Conditions section for both PREP and SRAE state, in part, "[t]he statutory authority for the [PREP or SRAE] program under which this grant has been awarded, at [42 U.S.C. § 713 for PREP or 42 U.S.C. § 710 for SRAE], does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this

grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.” The NOAs are attached as Exhibits A and B.

20. In the August 6, 2025, email transmitting the PREP NOA, ACF published Supplemental Terms and Conditions (Supplemental T&Cs) applicable to PREP, and on August 12, 2025, it did the same in the email transmitting the SRAE NOA. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per ACF’s notice, these Supplemental T&Cs are effective immediately.

21. Per the August 6, 2025, NOA and the Supplemental T&Cs, the “gender ideology” terms and conditions of the NOA and Supplemental T&Cs are not accepted until the grantee uses federal funds to which the terms and conditions apply. IDHS has not used any funds awarded under the August 6, 2025, NOA and thus has not accepted the “gender ideology” term in the NOA or the Supplemental T&Cs.

22. On August 26, 2025, IDHS received another letter via email from ACF specific to PREP (the PREP Directive), stating that Illinois’ “current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified” because Illinois’ curriculum and materials include “gender ideology.” The identified content, ACF claims, is “outside of the scope of PREP’s authorizing statute...and all references to it must be removed from [the] PREP curricula and program materials.” ACF further instructs Illinois “to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter.” ACF asserts that it may take “additional enforcement action,” and lists as possibilities “allowing HHS to withhold, disallow, suspend, or terminate Federal awards.” That letter is attached as Exhibit C.

23. In the PREP Directive, HHS acknowledged that its position was inconsistent with the agency's earlier approval of IDHS's materials. It stated: "We are aware that these curricula and other program materials were previously approved by ACF. However, the prior administration erred in allowing PREP grants to be used to teach students gender ideology because that approval exceeded the agency's authority to administer the program consistent with the authorizing legislation as enacted by Congress. Illinois' current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified."

24. In conversations with Illinois' Federal Program Officer on August 13 and September 5, HHS could not provide any specific guidance about how Illinois could come into compliance with the new requirements, despite requests from IDHS for clarification about the restrictions in the NOA and about what changes would be acceptable. On September 10, 2025, Illinois's Federal Program Officer instructed Illinois to stop all curriculum editing as HHS had decided that redactions would not be enough to bring the program into compliance. When Illinois asked what would bring the program into compliance, the FPO could not answer this question. On September 11, 2025, the FPO confirmed that that "redactions and minor adaptations will not suffice for compliance," but did not explain how to comply.

Harms to Illinois

25. Illinois is currently and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and PREP Directive have created immense confusion for our agency and partners. Our agency's ability to plan for the future is severely negatively impacted.

26. The impact of a termination of PREP and SRAE funds would be devastating to Illinois's programs. Given my experience, without the continued and uninterrupted funding of PREP grants, IDHS and its partners will not be as effective in administering and providing age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. Similarly, without the continued and uninterrupted funding of SRAE grants, IDHS and its partners will not be as effective in administering and providing age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs.

27. In Illinois, public schools that provide sex education must use an evidence-based curriculum. 105 ILCS 5/27-9.1a(b). This includes training materials that are "inclusive and sensitive" to the needs of students, including "gender, gender identity, gender expression, sexual orientation, sexual behavior, or disability." *Id.* at (b)(3). Thus, this additional requirement from HHS conflicts with Illinois law and would force school districts that rely on PREP and SRAE grants to teach sex education to violate state requirements. If school districts determine that extraction of gender from the program violates Illinois law, school districts may just opt to no longer teach sex education at all.

28. If the education funded by the PREP and SRAE programs is no longer available in Illinois, Illinois students, especially those in in vulnerable and high-risk populations, will not receive adequate education surrounding sex education, which will significantly raise the risk of children experiencing unintended pregnancies, sexually transmitted infections, and sexual violence.

29. Moreover, if Illinois PREP and SRAE funding is terminated, youth will suffer without the services IDHS provides in schools, particularly the health classes, as they will not

have appropriate education and positive youth development activities to lower the risk for becoming pregnant or contracting HIV or STIs. Participants in PREP and SRAE programs receive not only prevention services but are given referrals and resources for other vital services within their communities. In addition, if PREP and SRAE funding is terminated, the financial burden for the State would be significant, as Illinois has successfully reduced teen pregnancy and teen STIs and the commensurate cost to taxpayers through these grants.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 25, 2025, at Springfield, Illinois.

/s/ Brian W. Johnson

Declarant

Exhibit A



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2501ILPREP
FAIN# 2501ILPREP
Federal Award Date: August 6, 2025

Recipient Information

1. Recipient Name

ILLINOIS DEPARTMENT OF HUMAN
SERVICE
815 E Monroe St

SPRINGFIELD, ILLINOIS 62701 1915

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1364163567A1

5. Data Universal Numbering System (DUNS)

067919071

6. Recipient's Unique Entity Identifier

EK7ENJE97829

7. Project Director or Principal Investigator

Carol Adams

no_email_144016@grantsolutions.gov

--

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

David Lee
Grants Management Officer
david.lee@acf.hhs.gov
202-401-5461

10. Program Official Contact Information

Debbie Powell
Deputy Associate Commissioner
ACYF - Family and Youth Services Bureau
debbie.powell@acf.hhs.gov
(202) 205 2360

Federal Award Information

11. Award Number

2501ILPREP

12. Unique Federal Award Identification Number (FAIN)

2501ILPREP

13. Statutory Authority

Section 513 of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.092

16. Assistance Listing Program Title

Personal Responsibility Education Program

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2024

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2024 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2027

\$1,206,574.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$1,919,015.00

*See Remarks

*See Remarks

End Date 09-30-2027

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

David Lee
Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2501ILPREP
FAIN# 2501ILPREP
Federal Award Date: August 6, 2025

Recipient Information

ILLINOIS DEPARTMENT OF HUMAN SERVICE
815 E Monroe St
SPRINGFIELD, ILLINOIS 62701 1915

Employer Identification Number (EIN): 1364163567A1

Data Universal Numbering System (DUNS): 067919071

Recipient's Unique Entity Identifier: EK7ENJE97829

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-X-1512	2025,G99SU25	\$1,919,015.00	\$1,206,574.00	\$1,919,015.00	2501ILPREP	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Personal Responsibility Education Program. Funds are subject to the requirements of Section 513 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

Exhibit B



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2503ILSRAE
FAIN# 2503ILSRAE
Federal Award Date: August 6, 2025

Recipient Information

1. Recipient Name

ILLINOIS DEPARTMENT OF HUMAN
SERVICE
815 E Monroe St

SPRINGFIELD, ILLINOIS 62701 1915

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

1364163567A1

5. Data Universal Numbering System (DUNS)

067919071

6. Recipient's Unique Entity Identifier

EK7ENJE97829

7. Project Director or Principal Investigator

Carol Adams

NOEMAIL@ADDRESS.NOT

--

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

David Lee
Grants Management Officer
david.lee@acf.hhs.gov
202-401-5461

10. Program Official Contact Information

Jerry Milner
Program Authorizing Official
ACYF - Family and Youth Services Bureau
Milner.Jerry@acf.hhs.gov
111-111-1111

Federal Award Information

11. Award Number

2503ILSRAE

12. Unique Federal Award Identification Number (FAIN)

2503ILSRAE

13. Statutory Authority

The Bipartisan Budget Act of 2018, Title V, Section 2954, Public Law 113-93, 42 US Code 710

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.235

16. Assistance Listing Program Title

Sexual Risk Avoidance Education (SRAE)

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award

19. Budget Period Start Date 10-01-2024

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount Administrative Offset

21. Authorized Carryover

22. Offset

23. Total Amount of Federal Funds Obligated this budget period

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved

26. Project Period Start Date 10-01-2024 -

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching

Financial Information

End Date 09-30-2026

\$1,346,850.00

*See Remarks

*See Remarks

*See Remarks

*See Remarks

\$1,985,560.00

*See Remarks

*See Remarks

End Date 09-30-2026

*See Remarks

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

David Lee
Grants Management Officer

Footnotes



Department of Health and Human Services
Administration for Children and Families

Notice of Award
Award # 2503ILSRAE
FAIN# 2503ILSRAE
Federal Award Date: August 6, 2025

Recipient Information

ILLINOIS DEPARTMENT OF HUMAN SERVICE
815 E Monroe St
SPRINGFIELD, ILLINOIS 62701 1915

Employer Identification Number (EIN): 1364163567A1

Data Universal Numbering System (DUNS): 067919071

Recipient's Unique Entity Identifier: EK7ENJE97829

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant</u>	<u>Document Number</u>	<u>Funding Type</u>
				<u>Award to Date</u>		
75-25-1512	2025,G990597	\$1,985,560.00	\$1,346,850.00	\$1,985,560.00	2503ILSRAE	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Sexual Risk Avoidance Education Program. Funds are subject to the requirements of Section 510 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the SRAE program under which this grant has been awarded, at 42 U.S.C. § 710, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

Exhibit C



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, DC 20201 | www.acf.hhs.gov

Tuesday, August 26, 2025

Ms. Mary White
Illinois Dept. of Human Services
10 South Grand Avenue East, 3rd Floor
Springfield, IL 62762

RE: State Personal Responsibility Education Program grants for Fiscal Years 2023 (#2301ILPREP), 2024 (#2401ILPREP), and 2025 (#2501ILPREP).

Dear Ms. White:

On April 14, 2025, the Administration for Children and Families (ACF) requested that Illinois provide current curricula and programmatic materials in use or in any way relevant to your state Personal Responsibility Education Program (PREP) grant for a medical accuracy review in accordance with the Terms and Conditions of the grant. We appreciate your timely response to ACF's request.

While preparing Illinois' PREP content for the medical accuracy review, ACF identified content in the curricula and other program materials that fall outside of the scope of PREP's authorizing statute at 42 U.S.C. § 713. Specifically, the following subjects and language are outside the scope of the authorizing statute and all references to it must be removed from Illinois' PREP curricula and program materials:¹

Making Proud Choices! 5th Edition, Teacher Manual

- Page 36 (Module 1, Activity B Procedure, Facilitator's Note): "Asking participants to tell you their pronouns is a way of creating a safe space for

¹ ACF initiated a medical accuracy review to determine if Illinois' approach to biological sex in its PREP curricula is medically accurate and in compliance with the program statute and the terms and conditions of the award. In preparing the materials that we received, we saw that the curricula include gender ideology which is not authorized by the statute. As per this letter, Illinois will need to remove this content from its PREP curricula and program materials. In light of this, we are changing our planned course of action and are no longer conducting a review for medical accuracy because the content that we were going to review for medical accuracy is outside of the subjects that are statutorily authorized in this program.

transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus ‘outing’ themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don’t always line up with what observers might expect based on a person’s perceived biological sex. The simple act of requesting pronouns sends the message that transgender and gender nonconforming youth are welcome and respected in the group.”

- Pages 39-40 (Module 1, Activity C Procedure): “**Respect diversity:** Let’s keep in mind that there’s diversity in society and in the group. Individuals come from different family backgrounds, different racial and cultural groups and different living situations. Some young people have already had romantic relationships; others aren’t even thinking about it. Some have had sexual intercourse. Some have had sex because they choose to; other’s may have had sex against their will. Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender.

Young people may express themselves in ways that don’t conform with their biological sex. There are many ways that youth can express their gender identity. . .

Define terms related to diversity as needed.

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

Gender identity is peoples’ inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn’t fit these labels. It may be the same as (cisgender) or different from (transgender) the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.”

The “purpose” of a PREP grant award is for states to “carry out personal responsibility education programs consistent with this subsection.” 42 U.S.C. § 713(b)(1). The statute defines PREP as “a program that is designed to educate adolescents on -- (i) both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, consistent with the requirements of subparagraph (B);

and (ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).” 42 U.S.C. § 713(b)(2).

The statute includes no mention of gender ideology, which is both irrelevant to teaching abstinence and contraception and unrelated to any of the adult preparation subjects described in section 713(b)(2)(C).² The statute neither requires, supports nor authorizes teaching students that gender identity is distinct from biological sex or that boys can identify as girls and vice versa; thus, gender ideology is outside the scope of the authorizing statute and any expenditures associated with gender ideology are not allowable, reasonable, or allocable to the PREP grant. See 45 C.F.R. §§ 75.403-405.

We are aware that these curricula and other program materials were previously approved by ACF. However, the prior administration erred in allowing PREP grants to be used to teach students gender ideology because that approval exceeded the agency’s authority to administer the program consistent with the authorizing legislation as enacted by Congress. Illinois’ current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified. 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). ACF 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.

Therefore, ACF instructs Illinois to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter and provide a copy of the modified materials to ACF for approval.

The content flagged on the pages of this letter provides examples of gender ideology content that does not adhere to the PREP statute;³ Illinois is directed to remove these and all similar language throughout their curricula and program materials. Should Illinois fail to make the appropriate modifications to its PREP curricula and program materials, ACF may take additional enforcement action. See 45 C.F.R. § 75.371 (allowing HHS to withhold, disallow, suspend, or terminate Federal awards if imposing additional conditions on a grantee does not cure noncompliance).

² 42 U.S.C. § 713(b)(2)(C) lists the following adult preparation subjects: “(i) Healthy relationships, including marriage and family interactions; (ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects; (iii) Financial literacy; (iv) Parent-child communication; (v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity; (vi) Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.”

³ We are not setting forth all of the problematic language in this letter but are providing a general description and examples so that you understand what needs to be removed from the curricula and program materials. If you have any questions about whether language needs to be removed, please contact the Federal Project Officer, Megan Hill at MeGan.Hill@acf.hhs.gov.

Thank you for your attention to this matter. Please submit the modified curricula and materials by uploading to the Dropbox links previously provided to you within sixty (60) days, and no later than **Monday, October 27, 2025**, at 11:59 pm. You may email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,

A handwritten signature in black ink, reading "Andrew K. Gradison". The signature is written in a cursive style with a large, stylized 'A' and 'G'.

Andrew Gradison
Acting Assistant Secretary
Administration for Children and Families

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF OREGON; STATE OF MINNESOTA; STATE OF COLORADO; STATE OF CONNECTICUT; STATE OF DELAWARE; DISTRICT OF COLUMBIA; STATE OF HAWAI'I; STATE OF ILLINOIS; STATE OF MAINE; STATE OF MARYLAND; COMMONWEALTH OF MASSACHUSETTS; STATE OF MICHIGAN; STATE OF NEW JERSEY; STATE OF NEW YORK; STATE OF RHODE ISLAND; STATE OF WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; ROBERT F. KENNEDY, JR., in his official capacity as Secretary of U.S. Department of Health and Human Services; UNITED STATES HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES; and ANDREW GRADISON, in his official capacity as Acting Assistant Secretary of U.S. Health and Human Services Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

**DECLARATION OF LYNETTE
JOHNSON**

DECLARATION OF LYNETTE JOHNSON

I, LYNETTE JOHNSON, pursuant to 28 U.S.C. § 1746 declare as follows:

1. I am a resident of the state of Maine. I am over the age of 18, am competent to testify to the matters herein, and I make this declaration based on my personal knowledge.

2. I am the Director of Prevention Programs for the Family Planning Association of Maine, Inc., a Maine non-profit corporation doing business as and referred to below as “Maine Family Planning.”

3. In my capacity as Maine Family Planning’s Director of Prevention Programs, I lead and support our educational programs to support comprehensive sexuality education in Maine and to reduce teen pregnancy and the incidence of HIV and other sexually-transmitted infections (STIs) among Maine youth. For many years, Maine’s Center for Disease Control and Prevention (Maine CDC) in the Maine Department of Health and Human Services (Maine DHHS) has supported Maine Family Planning’s educational services with funding, including Personal Responsibility Education Program (PREP) funding that Maine CDC has received from the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS).

4. I submit this declaration in support of the state of Maine and other states’ complaint in U.S. District Court and accompanying motion for a preliminary injunction of the August 26, 2025, letter from ACF to Maine DHHS’ Deputy Commissioner Bethany Hamm directing Maine DHHS to adapt its PREP educational materials “to remove all content concerning gender ideology” (the PREP Directive). I understand that this directive echoes Supplemental Terms and Conditions (Supplemental T&Cs) ACF presented to Maine CDC on August 7, 2025, and modifies the August 6, 2025 ACF Notice of Award (NOA). I have personal knowledge of the matters set forth below, or with respect to the matters for which I do not have personal knowledge, I have reviewed information gathered from Maine Family Planning’s records prepared or

provided by others within Maine Family Planning, or Maine CDC.

5. The Mission of Maine Family Planning is "to ensure that all people have access to high-quality, culturally relevant and affordable sexual and reproductive health care services, comprehensive sexual health education, and the right to control their sexual and reproductive lives". As Maine's longest-standing, independent, nonprofit provider of family planning services, Maine Family Planning provides contraceptive, education and prevention services to Maine women, men and adolescents in all regions of the state through 18 directly operated sites and mobile medical units, and through sub-recipient contracts with Federally Qualified Health Centers, School-Based Health Centers and Planned Parenthood sites. Maine Family Planning has decades of experience also providing educational prevention support services to strengthen sexual health education for youth within schools and community-based organizations. We have been Maine's Personal Responsibility Education Program (PREP) sub-recipient since 2011. Maine Family Planning conducts a variety of educational programs, in both school and community settings. In school settings, we conduct sex education trainings for educators and others who work with students aged in older elementary grades through high school (approximately for youth aged 10 to 18). Maine Family Planning has developed and provides free of cost to educators three curricula: "Puberty Happens", "Middle School Sexual Health Scope and Sequence" and "Best Practices in STI/HIV and Pregnancy Prevention". Maine Family Planning also trains staff and volunteers of non-school based community organizations that work with youth who in turn provide education designed to increase personal responsibility and thereby reduce teen pregnancies and the transmission of HIV and STIs. Maine CDC funds these efforts with both state and federal dollars.

6. Maine CDC is a State PREP grantee. Maine CDC contracts with Maine Family Planning to provide also sexual health education delivered in school and community-based Planning to

provide also sexual health education delivered in school and community-based settings, through state and federal funding. Specific to this declaration, federal funding is provided through the Maine CDC to Maine Family Planning to implement the required educational services under the PREP grant.

7. As part of its education work, Maine Family Planning works with school staff and youth-serving partners to support comprehensive, evidence-based educational programming to reduce pregnancy, HIV, STIs, and birth rates for youth. Education services are funded in part (50%) by PREP. Under Maine's PREP contract, Maine Family Planning carries out the implementation of PREP, including identifying and signing letters of agreement with eligible community-based organizations serving youth and providing required training and ongoing support to facilitators in the implementation of the approved curricula, "Making Proud Choices" and "Sexuality for All Abilities". Maine Family Planning is responsible for purchasing and distributing relevant curricula materials, offering stipends to the organizations for delivering the full curricula with fidelity, and supporting the completion and submission of all required reporting and documents, including participant Entry and Exit Surveys, Attendance Logs and Fidelity Logs. Maine Family Planning provides these services through various community-based organizations who serve at-risk youth. During the most recently-completed fiscal year (ending in June 2025), Maine Family Planning provided these services by partnering with six community-based organizations whose facilitators delivered PREP education to youth in 12 different locations/program sites throughout the state. In total, 189 youth were served in fiscal year 2025 by these organizations Maine Family Planning partners with. New and continuing partnerships are projected for the current fiscal year with the goal of serving a minimum of 200 youth statewide. In fiscal year 2025, Maine Family Planning received \$219,776 in PREP funding to provide these services in Maine.

8. Maine Family Planning's programming is evidence-based, medically accurate, and developmentally and age appropriate. Maine Family Planning's programming addresses both abstinence and the use of contraception, as well as at least three of six "adulthood preparation subjects" as described in 42 U.S.C. § 713(b)(2)(C). The three adult preparation topics covered in the two curricula we have been approved to use (by ACF) include: Adolescent Development, Healthy Life Skills, and Healthy Relationships. PREP programming is provided in the cultural and developmental context most appropriate for individuals in the particular population groups for which the curriculum are created. This includes, for "Making Proud Choices", youth outside of mainstream school based education and for "Sexuality for All Abilities" youth with intellectual and developmental disabilities. These are targeted populations of youth at high-risk for teen pregnancy and sexually transmitted infections, as well as other sexual health behaviors and negative outcomes. Additionally, Maine Family Planning's programs use positive youth development principles when offering trauma-informed prevention programming. In addition to selecting evidence-based curricula approved by the federal funding agency, Maine Family Planning provides pre- and in-service training and ongoing support for facilitators from the partnering organizations. These facilitators are trained by Maine Family Planning in strategies that promote positive youth development and trauma-informed education. As required by the PREP grant, Maine Family Planning conducts observation/site visits and leads bi-monthly Continuing Quality Improvement virtual check-ins with facilitators (and supervisors) from the partnering organizations. Letters of agreement are signed annually with all participating organizations and spell out the terms and conditions of the grant.

Effectiveness of Programs

9. As part of its work administering state education programming, Maine Family Planning measures outcomes by adhering to all data collection requirements of the PREP grant. This includes collection of confidential youth participant attendance logs and participant Entry and Exit surveys (provided by the US DHHS Administration for Children and Families). Maine Family Planning's PREP Coordinator uses an observation visit form for each site visit when the curriculum is being implemented with youth. Feedback is offered to program facilitators to improve delivery of the lessons. The PREP Coordinator also collects and reviews curriculum fidelity logs completed by facilitators to determine any changes or recommended adaptations to the curriculum, within the parameters of the PREP grant. On-going communication with each facilitator and a minimum of one observation/site visit for each complete implementation of the curriculum is required. The number of facilitators trained and number of youth participants are collected and reported using the ACF PREP Performance Measures System, including the rate at which facilitators deliver the curriculum materials with fidelity.

10. Maine Family Planning shares this information with Maine CDC and ACF in both written reports and bi-monthly meetings with representatives of both ACF and Maine CDC. Maine Family Planning has consistently received positive feedback from the ACF Project Officer and has received technical assistance from the ACF recommended TA providers to improve youth recruitment and retention, and effective delivery of the curriculum materials. We are also part of regular meetings of State PREP grantees in the New England region organized by ACF and their TA sub-contractor. Since 2011, Maine's PREP program has adapted to the needs of youth and the organizations providing youth programming. For example, in collaboration with Maine CDC, we have initiated partnerships with agencies implementing life skills programs for youth with

intellectual and developmental disabilities and at-risk youth served by alternative education programs and teen centers, many of whom have not otherwise received sexual health education.

Communications from Federal Government

11. Maine Family Planning is aware that on or about April 14, 2025, Maine CDC received a letter from the Division of Positive Youth Development in ACF's Family and Youth Services Bureau ("FYSB") indicating that ACF was performing a "medical accuracy review" and requesting submission of "any current curricula and programmatic materials" related to Maine's PREP grants. FYSB stated that the "purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete."

12. Maine Family Planning also is aware that on August 6, 2025, Maine CDC received a Notice of Award ("NOA") describing the financial information associated with Maine's PREP grant award funds. The NOA stated, "[t]he use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions." In the Remarks section, the NOA states, "Recipients are prohibited from including gender ideology in any program or service that is funded with this award." The Terms and Conditions section states, in part, "[t]he statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405."

13. Maine Family Planning also is aware that on August 7, 2025, ACF published Supplemental T&Cs applicable to awards and award modifications. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per ACF’s notice, these Supplemental T&Cs are effective immediately.

14. Maine Family Planning also is aware that on August 26, 2025, Maine CDC received another letter from ACF (the PREP Directive) stating that Maine’s “current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified” because Maine’s curriculum and materials include “gender ideology.” The identified content, ACF claims, is “outside of the scope of PREP’s authorizing statute...and all references to it must be removed from [the] PREP curricula and program materials.” ACF further instructed Maine **“to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter.”** ACF asserts that it may take “additional enforcement action,” and listed as possibilities “allowing HHS to withhold, disallow, suspend, or terminate Federal awards.”

Harms to Maine Family Planning

15. Maine Family Planning currently is and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and the PREP Directive have created immense confusion and negatively impacted our organization’s ability to plan for the future.

16. The federal government’s threat to Maine to restrict federal financial assistance if content concerning “gender ideology” is not removed puts at risk approximately \$220,000 for Maine Family Planning’s evidence-based educational programs. This would have a catastrophic effect on Maine Family Planning’s work.

17. For example, our PREP grant covers the salary of 1.6 full time employees at Maine Family Planning. This includes a full-time PREP Coordinator, and .6 FTE of the Director of Prevention Programs. With the uncertainty of the PREP grant's continuation past October 27, 2025, our organization is being forced to contemplate reducing or terminating these valuable employees' positions.

18. Maine Family Planning is a leader in the state and a dependable resource for educators in providing essential sexual health information and education. Loss of PREP funding would drastically curtail our ability to support, through training, curriculum supplies, etc., community based organizations serving at risk youth, including those who may be in alternative education programs where sexual health education would not otherwise be provided, and for young people with intellectual and developmental disabilities, a population that is often left out of sexual health education despite the fact that they are a much higher risk of sexual exploitation than their peers who do not have disabilities.

Harms to Maine's at risk Youth

19. If Maine Family Planning loses PREP funding, Maine Family Planning would be unable to meet its obligations to provide age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. Youth in Maine, especially high-risk youth, will suffer.

20. The youth served by the PREP program are already at a disadvantage for missing out on important, medically-accurate sexual health information and services. Information included in the PREP-approved curricula provide young people with essential information and skills around: sexual decision making, communicating sexual boundaries, understanding behaviors that put them at risk for unintended pregnancy and transmission of STIs and HIV, knowing how to

access prevention methods and testing that keep them and their partners safe, recognizing and practicing affirmative consent, advocating for their own sexual health needs, and standing up to sexual exploitation. Adults trained to provide trauma-informed, comprehensive sexual health education can become important resources for youth. Alternative education and life skills programs and other close knit learning environments provide youth with a chance to form relationships with trusted adults they can turn to for support. In these settings, youth often feel safer to ask questions and bring up concerns, express who they are, and feel accepted. Taking away these opportunities to learn about sexual health through PREP will put young people at further risk, leave them vulnerable to misinformation, ill-equipped to navigate intimate relationships, more prone to unsafe behaviors and situations, and unable to express and advocate for their sexual health and wellness. Removing any mention of gender diversity throughout the curriculum not only erases and harms vulnerable transgender and non-binary youth, but leaves out general information so that all young people, regardless of how they identify, can learn about the many ways young people in Maine and in the world identify.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 19, 2025, at Augusta, Maine.


A handwritten signature in blue ink, reading "Lynette Johnson", is written over a horizontal line.

Lynette Johnson
Director of Prevention Programs
Family Planning Association of Maine, Inc.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

STATE OF WASHINGTON; STATE OF
OREGON; STATE OF MINNESOTA; STATE
OF COLORADO; STATE OF
CONNECTICUT; STATE OF DELAWARE;
DISTRICT OF COLUMBIA; STATE OF
HAWAI'I; STATE OF ILLINOIS; STATE OF
MAINE; STATE OF MARYLAND;
COMMONWEALTH OF MASSACHUSETTS;
STATE OF MICHIGAN; STATE OF NEW
JERSEY; STATE OF NEW YORK; STATE
OF RHODE ISLAND; STATE OF
WISCONSIN,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
HEALTH AND HUMAN SERVICES;
ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of U.S. Department of
Health and Human Services; UNITED STATES
HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND
FAMILIES; and ANDREW GRADISON, in his
official capacity as Acting Assistant Secretary
of U.S. Health and Human Services
Administration for Children and Families,

Defendants.

Case No. 6:25-cv-01748-AA

**DECLARATION OF PUTHIERY VA,
D.O.**

DECLARATION OF PUTHIERY VA, D.O.

I, Dr. Puthiery Va, pursuant to 28 U.S.C. § 1746 declare as follows:

1. I am a resident of Maine. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I am Director of the Maine Center for Disease Control and Prevention, a board-certified internal medicine physician, and trained medical epidemiologist.

3. I have knowledge of information in declaration as family planning services are administered from the Maine CDC's Maternal and Child Health Program and the Maine CDC is the recipient and administrator of the PREP grant.

4. I submit this declaration in connection with Plaintiff States' Motion for Preliminary Injunction and Complaint for Injunctive and Declaratory Relief pertaining to the August 6, 2025 Notice of Award (NOA) from the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF) regarding state Personal Responsibility Education Program (PREP) grants; the August 7, 2025 PREP Supplemental Terms and Conditions (Supplemental T&Cs), and the August 26, 2025 directive letter from ACF to grantees (the PREP Directive). I have personal knowledge of the matters set forth below, or with respect to the matters for which I do not have personal knowledge, I have reviewed information gathered from Maine CDC's records by others within the organization.

5. In Maine, our CDC supports comprehensive, evidence-based educational programming to reduce pregnancy, HIV and other sexually transmitted infections (STIs), and birth rates for youth at 12 sites across the state through six community-based organizations. Approximately 200 students complete the Making Proud Choices lessons annually, which is implemented with PREP funding. Over the years of implementation this equates to approximately

3,000 students.

6. In applying for PREP grants, Maine CDC has complied with the program's application requirements, which include assurances that programming is evidence-based, medically accurate, age appropriate, provided in the cultural context most appropriate for individuals in the particular population group to which the programming is directed, and targeted towards high-risk youth. The programming addresses both abstinence and the use of contraception, as well as at least three of six "adulthood preparation subjects" as described in 42 U.S.C. § 713(b)(2)(C). In its grant applications, Maine CDC also addresses how Maine uses positive youth development principles when offering trauma-informed prevention programming.

Federal Funding Relied on by Maine CDC

7. In 2016, Maine submitted a PREP grant application in response to ACF's Funding Opportunity Announcement (FOA). Since that time, Maine has submitted a letter of intent packet to re-authorize PREP grants each year. ACF extends funding to grantees for three-year grant terms. Maine applies for a new grant each year, resulting in overlapping awards. Maine has received these funds since July 2011.

8. ACF has issued to Maine CDC three currently active awards covering the period from October 1, 2022, through September 30, 2027. For the period from October 1, 2022 through September 30, 2025, ACF provided \$250,000 in PREP funding to Maine. For the period from October 1, 2023 through September 30, 2026, ACF provided \$250,000 in PREP funding to Maine. For the period from October 1, 2024 through September 30, 2027, ACF provided \$250,000 in PREP funding to Maine. Maine CDC is currently operating using fiscal year 2023 funds and has not yet drawn down 2024 or 2025 funds.

9. ACF disburses PREP funding as reimbursements requested by the DHHS Service

Center. The DHHS Service Center expects to request its next grant disbursement on or around September 18, 2025. Reimbursable expenses are accrued throughout the year.

10. Maine has well-established partnerships with school districts and local organizations to administer these funds. Since 2011, Maine has partnered with Family Planning Association of Maine to design and implement training and technical assistance services to schools and community-based organizations who are working with adolescents, parents and other service providers, to deliver evidence-based programming that addresses topics such as puberty and adolescent health, sexuality, HIV/STI and pregnancy prevention, abstinence and healthy relationships.

Communications from Federal Government

11. On or about April 14, 2025, Maine CDC received via email a letter from ACF's Family and Youth Services Bureau (FYSB)'s Division of Positive Youth Development indicating that ACF was performing a "medical accuracy review" and requesting submission of "any current curricula and programmatic materials" related to state PREP grants. FYSB stated that the "purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete." That letter is attached as Exhibit A.

12. As requested, Maine CDC submitted all PREP curricula and materials on April 17, 2025. This included teacher manuals, handouts, entry and exit surveys and a sample letter for parents.

13. On August 6, 2025, Maine CDC received a Notice of Award (NOA) describing the financial information associated with Maine's PREP grant award funds. The NOA states, "[t]he use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and

conditions.” In the Remarks section, the NOA states, “Recipients are prohibited from including gender ideology in any program or service that is funded with this award.” The Terms and Conditions section states, in part, “[t]he statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one’s sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.” The NOA is attached as Exhibit B.

14. On August 7, 2025, ACF published Supplemental T&Cs applicable to PREP awards and award modifications that add funding. The Supplemental T&Cs prohibit grant recipients from including so-called “gender ideology” in PREP-funded programs and services. Per ACF’s notice, these Supplemental T&Cs are effective immediately.

15. Per the August 6, 2025 NOA and the Supplemental T&Cs, the “gender ideology” terms and conditions of the NOA and Supplemental T&Cs are not accepted until the grantee uses federal funds to which the terms and conditions apply. Maine CDC has not used any funds awarded under the August 6, 2025, NOA and thus has not accepted the “gender ideology” term in the NOA or the Supplemental T&Cs.

16. On August 26, 2025, Maine CDC received via email another letter from ACF (the PREP Directive) stating that Maine’s “current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified” because Maine’s curriculum and materials include “gender ideology.” The identified content, ACF claims, is

“outside of the scope of PREP’s authorizing statute...and all references to it must be removed from [the] PREP curricula and program materials.” ACF further instructs Maine **“to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter.”** ACF asserts that it may take “additional enforcement action,” and lists as possibilities “allowing HHS to withhold, disallow, suspend, or terminate Federal awards.” That letter is attached as Exhibit C.

Harms to Maine

17. Maine is currently and will continue to experience harm as a result of the NOA, the Supplemental T&Cs, and the PREP Directive. The NOA, Supplemental T&Cs, and PREP Directive have created immense confusion for our agency and partners. Our agency’s ability to plan for the future is severely negatively impacted. The PREP grant covers the salary of 1.6 FTE, 3 employees, at Family Planning Association of Maine. With the uncertainty of the PREP grant’s continuation past October 27, 2025, our agency is being forced to contemplate reducing or terminating the contract with Family Planning Association of Maine. Additionally, we would need to evaluate which services could continue without this funding, if any exist.

18. Further, the threat to our state’s federal financial assistance for failure to remove content concerning “gender ideology” puts at risk \$750,000.

19. The impact of a disruption in funds would be devastating to the program. Given my experience, without the continued and uninterrupted funding of PREP grants, Maine CDC and its partners will not be as effective in administering and providing age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. As a result, youth in Maine, especially high-risk youth, will suffer. Maine CDC currently is and will continue to experience harm as a result of the NOA, the Supplemental T&Cs,

and the PREP Directive. The NOA, Supplemental T&Cs, and the PREP Directive have created immense confusion and negatively impacted our organization's ability to plan for the future. The federal government's threat to Maine to restrict federal financial assistance if content concerning "gender ideology" is not removed puts at risk approximately \$250,000 for Maine CDC's evidence-based educational programming. This program serves the most vulnerable youth who may not otherwise receive the information.

Harms to Maine's at-risk Youth

20. The loss of PREP funding by the Maine CDC will impact our ability to provide age-appropriate and medically accurate education to youth who are at particular risk of becoming pregnant or contracting HIV and other STIs. Information included in the PREP-approved curricula provide young people with essential information and skills around: sexual decision making, communicating sexual boundaries, understanding behaviors that put them at risk for unintended pregnancy and transmission of STIs and HIV, knowing how to access prevention methods and testing that keep them and their partners safe, recognizing and practicing affirmative consent, advocating for their own sexual health needs, and standing up to sexual exploitation. Adults trained to provide trauma-informed, comprehensive sexual health education can become important resources for youth. Eliminating opportunities to learn about sexual health through PREP will put young people at greater risk, leave them vulnerable to misinformation, ill-equipped to navigate intimate relationships, more prone to unsafe behaviors and situations, and unable to express and advocate for their sexual health and wellness.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on September 19, 2025, at Augusta, Maine.

DocuSigned by:

045BACFA02164C2

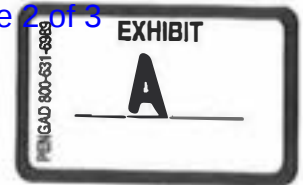
PUTHIERY VA, D.O.
Director, Maine CDC

Exhibit A



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, D.C. 20201 | www.acf.hhs.gov



April 14, 2025

Bethany Hamm
Maine, State of
221 State Street
Augusta, ME, 04330

RE: State Personal Responsibility Education Program 1601MEPREP

Dear Bethany Hamm:

The Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB), Division of Positive Youth Development's State Personal Responsibility Education Program (PREP) grant recipients and subrecipients are required to comply with all statutory requirements of PREP including ensuring the programs are "medically accurate and complete" and the program provides "age-appropriate" information and activities. 42 U.S.C. § 713(b)(2)(B); *see also* 45 CFR § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award); and 45 CFR § 75.364(a) (requiring grantees to provide HHS with access to any records pertinent to the Federal award).

In accordance with the terms and conditions of your State Personal Responsibility Education Program grants, you may be requested to submit curricula and programmatic materials to FYSB, for a medical accuracy review, as specified in the *Terms and Conditions, Other Terms and Conditions Section under Program Reporting and Requirements*.

This letter is to request that you submit for a medical accuracy review any current curricula and programmatic materials in use or in any way relevant to your State PREP grant. This includes both the curricula and programmatic materials you are currently implementing as well as any curricula and programmatic materials you have approved for use by subrecipients or subcontractors in your state's PREP program. Please submit these curricula and materials within three (3) business days, and no later than April 17, 2025 by 11:59 PM ET.

Instructions for submitting these curricula and materials are as follows:

- Provide electronic copies of all curricula materials and supplemental information that will be provided to facilitators and program participants, including, but not limited to:
 - Teacher Manual
 - Student Manual
 - Handouts

State PREP
Page 2

- Video Links
- DVDs
- Brochures
- PowerPoints
- Text Messages
- Video Game Content
- Consent/Assent Forms

The purpose for the medical accuracy review of program materials is to ensure the information being shared with program participants is medically accurate and complete. A Guidance Document on the medical accuracy review process is attached to this email. Be sure to complete the attached Grantee Submission Form to identify all program materials that will be uploaded to Dropbox. It is very important this form be submitted along with your curricula. We ask that all supplemental materials be listed at the bottom of the form, separate from the curricula files.

Please email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,


Andrew Gradison

Acting Assistant Secretary
Administration for Children and Families

Enclosures:

Medical Accuracy Review Guidance Document
Grantee Submission Form

Exhibit B

B



Department of Health and Human Services
Administration Civil Affairs

Office of Award

Award # 2 ME RE

FAI # 501 E E

Fiscal Year Date August 6 2 2

Recipient Information

1. Recipient Name

Health And Human Services, Maine Department
Of
221 State St

AUGUSTA, MAINE 04330

2. Congressional District of Recipient

*See Remarks

3. Payment Account Number and Type

*See Remarks

4. Employer Identification Number (EIN)

101600001A6

5. Data Universal Numbering System (DUNS)

809045594

6. Recipient's Unique Entity Identifier

GJEPWTMKF5A3

7. Project Director or Principal Investigator

Stacey LaFlamme

stacey.laflamme@maine.gov

8. Authorized Official

*See Remarks

Federal Agency Information

9. Awarding Agency Contact Information

David Lee

Grants Management Officer

david.lee@acf.hhs.gov

202-401-5461

10. Program Official Contact Information

Debbie Powell

Deputy Associate Commissioner

ACYF - Family and Youth Services Bureau

debbie.powell@acf.hhs.gov

(202) 205 2360

Federal Award Information

11. Award Number

2501MEPREP

12. Unique Federal Award Identification Number (FAIN)

2501MEPREP

13. Statutory Authority

Section 513 of the Social Security Act

14. Federal Award Project Title

*See Remarks

15. Assistance Listing Number

93.092

16. Assistance Listing Program Title

Personal Responsibility Education Program

17. Award Action Type

Supplement

18. Is the Award R&D?

*See Remarks

Summary Federal Award Financial Information

19. Budget Period Start Date 10-01-2024

End Date 09-30-2027

20. Total Amount of Federal Funds Obligated by this Action

\$157,187.00

20a. Direct Cost Amount

*See Remarks

20b. Indirect Cost Amount Administrative Offset

*See Remarks

21. Authorized Carryover

*See Remarks

22. Offset

*See Remarks

23. Total Amount of Federal Funds Obligated this budget period

\$250,000.00

24. Total Approved Cost Sharing or Matching, where applicable

*See Remarks

25. Total Federal and Non-Federal Approved

*See Remarks

26. Project Period Start Date 10-01-2024 -

End Date 09-30-2027

27. Total Amount of the Federal Award including

*See Remarks

Approved Cost Sharing or Matching

28. Authorized Treatment of Program Income

*See Remarks

29. Grants Management Officer – Signature

David Lee

Grants Management Officer

Footnote



Department of Health and Human Services
Administration for Children and Families

Notice of Award

Award # 2501MEPREP

FAIN# 2501MEPREP

Federal Award Date: August 6, 2025

Recipient Information

Health And Human Services, Maine Department Of
221 State St
AUGUSTA, MAINE 04330

Employer Identification Number (EIN): 1016000001A6

Data Universal Numbering System (DUNS): 809045594

Recipient's Unique Entity Identifier: GJEPWTMKF5A3

Object Class: 41.15

Financial Information

<u>Appropriation</u>	<u>CAN</u>	<u>Allotment</u>	<u>Award this action</u>	<u>Cumulative Grant Award to Date</u>	<u>Document Number</u>	<u>Funding Type</u>
75-X-1512	2025,G99SU25	\$250,000.00	\$157,187.00	\$250,000.00	2501MEPREP	Formula

Terms and Conditions

This grant award represents an obligation for the ACF Family and Youth Services Bureau State Personal Responsibility Education Program. Funds are subject to the requirements of Section 513 of Social Security Act.

This award is subject to the requirements listed in the terms and conditions. The use of Federal funds from this award constitutes the grantee's acceptance of the listed terms and conditions. The electronic copy of Terms and Conditions to support this program can be found on the website at:

<https://acf.gov/grants/manage-grant/grant-award/award-terms>.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. The statutory authority for the PREP program under which this grant has been awarded, at 42 U.S.C. § 713, does not authorize teaching students that gender identity is distinct from biological sex or boys can identify as girls and vice versa, or that there is a vast spectrum of genders that are disconnected from one's sex. Therefore, gender ideology is outside of the scope of the statutory authority for this award. In addition, any costs associated with gender ideology are not allowable expenditures of federal grant funds or maintenance-of-effort funds for this grant because they are not necessary, reasonable, or allocable for the performance of this award. See 45 C.F.R. §§ 75.403-405.

Remarks

* This field is intended to be included in the standardized Notice of Award and will be displayed in subsequent quarters.

Recipients are prohibited from including gender ideology in any program or service that is funded with this award. Please refer to Additional Term and Condition section of the Supplemental Terms and Conditions for more information on this requirement.

Exhibit C



Tu s a , August , 0 5

C i n i t i a d a m d i a l a u r a r v w o d t m i n i f a i n s a p p r o a h o b i o l o g i a l s x i n i t s
u r i u l a i s m d i a l l a u r a a n d o m p a w i t h p r o g r a m s t a u a d h r m s a d o n d o n s o
h a w a r d n p r p a r i g h m a r a l s h a w r v d , w s a w t h a h u r r i u l a i n u d g n d r i d o l o g
w h i h s n o t a u t h o r d b h s a u . p r h i s l t r a w i l l d t o r m o v h i s o n n f i o m i s
u r i u l a a n d p g r a m m a r i a l s l g h o h i s w a r h a g i n g o r p l a n n d o u r s o f a i o n a n d
a r o l o g r o n d u i n g a r v w f r d i a l a u r a a u s h o t h a w w r g o i n g o r v w
r m d i a l a u r a i s o u t s i d o h s u b s h a t a r s t a u t o i l a u h o r i d i t h i s p g r a m

age

Do you tell something different than a gay or lesbian identity that he or she is someone that a girl or boy is like a girl on the inside or someone with a boy or girl is like a boy on the inside but not always. Transgender is when a person is feeling about gender identity on the inside that he or she is

age 5 54

C S D R A term for people who identify as or tell themselves to be the gender that matches the sex they were assigned at birth

D R R S S o a person represents or expresses gender identity to others through behavior, clothing, hairstyle, voice or body characteristics

D R D Y People understand that gender identity with it may be male, female, something in between or something that doesn't fit the label, it may be the same as biological or different from (transgender is the sex they were assigned at birth, gender identity is unique to each person)

Sexuality for All Abilities, Transition to Man and

Page Chapter on gender Identity Message

Gender identity is how you tell. Some people identify as male, some as female, some as both, some as neither, some as transgender. Some people have other ways of identifying. Sometime a person's gender identity doesn't match the gender that was assigned to them at birth. Sometime a person's gender expression doesn't match their assigned gender. No society has stereotypes of what it means to be a man or a woman. Many people do not fit into these stereotypes because we are all different and that is okay.

look at your term, page

D R A or that is how a person identifies on the inside as relating to being male, female or a different gender.

D R P R S S o a person represents or expresses their identity to the world. Sometimes that matches the assigned sex, sometimes not.

D R F D Y the flexibility of gender expression and identity that may change over time or even from day to day. A gender identity person may be male on some days, female on other days, both male and female or neither. A gender identity person might also identify as genderless.

GENDER IDENTITY– How a person identifies gender inside of themselves. Sometimes this matches their assigned sex, sometimes not.

GENDER NONCONFORMING– When a person’s gender expression doesn’t fit inside traditional male or female categories (sometimes called the gender binary).

GENDERQUEER– A term for people who don’t identify as a man or a woman or whose identity lies outside the traditional gender binary of male and female. Some people use genderqueer, gender non-conforming, and non-binary interchangeably, but others don’t. Genderqueer has a political history, so many use the term to identify their gender as non-normative in some way. For example, someone could identify as both cisgender female and gender queer.”

The “purpose” of a PREP grant award is for states to “carry out personal responsibility education programs consistent with this subsection.” 42 U.S.C. § 713(b)(1). The statute defines PREP as “a program that is designed to educate adolescents on -- (i) both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, consistent with the requirements of subparagraph (B); and (ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).” 42 U.S.C. § 713(b)(2).

The statute includes no mention of gender ideology, which is both irrelevant to teaching abstinence and contraception and unrelated to any of the adult preparation subjects described in section 713(b)(2)(C).² The statute neither requires, supports nor authorizes teaching students that gender identity is distinct from biological sex or that boys can identify as girls and vice versa; thus, gender ideology is outside the scope of the authorizing statute and any expenditures associated with gender ideology are not allowable, reasonable, or allocable to the PREP grant. See 45 C.F.R. §§ 75.403-405.

We are aware that these curricula and other program materials were previously approved by ACF. However, the prior administration erred in allowing PREP grants to be used to teach students gender ideology because that approval exceeded the agency’s authority to administer the program consistent with the authorizing legislation as enacted by Congress. Maine’s current PREP curricula and program materials are out of compliance with the PREP statute and HHS regulations and must be modified. 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). ACF may impose additional

² C. b. C. li. h. ll win a ul p pa a i ubj i al h la i n hip in u i ma ia an mil in a i n ii l n v l pm n, u h a h v l pm n h al h a i u a valu ab u a l n wh a v l pm , b ima , a ial a hni iv i a h r la ub iii ina ial li a iv Pa hl mmu i a i v u a i nal a a , u h a v l pin ill mpl m p pa a i j b i , in p livi fina ial l uf i a w pla p u ivi vi al h lif ill u h a al in , i i ma in , n ia i mmu i a i a i p na ill , an ma a m

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.

Therefore, ACF instructs Maine to remove all content concerning gender ideology from its curricula, program materials and any other aspects of its program delivery within 60 days of receipt of this letter and provide a copy of the modified materials to ACF for approval.

The content flagged on the pages of this letter provides examples of gender ideology content that does not adhere to the PREP statute;³ Maine is directed to remove these and all similar language throughout their curricula and program materials. Should Maine fail to make the appropriate modifications to its PREP curricula and program materials, ACF may take additional enforcement action. See 45 C.F.R. § 75.371 (allowing HHS to withhold, disallow, suspend, or terminate Federal awards if imposing additional conditions on a grantee does not cure noncompliance).

Thank you for your attention to this matter. Please submit the modified curricula and materials by uploading to the Dropbox links previously provided to you within sixty (60) days, and no later than **Monday, October 27, 2025**, at 11:59 pm. You may email your FYSB Federal Project Officer if you need clarification regarding this request.

Sincerely,



Andrew Gradison
Acting Assistant Secretary
Administration for Children and Families

³ We are not setting forth all of the problematic language in this letter but are providing a general description and examples so that you understand what needs to be removed from the curricula and program materials. If you have any questions about whether language needs to be removed, please contact the Federal Project Officer, Chéri Thompson at Cheri.Thompson@acf.hhs.gov.