

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE *et al.*,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*,

Defendants.

Case No. 1:25-cv-00342-MRD-PAS

PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT

For the reasons provided in the attached memorandum, Plaintiffs hereby move for summary judgment on the claims in their First Amended Complaint, pursuant to Federal Rule of Civil Procedure 56.

Plaintiffs request that the Court: (1) declare unlawful, vacate, and set aside the New Conditions and Defendants' policies of imposing those conditions; (2) permanently enjoin Defendants and anyone acting in concert or participation with them from attempting to enforce any New Condition in any agreement that a grantee already signed or from otherwise treating any such New Condition as effective; and (3) permanently enjoin Defendants and anyone acting in concert or participation with them from imposing or enforcing the New Conditions or any substantially similar conditions via any new agency action.

In support of the motion, Plaintiffs rely on the accompanying Memorandum, the accompanying declarations, the Administrative Record, the pleadings and papers on file in this action, and any argument and evidence presented at the hearing of this motion.

Pursuant to Local Rule 7(c), Plaintiffs request oral argument for this motion to the extent the Court would find argument beneficial.

February 11, 2026

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on February 11, 2026, I electronically filed the within motion and it is available for viewing and downloading from the Court's CM/ECF System, and that the participants in the case that are registered CM/ECF users will be served electronically by the CM/ECF system.

/s/ Kristin Bateman
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**MEMORANDUM IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY
JUDGMENT**

TABLE OF CONTENTS

TABLE OF AUTHORITIES iii

INTRODUCTION 1

BACKGROUND 3

 A. Congress tasked HUD and HHS with administering many different grant programs 3

 1. HUD programs 3

 2. HHS programs 4

 B. The Administration leverages federal funding to advance the President’s ideological vision and expose grantees to massive liability 5

 1. Diversity, equity, inclusion, and accessibility 5

 2. Gender identity 10

 3. Abortion access 12

 C. Defendants impose unlawful new conditions on grants 13

 1. HUD’s New Conditions 13

 2. HHS’s New Conditions 15

 a. “Gender ideology”-related conditions 15

 b. DEI-related conditions 16

 c. Executive order condition 18

 D. The New Conditions harm Plaintiffs and their members 18

 1. HUD grants 18

 2. HHS grants 23

LEGAL STANDARD 27

ARGUMENT 27

I. Plaintiffs Are Entitled to Summary Judgment 27

 A. The New Conditions violate the APA 28

1.	The New Conditions exceed Defendants’ statutory authority.....	28
a.	HUD Conditions.....	29
b.	HHS and HUD Discrimination and Title IX Certifications	30
2.	The New Conditions are arbitrary and capricious.....	33
3.	The New Conditions violate the Constitution	38
4.	Multiple “Gender Ideology”-Related Conditions are contrary to law	38
5.	HUD adopted its New Conditions without required procedures.....	39
B.	The New Conditions violate the Spending Clause and other constitutional provisions safeguarding the separation of powers	40
C.	The “Gender Ideology”-Related Conditions and DEI-Related Conditions violate the First Amendment	43
1.	The “Gender Ideology”-Related Conditions violate the First Amendment	43
2.	The DEI-Related Conditions violate the First Amendment	45
D.	The New Conditions are unconstitutionally vague	49
E.	The New Conditions are ultra vires.....	53
II.	The Court Should Vacate the New Conditions and Permanently Enjoin Defendants from Re-Imposing or Otherwise Implementing Them.....	54
A.	The Court should set aside the New Conditions under the APA	54
B.	The Court should enjoin Defendants from enforcing the New Conditions or imposing the same or substantially similar New Conditions in the future.....	55
	CONCLUSION.....	58
	APPENDIX: NEW CONDITIONS	Appx-1

TABLE OF AUTHORITIES

	Page(s)
CASES	
<i>A.C. by M.C. v. Metro. Sch. Dist. of Martinsville</i> , 75 F.4th 760 (7th Cir. 2023).....	31
<i>Agency for Int’l Dev. v. All. for Open Soc’y Int’l, Inc.</i> , 570 U.S. 205 (2013)	43, 44, 46
<i>Bos. Redevelopment Auth. v. Nat’l Park Serv.</i> , 838 F.3d 42 (1st Cir. 2016).....	27
<i>California v. Trump</i> , No. 25-CV-10810-DJC, 2025 WL 2663106 (D. Mass. Sept. 17, 2025)	53
<i>Cent. Maine Power Co. v. Maine Comm’n on Governmental Ethics & Election Pracs.</i> , 144 F.4th 9 (1st Cir. 2025)	49
<i>Chamber of Com. of U.S. v. CFPB</i> , 691 F. Supp. 3d 730 (E.D. Tex. 2023).....	55
<i>Chi. Women in Trades v. Trump</i> , 778 F. Supp. 3d 959 (N.D. Ill. 2025).....	32, 46, 47, 48, 50
<i>City & Cnty. of S.F. v. Trump</i> , 897 F.3d 1225 (9th Cir. 2018).....	40, 41, 42, 43
<i>City of Arlington v. FCC</i> , 569 U.S. 290 (2013).....	28
<i>City of Chicago v. Barr</i> , 961 F.3d 882 (7th Cir. 2020).....	40, 42
<i>City of Fresno v. Turner</i> , No. 25-cv-07070-RS, 2025 WL 2721390 (N.D. Cal. Sept. 23, 2025)	29, 32
<i>City of Los Angeles v. Sessions</i> , No. 18-cv-7347, 2019 WL 1957966 (C.D. Cal. Feb. 15, 2019).....	57
<i>City of Providence v. Barr</i> , 954 F.3d 23 (1st Cir. 2020)	28
<i>Clinton v. City of N.Y.</i> , 524 U.S. 417 (1998)	42
<i>Colorado v. U.S. Dep’t of Health & Human Servs.</i> , 783 F. Supp. 3d 641 (D.R.I. 2025).....	38
<i>Colorado v. U.S. Dep’t of Health & Human Servs.</i> , 788 F. Supp. 3d 277 (D.R.I. 2025).....	41
<i>Corner Post, Inc. v. Bd. of Governors of Fed. Rsrv. Sys.</i> , 603 U.S. 799 (2024).....	54
<i>Counterman v. Colorado</i> , 600 U.S. 66 (2023).....	49
<i>DHS v. Regents of the Univ. of Cal.</i> , 591 U.S. 1 (2020).....	37

FCC v. Fox Television Stations, Inc., 556 U.S. 502 (2009)..... 33, 37

FCC v. Fox Television Stations, Inc., 567 U.S. 239 (2012)..... 49

FCC v. Prometheus Radio Project, 592 U.S. 414 (2021)..... 33

Frese v. Formella, 53 F.4th 1 (1st Cir. 2022)..... 49

Fresno Cmty. Hosp. & Med. Ctr. v. Cochran, 987 F.3d 158 (D.C. Cir. 2021) 53

Grayned v. City of Rockford, 408 U.S. 104 (1972) 49, 51, 53

Grimm v. Gloucester Cnty. Sch. Bd., 972 F.3d 586 (4th Cir. 2020)..... 31

Hall v. Evans, 165 F. Supp. 2d 114 (D.R.I. 2001)..... 34

Illinois v. FEMA, 801 F. Supp. 3d 75 (D.R.I. 2025)..... 54

Illinois v. FEMA, No. 25-cv-206, 2025 WL 2908807 (D.R.I. Oct. 14, 2025)..... 56

La. Pub. Serv. Comm’n v. FCC, 476 U.S. 355 (1986)..... 28

Louisiana v. Biden, 622 F. Supp. 3d 267 (E.D. La. 2022)..... 35

Manguriu v. Lynch, 794 F.3d 119 (1st Cir. 2015) 38

Martin Luther King, Jr. Cnty. v. Turner, 785 F. Supp. 3d 863
(W.D. Wash. 2025)..... 29, 30, 35, 40, 58

Martin Luther King, Jr. Cnty. v. Turner, No. 2:25-cv-814, 2025 WL 1331488
(W.D. Wash. May 7, 2025)..... 47

Massachusetts v. NIH, 770 F. Supp. 3d 277 (D. Mass. 2025) 57

Michigan v. EPA, 576 U.S. 743 (2015) 34

Monsanto Co. v. Geertson Seed Farms, 561 U.S. 139 (2010)..... 55

Motor Vehicle Mfrs. Ass’n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co.,
463 U.S. 29 (1983)..... 33, 36

N.H. Hosp. Ass’n v. Azar, 887 F.3d 62 (1st Cir. 2018)..... 40

Nat’l Council of Nonprofits v. OMB, 763 F. Supp. 3d 36 (D.D.C. 2025) 35

NEA v. Finley, 524 U.S. 569 (1998) 43, 45

New York v. Kennedy, 789 F. Supp. 3d 174 (D. R.I. 2025) 34

O’Connell v. Shalala, 79 F.3d 170 (1st Cir. 1996)..... 41

Ohio v. EPA, 603 U.S. 279 (2024)..... 33

Ortiz-Bonilla v. Federacion de Ajedrez de Puerto Rico, Inc., 734 F.3d 28 (1st Cir. 2013) 56

Parents for Privacy v. Barr, 949 F.3d 1210 (9th Cir. 2020)..... 31

PFLAG, Inc. v. Trump, 769 F. Supp. 3d 405 (D. Md. 2025)..... 40, 42

R.I. Coalition Against Domestic Violence v. Kennedy, No. 25-cv-342, 2025 WL 2988705 (D.R.I. Oct 23, 2025)..... 28, 34, 44, 50, 52, 56, 57

R.I. Coal. Against Domestic Violence v. Bondi, 794 F. Supp. 2d 58 (D.R.I. 2025) 35

R.I. Dep’t of Env’t Mgmt. v. United States, 304 F.3d 31 (1st Cir. 2002)..... 53

R.I. Latino Arts v. Nat’l Endowment for the Arts, 800 F. Supp. 3d 351 (D.R.I. 2025)..... 35

R.I. Latino Arts v. NEA, 777 F. Supp. 3d 87, 109–10 (D.R.I.) 44

Reno v. ACLU, 521 U.S. 844 (1997)..... 49

Rust v. Sullivan, 500 U.S. 173 (1991)..... 43, 44

S.F. AIDS Found. v. Trump, 786 F. Supp. 3d 1184 (N.D. Cal. 2025) 43, 44, 45

Scottsdale Ins. Co. v. United Rentals (N. Am.), Inc., 977 F.3d 69 (1st Cir. 2020) 27

South Dakota v. Dole, 483 U.S. 203 (1987) 41

Texans for Free Enter. v. Texas Ethics Comm’n, 732 F.3d 535 (5th Cir. 2013) 57

Texas v. Cardona, 743 F. Supp. 3d 824 (N.D. Tex. 2024) 55

Trump v. CASA, Inc., 606 U.S. 831 (2025)..... 57

United States v. Facticeau, 89 F.4th 1 (1st Cir. 2023) 49

United States v. Williams, 553 U.S. 285 (2008) 49

Universal Health Servs., Inc. v. United States ex rel. Escobar, 579 U.S. 176 (2016)..... 7, 33

Vill. of Hoffman Ests. v. Flipside, Hoffman Ests., Inc., 455 U.S. 489 (1982) 49

Viscito v. Nat’l Plan. Corp., 34 F.4th 78 (1st Cir. 2022)..... 27

Washington v. Trump, 768 F. Supp. 3d 1239 (W.D. Wash. 2025)..... 40

Woonasquatucket River Watershed Council v. USDA, 778 F. Supp. 3d 440, 471 (D.R.I. 2025)..... 35

US CONSTITUTIONAL PROVISIONS

U.S. Const. art. I § 1..... 41

U.S. Const. art. I § 7..... 41

U.S. Const. art. I § 8..... 41

U.S. Const. art. I § 9..... 41

U.S. Const. art. II § 3 42

U.S. Const. amend. I..... 43

FEDERAL STATUTES

5 U.S.C. § 553 39

5 U.S.C. § 706 38, 39, 54

10 U.S.C. § 1093 12

18 U.S.C. § 287 7, 16

18 U.S.C. § 1001 7

31 U.S.C. § 3729 6, 7, 16

31 U.S.C. § 3730 7

34 U.S.C. § 12291 5, 36, 51

34 U.S.C. § 12491 3

42 U.S.C. § 280b-1b..... 4, 5, 36, 51

42 U.S.C. § 705 4

42 U.S.C. § 5301 3

42 U.S.C. § 1406 50

42 U.S.C. § 5307 3, 36

42 U.S.C. § 10410 4

42 U.S.C. § 10411 5, 36, 51

42 U.S.C. § 10414 4, 36, 51

42 U.S.C. § 11373 3

42 U.S.C. § 11374 3

42 U.S.C. § 11381–11389 3

42 U.S.C. § 11386 28, 29, 30

Consolidated Appropriations Act 2022, Pub. L. No. 117-103, 136 Stat. 49 (2022)..... 5

Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, 138 Stat. 460
(Mar. 23, 2024) 12

Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-42, 138 Stat. 25
(Mar. 9, 2024) 12

FEDERAL REGULATIONS

24 C.F.R. § 5.106 4, 20, 21, 38, 39, 51, 52

24 C.F.R. § 10.1 39, 40

28 C.F.R. § 85.5 7

45 C.F.R. § 1370.5 39, 52, 53

EXECUTIVE ORDERS

Defending Women from Gender Ideology Extremism and Restoring Biological Truth
to the Federal Government, Exec. Order No. 14168 of January 20, 2025, 90 Fed.
Reg. 8615 (Jan. 30, 2025) 11

Ending Illegal Discrimination and Restoring Merit-Based Opportunity, Exec. Order
No. 14173 of January 21, 2025, 90 Fed. Reg. 8633 (Jan. 31, 2025) 6, 34, 35

Ending Radical and Wasteful Government DEI Programs and Preferencing, Exec.
Order No. 14151 of January 21, 2025, 90 Fed. Reg. 8339 (Jan. 29, 2025) 5, 6

Enforcing the Hyde Amendment, Exec. Order No. 14182 of January 24, 2025, 90 Fed. Reg. 8751 (Jan. 31, 2025) 12

Ending Radical Indoctrination in K-12 Schooling, Exec. Order No. 14190 of January 29, 2025, 90 Fed. Reg. 8853 (Feb. 3, 2025) 17

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HHS, *HHS Grants*, HHS (March 2, 2023), <https://perma.cc/BZ2Q-LRCX>..... 4

HUD Funding Opportunities, HUD (Jan. 8, 2026), <https://perma.cc/6U8H-H32N>..... 14

HUD News, *ICYMI | Secretary Scott Turner on Fox & Friends - “DEI is dead at HUD,”* HUD (2025), <https://perma.cc/G6HD-8S34> 9

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Jennifer Hansler *et al.*, *US government agencies order employees to remove gender pronouns from email signatures*, CNN Politics (Jan. 31, 2025), <https://perma.cc/NG4W-7SJY> 11, 12

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Mem. from Att’y Gen. Pam Bondi, *Ending Illegal DEI and DEIA Discrimination and Preferences*, OAG (Feb. 5, 2025), <https://perma.cc/KH9Y-A2VQ> 9

Mem. from Att’y Gen. Pam Bondi, *Guidance for Recipients of Federal Funding Regarding Unlawful Discrimination* (July 29, 2025), <https://perma.cc/T4B4-QTYH> 9, 10

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Eliminating Internal Discriminatory Practices, OAG (Feb. 5, 2025),
<https://perma.cc/24KA-GFJ6> 9

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Education and U.S. Department of Justice Announce Title IX Special
Investigations Team*, U.S. Dept. of Education (Apr. 4, 2025),
<https://perma.cc/BXN6-499W> 11

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Merit-Based Opportunity by Ending Illegal DEI* (Jan. 22, 2025),
<https://perma.cc/G8JU-QQ44> 47

INTRODUCTION

This case concerns the Administration's sweeping and unprecedented effort to use federal grant funding as a blunt instrument to coerce grantees into carrying out its ideological agenda. Through a series of executive orders, the President has directed agencies to use grant funding to curtail diversity, equity, inclusion, and accessibility activities; deny the rights and existence of transgender people; and restrict access to abortion care. To enforce this agenda, the Administration has announced it will weaponize the False Claims Act (FCA), exposing grant recipients to risk of severe civil and criminal liability if they fail to comply with novel and ill-defined grant conditions that Congress did not authorize.

This case concerns the implementation of this campaign by the Departments of Housing and Urban Development (HUD) and Health and Human Services (HHS) on programs that Congress enacted to support victims of domestic violence and sexual assault and people experiencing homelessness. Plaintiffs are nonprofit organizations and statewide coalitions that rely on these grants to provide emergency shelter, housing assistance, crisis intervention, and prevention services. The new grant conditions Defendants have imposed bear no relationship to the statutory purposes of these programs, do not further Congress's objectives, and will only undermine essential services and harm those Congress sought to protect. The Administrative Procedure Act (APA) and the Constitution do not permit this result.

There is no genuine dispute of material fact and Plaintiffs are entitled to judgment as a matter of law on each of their claims. Defendants' adoption and implementation of the conditions violate well-established APA requirements. No statute authorizes Defendants to adopt the conditions. Defendants also offered no explanation for their actions, much less a reasoned one, and failed to consider the substantial reliance interests affected by the new conditions.

Several conditions outright conflict with binding agency regulations. And Defendant HUD failed to follow required procedures in adopting the new conditions. Defendants' actions also contravene fundamental separation-of-powers principles, because the Constitution's Spending Clause vests Congress alone with authority to impose conditions on federal funding, and Congress neither prescribed nor authorized these conditions. Multiple conditions violate the First Amendment by chilling and discriminating against protected speech, and all of the conditions are unconstitutionally vague in violation of Fifth Amendment due process guarantees.

The Court should grant summary judgment and vacate the challenged conditions under the APA. To protect Plaintiffs from irreparable harm, the Court should also permanently enjoin Defendants from enforcing conditions already agreed to or reimposing the conditions via a new agency action. The new conditions have left Plaintiffs and their members with an impossible choice. If they accept the conditions, they will have to fundamentally change their programming, abandon outreach and practices designed to best serve their communities, and risk exposing themselves to criminal penalties or ruinous civil liability. If Plaintiffs decline the funding, they will be left with budgetary shortfalls that will result in displacing domestic violence and sexual assault survivors from safe housing, putting previously homeless families and youth back on the streets, and ending programs designed to reduce and prevent domestic violence, sexual assault, and homelessness. This Court should enjoin Defendants from further imposing the conditions and allow Plaintiffs and their members to continue their critical work in accordance with Congress's directives.

BACKGROUND

A. Congress tasked HUD and HHS with administering many different grant programs

1. HUD programs

The Department of Housing and Urban Development administers a host of grant programs, including through its Office of Community Planning and Development (CPD). CPD programs include the Continuum of Care (CoC) program, which Congress created as the federal government's primary response to homelessness. The CoC program provides housing to individuals and families experiencing homelessness as well as services to help them remain in housing long term. 42 U.S.C. §§ 11381–11389. The program also funds projects that help ensure that tenants in public and subsidized housing can move to a different, safe unit when they suffer domestic violence or sexual assault at home. *Id.* § 11383(a)(13); 34 U.S.C. § 12491(e). Another CPD program is the Emergency Solutions Grants (ESG), formula grants to states and urban areas that pass funds on to subrecipients providing emergency shelter and supportive services to address the most pressing needs of those experiencing, or at risk of, homelessness. 42 U.S.C. §§ 11373(c), 11374(a).

CPD also administers Community Development Block Grants (CDBG), formula grants to states and local governments to support community development. The statute creating the CDBG program directs HUD to use the program to benefit historically disadvantaged groups in multiple ways, including by making grants to assist certain “economically disadvantaged and minority students” doing community development work study and to support “historically Black colleges.” 42 U.S.C. § 5307(b)(2), (c).

Among other programs, CPD also administers the HOME Investment Partnerships, Housing Opportunities for Persons with AIDS, and HOME American Rescue Plan programs, which provide funding to reduce homelessness and increase housing stability. HUD Partners,

HUD Community Planning and Development CPD Programs, HUD (2026),

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Binding HUD regulations require the recipient of any CPD-administered grant to provide “[e]qual access in accordance with gender identity.” 24 C.F.R. § 5.106(a)–(b). That includes providing accommodations and services to individuals “in accordance with the individual’s gender identity.” *Id.* § 5.106(b).

2. HHS programs

HHS is the largest grant-making agency in the United States, and its operating divisions administer a wide variety of grant programs. *HHS Grants*, HHS (March 2, 2023), <https://perma.cc/BZ2Q-LRCX>. Those grant programs include programs to prevent and respond to sexual assault and domestic violence and other health needs. For example, the Family Violence Prevention and Services Act funds a range of grants, including to fund state domestic violence coalitions in working with service providers and law enforcement to encourage appropriate responses to domestic violence and to conduct public education campaigns. 42 U.S.C. § 10410. As another example, Rape Prevention and Education (RPE) grants support state sexual assault coalitions in coordinating and providing assistance on rape prevention activities. 42 U.S.C. § 280b-1b. The Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program funds “local community projects to prevent family violence, domestic violence, and dating violence.” 42 U.S.C. § 10414(a). And the Maternal and Child Health (MCH) Services Block Grant program provides funding for supplemental food programs for mothers, infants, and children, related health and education programs, and more. 42 U.S.C. § 705.

Congress enacted various statutory provisions governing HHS grant programs that reflect a commitment to diversity, equity, and inclusion. For instance, Congress directed HHS, when

awarding RPE grants, to “ensure meaningful involvement” of “culturally specific organizations[] and representatives from underserved communities” in the application for and implementation of funding. 42 U.S.C. § 280b-1b(c). Under the relevant statutes, “culturally specific” means “primarily directed toward racial and ethnic minority groups,” while “underserved populations” include those “underserved because of” any one of a host of factors, including “gender identity,” “racial [or] ethnic” identity, “religion,” and “disabilities.” 34 U.S.C. § 12291(a)(8), (46); *see also* Consolidated Appropriations Act 2022, Pub. L. No. 117-103, div. W, § 2(b), 136 Stat. 49, 846 (2022). Likewise, the relevant statute specifically requires state domestic violence coalitions to address the needs of “racial and ethnic minority populations and underserved populations” and to provide violence-prevention information “targeted to underserved populations” when carrying out FVPSA State Coalitions grants. 42 U.S.C. § 10411(d)(3), (7).

B. The Administration leverages federal funding to advance the President’s ideological vision and expose grantees to massive liability

The Administration has launched a far-reaching campaign to leverage federal grant funding to advance ideological goals wholly unrelated to the purposes of the grant programs Congress created. Relevant here, President Trump has issued a series of executive orders targeting diversity, equity, and inclusion; so-called “gender ideology”; and abortion. The Administration, moreover, has weaponized the False Claims Act (FCA) to scare grantees into ceasing lawful activities that the Administration disfavors.

1. Diversity, equity, inclusion, and accessibility

In his first days in office, President Trump issued multiple executive orders that broadly seek to eradicate “diversity, equity, and inclusion” (DEI) and “diversity, equity, inclusion, and accessibility” (DEIA) values and initiatives. One order directed agencies to terminate all DEI and DEIA offices, all “equity” programs, and all “equity-related” grants or contracts. *Ending Radical*

and Wasteful Government DEI Programs and Preferencing, Exec. Order No. 14151 of January 20, 2025, § 2(b), 90 Fed. Reg. 8339 (Jan. 29, 2025). Another order aims to end purportedly “illegal” DEI and DEIA in the federal government and the private sector. *Ending Illegal Discrimination and Restoring Merit-Based Opportunity*, Exec. Order No. 14173 of January 21, 2025, §§ 3–4, 90 Fed. Reg. 8633 (Jan. 31, 2025) (Anti-DEI Order).

Without defining “DEI” or “DEIA,” or explaining what might make such programs “illegal,” the Anti-DEI Order makes clear that the Administration has a novel and extreme view that diversity, equity, and inclusion is often illegal. Among other things, the Order laments that “dangerous, demeaning, and immoral” DEIA or DEIA programs are widespread across the public and private sectors and revokes multiple diversity-related executive actions issued over the last half century. *Id.* at § 3.

Among other ways of advancing its goal, the Anti-DEI Order initiates a scheme to use the False Claims Act as a weapon to stop federal funding recipients from engaging in diversity, equity, and inclusion activities. The Order requires agency heads to “include in every contract or grant award” a term requiring the funding recipient (1) to “certify that it does not operate any programs promoting DEI that violate any applicable Federal anti-discrimination laws” and (2) “to agree that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the government’s payment decisions for purposes of section 3729(b)(4) of title 31, United States Code [the False Claims Act].” *Id.* § 3(iv)(B).

This certification would threaten federal funding recipients with considerable risk of burdensome, and potentially ruinous, FCA litigation and liability if they engage in diversity, equity, and inclusion activities that the Administration disfavors. The FCA makes it unlawful for anyone to “knowingly present[], or cause[] to be presented,” to the government “a false or

fraudulent claim for payment.” 31 U.S.C. § 3729(a)(1)(A). For a misrepresentation to be actionable under the FCA, the plaintiff must show that it was “material to the Government’s payment decision”—a requirement the Supreme Court has emphasized is “rigorous” and “demanding.” *Universal Health Servs., Inc. v. United States ex rel. Escobar*, 579 U.S. 176, 181, 192, 194 (2016). Thus, the Anti-DEI Order seeks to make it easier to establish FCA liability by requiring grantees to concede upfront an essential, and otherwise demanding, element of an FCA claim. The Anti-DEI Order’s certification, moreover, sweeps beyond what grantees do with their federal grant funding: Grantees must certify that they do not operate “*any* programs promoting DEI,” no matter the source of funds. Anti-DEI Order § 3(iv)(B) (emphasis added).

If they are deemed not to comply with their certification, grantees face potentially massive liability, both civil and criminal. Civil liability under the FCA is so significant that the Supreme Court has described it as “essentially punitive in nature”—potential treble damages (meaning three times the amount of federal funds that the recipient received from the government in connection with the certifications) plus civil penalties of up to approximately \$28,600 per false claim. *See Universal Health Servs.*, 579 U.S. at 182 (cleaned up); *see also* 28 C.F.R. § 85.5. Compounding the risks, in addition to authorizing DOJ to enforce the Act, the FCA also authorizes private citizens to enforce it and then receive a share of any resulting judgment or settlement. 31 U.S.C. § 3730. Liability can be criminal, too: The government can seek up to five years imprisonment for those who knowingly make a “false, fictitious, or fraudulent” claim to any agency in seeking funds. 18 U.S.C. § 287; *see also id.* § 1001(a).

Following the Anti-DEI Order, DOJ has tripled down on leveraging the FCA to combat diversity, equity, and inclusion. On May 19, 2025, Deputy Attorney General Todd Blanche announced the formation of a new task force, called the “Civil Rights Fraud Initiative,” which

will use the False Claims Act as a “weapon” against federal funding recipients. HUD Administrative Record (HUD-AR) 5–6 (Dkt. No. 94-3) (Blanche Memo). The Blanche Memo specifically focuses on funding recipients that engage in DEI activities as targets for potential investigation and enforcement actions. HUD-AR 5–6. The memo also “strongly encourages” private parties to file suits under the FCA’s *qui tam* provision, and encourages the public to report information about “discrimination by federal-funding recipients” to DOJ. HUD-AR 6. And it states that the new initiative will engage the DOJ’s Criminal Division. HUD-AR 6. The Blanche Memo does not explain when DEI would be considered “illegal,” but a press release announcing the Initiative broadly warns institutions not to “promote divisive DEI policies.” Office of Public Affairs, *Justice Department Establishes Civil Rights Fraud Initiative*, U.S. DOJ (May 19, 2025), <https://perma.cc/ZS6R-B8E9>.

Further confirming the Administration’s plans to aggressively use the FCA, a June 11 memo announcing the DOJ Civil Division’s enforcement priorities lists using the FCA to combat “illegal private-sector DEI” as the very first priority. Mem. From Ass’t Att’y Gen., Brett A. Shumate, to Civil Division Employees, *Civil Division Enforcement Priorities* (June 11, 2025), <https://perma.cc/SV3A-NE9F>.

At the same time, the Administration has denounced “DEI” generally, while doing more to confuse than to clarify when it will consider “DEI” to be unlawful—making it risky for grantees to do *anything* reflecting diversity, equity, and inclusion values. The Anti-DEI Order itself gives cause to fear that the Administration will deem illegal anything involving diversity, equity, or inclusion. In the name of eradicating purportedly “illegal” DEI, it directs agencies to stop “[p]romoting ‘diversity,’” to “[e]xcise references to DEI and DEI principles,” and to “terminate all ‘diversity,’ ‘equity,’” and similar activities. Anti-DEI Order §§ 3(b)(ii)(A),

3(c)(ii), 3(c)(iii). A February 5, 2025, letter from Attorney General Bondi to all DOJ employees similarly announced that DOJ intends to aggressively “investigate, eliminate, and penalize” “illegal DEI and DEIA,” but without defining “DEI” or “DEIA” or explaining what makes a DEI or DEIA program illegal. Mem. from Att’y Gen. Pam Bondi, Ending Illegal DEI and DEIA Discrimination and Preferences, OAG (Feb. 5, 2025), <https://perma.cc/KH9Y-A2VQ>. The Attorney General has suggested that even talking about DEI or DEIA can be unlawful in DOJ’s view. To eliminate illegal DEI and DEIA activities, the Attorney General instructed staff to “pay particular attention to ending references to DEI or DEIA” in programs, including “references to ‘unconscious bias,’ ‘cultural sensitivity,’ [and] ‘inclusive leadership.’” Off. of the Atty. Gen., Memorandum for All Department of Justice Employees: *Eliminating Internal Discriminatory Practices*, OAG (Feb. 5, 2025), <https://perma.cc/24KA-GFJ6>.

HUD and HHS have similarly taken steps to eradicate DEI broadly, not just activities that violate antidiscrimination laws. HUD Secretary Turner has repeatedly announced that “DEI is dead at HUD.” HUD News, *HUD Cancels \$4 Million in DEI Contracts*, HUD, <https://perma.cc/LKZ8-SETD> (last visited Jan. 13, 2026) (“DEI is dead at HUD.”); *see also* HUD News, *Secretary Turner Denounces DEI Criteria in Asheville’s Draft Disaster Plan*, HUD <https://perma.cc/LRG7-P3AC> (last visited Feb. 9, 2026); HUD News, *ICYMI | Secretary Scott Turner on Fox & Friends - “DEI is dead at HUD,”* HUD (2025), <https://perma.cc/G6HD-8S34>. And HHS has denounced “diversity, equity, and inclusion” as “fundamentally anti-American.” Assistant Secretary for Public Affairs (ASPA), *HHS Priorities - End illegal race discrimination*, HHS (Sept 30, 2025), <https://perma.cc/7V5P-J9SH>.

In July, the Attorney General issued a memo purporting to provide “guidance for recipients of federal funding regarding unlawful discrimination,” but it provides little clarity.

Mem. from Att’y Gen. Pam Bondi, *Guidance for Recipients of Federal Funding Regarding Unlawful Discrimination* (July 29, 2025), <https://perma.cc/T4B4-QTYH> (Bondi Discrimination Memo). The memo lists DEI activities and other practices that DOJ cautions would “risk” violating antidiscrimination laws and “recommend[s]” that funding recipients avoid. *Id.* at 1–2, 4–8. But the memo notes that its list is “non-exhaustive,” *id.* at 4, and in any event the listed examples provide no guidance for most of the activities that Plaintiffs and their members must undertake (or avoid) in carrying out their grants. And even for the examples provided, the memo confirms that the Administration has a new, expansive, and unsupported view of when “DEI” is (or might be) illegal—warning against conduct like talking about “toxic masculinity,” considering “cultural competence,” and creating (non-exclusive) “safe spaces” for people of certain demographics. *See id.* at 5, 6, 8.

2. Gender identity

The Administration has also launched a broadside attack on the rights and dignity of transgender and nonbinary individuals. Shortly after taking office, the President issued an executive order titled “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.” (“Gender Ideology” Order). Exec. Order No. 14168 of January 20, 2025, 90 Fed. Reg. 8615 (Jan. 30, 2025). That Order announces that “the policy of the United States” is “to recognize two sexes, male and female,” that are “not changeable and are grounded in fundamental and incontrovertible reality.” *Id.* § 2. To advance this policy, it promises to exclude transgender people from single-sex spaces and activities that align with their gender identity. *Id.* §§ 1, 4. It also decries “the erasure of sex” in both “policy” and “language,” and it commits to using what the Administration considers “accurate language and policies that recognize women are biologically female, and men are biologically male.” *Id.* § 1. The Order discredits so-called “gender ideology,” which the Order defines as a “false” view

that “replaces the biological category of sex with an ever-shifting concept of self-assessed gender identity.” *Id.* § 2(f).

As part of its campaign to deny the very existence of transgender people, the Order, among other things, requires each agency to “ensure grant funds do not promote gender ideology.” *Id.* § 3(g). The Order also pronounces that Title IX of the Educational Amendments Act does not require “gender identity-based access to single-sex spaces” and expresses a view that such access “has harmed women.” *Id.* § 3(f). Going further, the Order announces a “right to single-sex spaces”—meaning, spaces that exclude transgender people from joining based on their gender identity—and directs DOJ and other enforcement agencies to “prioritize” enforcement of that purported right. *Id.* § 5. Following these directives, the Administration has since launched a “Title IX Special Investigations Team” to use Title IX to penalize education programs that allow transgender individuals to participate in single-sex programs that match their gender identity. Press Release, Office of Communications and Outreach (OCO), *U.S. Department of Education and U.S. Department of Justice Announce Title IX Special Investigations Team*, U.S. Dept. of Education (Apr. 4, 2025), <https://perma.cc/BXN6-499W>.

The Administration has also since made clear that, in its view, even so much as acknowledging a person’s gender identity “promotes gender ideology” and must be stopped. In a memo instructing federal agencies on how to implement the “Gender Ideology” Order, the Office of Personnel Management (OPM) identified various activities that the Administration deems to “promote or reflect gender ideology” and that agencies accordingly should “take prompt actions to end.” HUD-AR 72–73. Those actions include turning off email features “that prompt users for their pronouns”; ensuring that forms that require entry of an individual’s sex “list male or female only, and not gender identity”; and ensuring that all documents “use the term ‘sex’ and not

‘gender.’” HUD-AR 72–73. HHS has also reportedly terminated contracts for including the terms “he/she/they/them” or variations of “nonbinary.” Jennifer Hansler *et al.*, *US government agencies order employees to remove gender pronouns from email signatures*, CNN Politics (Jan. 31, 2025), <https://perma.cc/NG4W-7SJY>.

3. Abortion access

In another executive order, purportedly on “Enforcing the Hyde Amendment,” President Trump declared a policy of ending “use of Federal taxpayer dollars to fund or promote elective abortion.” Exec. Order No. 14182 of January 24, 2025, 90 Fed. Reg. 8751, 8751 (Jan. 31, 2025) (Abortion Order). The Order invokes the Hyde Amendment, an appropriations rider that limits HHS from using appropriated funds for abortions. Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, div. D, §§ 506, 507, 138 Stat. 460, 703 (Mar. 23, 2024). In subsequent guidance, the Office of Management and Budget (OMB) stated that taxpayer funds would not be used to “fund, facilitate, or promote” abortion, “consistent with the Hyde Amendment and other statutory restrictions on taxpayer funding for abortion.” Mem. from Acting Dir. of OMB Matthew J. Vaeth to Heads of Exec. Dep’ts and Agencies at 1 (Jan. 24, 2025), <https://perma.cc/5JZR-8V9X> (OMB Memo).

There is no Hyde Amendment or similar statutory restriction that applies to HUD, however. The Hyde Amendment itself applies only to HHS funding. Pub. L. No. 118-47, div. D, §§ 506, 507, 138 Stat. 460, 703 (Mar. 23, 2024). Other statutes impose similar (but not identical) restrictions and exceptions on other appropriations for certain other agencies. *See, e.g.*, Consolidated Appropriations Act, 2024, Pub. L. No. 118-42, §§ 202, 203, 138 Stat. 25, 153 (Mar. 9, 2024) (DOJ); 10 U.S.C. § 1093 (Department of Defense). Congress, however, has imposed no such restriction on HUD’s funding.

C. Defendants impose unlawful new conditions on grants

Following the President’s instructions, HUD and HHS have imposed new funding conditions on grants (collectively, New Conditions).¹

1. HUD’s New Conditions

HUD modified its grant agreement templates to impose new conditions for one stated reason—to “align with the Administration’s executive orders and requirements.” HUD-AR 110; *see also, e.g.*, HUD-AR 36, 119, 131. HUD first announced these new conditions for the Continuum of Care (CoC) Program, the primary federal program addressing homelessness. On March 13, 2025, HUD Secretary Turner announced in a post on X that CoC funds would “not promote DEI, enforce ‘gender ideology,’ [or] support abortion.” HUD-AR 291. The post announced a policy of including new conditions in CoC grant agreements, including conditions providing that:

- The recipient “shall not use grant funds to promote ‘gender ideology,’ as defined in [the “Gender Ideology” Order]” (HUD “Gender Ideology” Condition);
- The recipient “certifies that it does not operate any programs promoting diversity, equity, and inclusion that violate any applicable Federal anti-discrimination laws” and “agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government’s payment decisions for purposes of [the False Claims Act]” (HUD Discrimination Certification);
- The recipient “shall not use any Grant Funds to fund or promote elective abortions, as required by [the Abortion Order]” (HUD Abortion Condition); and
- The recipient’s “use” of grant funds and “operation of projects assisted with Grant Funds are governed by ... all current Executive Orders” (HUD CPD E.O. Condition).

¹ An appendix listing all New Conditions is included at the end of this brief.

HUD-AR 292–93. At some point, HUD changed the template language for the HUD Discrimination Certification to remove any explicit mention of “diversity, equity, and inclusion,” such that recipients now must “certif[y]” that they do “not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964.” HUD did not publicly announce that revision or suggest that it was meant to reflect a substantive change. And it did not change the accompanying requirement that recipients agree that violations are material for FCA purposes.

HUD’s Office of Community Planning and Development CPD—the office that administers the CoC Program as well as several other grant programs²—later adopted the same conditions for all CPD-administered programs, again to “[a]lign ... with Executive Orders.” HUD-AR 119.

HUD also adopted new agency-wide policies to implement the executive orders. First, it adopted a policy of requiring grantees to comply with all Executive Orders (General HUD E.O. Condition). In particular, in April 2025, HUD added to its General Administrative, National, and Departmental Policy Requirements and Terms for HUD’s Financial Assistance Programs a requirement that “[r]ecipients of Federal Awards must comply with applicable existing and future Executive Orders, as advised by the Department,” including but not limited to several specifically enumerated ones including the Anti-DEI Order, the “Gender Ideology” Order, and the Abortion Order, as well as five others. HUD-AR 43, 51–52. HUD has included the General HUD E.O. Condition in every NOFO since these were added to the general requirements and

² In addition to the CoC Program, CPD administers the Community Development Block Grant (CDBG), Emergency Solutions Grants (ESG), HOME Investment Partnerships, and Housing Opportunities for Persons with AIDS programs, among others. HUD, HUD Community Planning and Development, *CPD Programs*, <https://perma.cc/WWZ4-JDKH>.

terms, reflecting HUD’s policy of including that requirement in every grant. *See HUD Funding Opportunities*, HUD (Jan. 8, 2026), <https://perma.cc/6U8H-H32N>.

Second, HUD updated the standard Applicant and Recipient Assurances and Certifications on Form HUD-424-B “to align to EOs.” HUD-AR 3; *see also* HUD-AR 2, 7–8. Applicants must include this form with any application for HUD funding or post-award submission. *See* HUD-AR 302. The revised form now requires applicants and grantees to certify that they “[w]ill not use Federal funding to promote diversity, equity, and inclusion (DEI) mandates, policies, programs, or activities that violate any applicable Federal antidiscrimination laws” (General HUD Anti-DEI Certification). HUD-AR 302.

2. HHS’s New Conditions

HHS has also imposed new conditions, apparently to conform to executive orders.

a. “Gender ideology”-related conditions

First, HHS has imposed a new condition to implement the Administration’s “gender ideology” agenda. On March 28, 2025, HHS’s Office of Grants issued a directive to ensure grantees “are compliant with” Title IX and the “Gender Ideology” Executive Order. HHS Administrative Record (HHS-AR) 2–3 (Dkt. No. 93-3). In particular, the directive requires HHS agencies to include in all new awards “that implicate Title IX” a new term (HHS Title IX Certification) requiring grantees to certify that they are “compliant with Title IX of the Education Amendments . . . , including the requirements set forth in Presidential Executive Order 14168 [the “Gender Ideology” Order]” and with Title VI. HHS-AR 3. This new term also requires further certifications designed to ease the way for False Claims Act prosecutions against any grantee deemed not to comply. Covered recipients must “certify” that these requirements to comply with Title IX and VI and the “Gender Ideology” Order are “material terms of the Agreement”; that “[p]ayments under the Agreement are predicated on compliance” with those requirements and

that the recipient is therefore “not eligible for funding ... absent compliance”; and that the recipient acknowledges that this “reflects a change in the government’s position regarding the materiality” of those requirements and that “any prior payment” therefore “does not reflect the materiality” of those requirements. HHS-AR 3. The required certification also makes the threat of serious consequences explicit: Recipients must certify that they “acknowledge[] that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.” HHS-AR 3.

The sole explanation the Office of Grants provided for this directive was that “[i]t is the policy of the United States to recognize two sexes, male and female” and that “[t]his policy is reflected in” the “Gender Ideology” Order as well as (according to the directive) in Title IX and Title VI. HHS-AR 2.

In accordance with the Office of Grants’ directive, HHS and its various components updated their standard terms and conditions to include the new HHS Title IX Certification. HHS-AR 241–42 (October HHS GPS); *id.* 957 (May HRSA General Terms); *id.* 975 (July HRSA General Terms); *id.* 1001 (SAMHSA Standard Terms). HHS’s Administration for Children and Families (ACF) also updated its Standard Terms and Conditions to include the certification, but without the explicit mention of the “Gender Ideology” Order (ACF Title IX Certification). HHS-AR 364–65 (April ACF Standard Terms); HHS-AR 390 (July ACF Standard Terms).

b. DEI-related conditions

Second, HHS has also imposed certification requirements designed to deter diversity, equity, and inclusion activities. Initially, on April 16, 2025, the Office of Grants issued a directive announcing that the HHS Grants Policy Statement (GPS) had been updated to impose a

new condition on “all new awards,” effective immediately. HHS-AR 5; *see also* HHS-AR 24–25. This new condition (April GPS Discrimination Certification) required recipients to “certify[]” that “[t]hey do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws” and that they do not and would not “engage in[] a discriminatory prohibited boycott.” HHS-AR 6, 25. The new condition specified that “DEI” refers to “diversity, equity, and inclusion” and that “DEIA” refers to “diversity, equity, inclusion, and accessibility.” *Id.* And it defined “discriminatory equity ideology” by reference to an executive order that defines that disfavored view as “an ideology that treats individuals as members of preferred or disfavored groups, rather than as individuals, and minimizes agency, merit, and capability in favor of immoral generalizations,” and then goes on to provide a lengthy, non-exhaustive list of such prohibited “immoral” views. HHS-AR 6, 25; *see also Ending Radical Indoctrination in K-12 Schooling*, Exec. Order No. 14190 of January 29, 2025, 90 Fed. Reg. 8853, 8853–54 (Feb. 3, 2025). The Office of Grants’ Action Transmittal provided no explanation of the reasons for this new condition. Effective May 9, 2025, ACF also updated its Standard Terms to include this condition, but without the mention of “discriminatory prohibited boycott[s]” (May ACF Discrimination Certification). HHS-AR 365.

Then, on May 28, the Office of Grants rescinded its April 16 memo that had notified HHS components of the Discrimination Certification added to the April GPS. HHS-AR 113. HHS, however, did not actually remove the April GPS Discrimination Certification from the GPS—despite the fact that the GPS is automatically incorporated in all HHS awards. *See* HHS-AR 5. The Office of Grants explained that it was “awaiting further Federal-wide guidance prior to updating” the GPS. HHS-AR 112.

Then, on July 24, 2025 (the day of a Temporary Restraining Order hearing in this case in which Plaintiffs sought to enjoin the April GPS Discrimination Certification), the Office of Grants replaced the Discrimination Certification in the GPS. HHS-AR 219; *see also* Tr. of Civil Cause Mot. for Temporary Restraining Order at 36–37 (Dkt. No. 38). The updated condition (HHS Discrimination Certification) requires grantees to “certify” (1) “compliance with all federal antidiscrimination laws and these requirements” and (2) “that complying with those laws is a material condition of receiving federal funding streams.” HHS-AR 219. The HHS Discrimination Certification also provides that “[r]ecipients are responsible for ensuring subrecipients, contractors, and partners also comply.” HHS-AR 219. The Office of Grants provided no explanation for the change, nor does the record include any “further Federal-wide guidance” that HHS had been waiting for before updating this condition. This updated language appears in the versions of the HHS GPS that were updated in July and October 2025, as well as the general terms and conditions documents for ACF, CDC, HRSA, and SAMHSA. HHS-AR 132 (July GPS); *id.* 241 (October GPS); *id.* 390 (ACF); *id.* 497, 514 (CDC); *id.* 975 (HRSA); *id.* 995, 1019 (SAMHSA).

c. Executive order condition

Third, HHS’s Substance Abuse and Mental Health Services Administration (SAMHSA) updated its standard terms to impose a requirement that recipients “comply with all applicable Executive Orders” (SAMHSA E.O. Condition). HHS-AR 995, 1019. The administrative record contains no explanation of the reasons for this new condition—or any discussion of it at all.

D. The New Conditions harm Plaintiffs and their members

1. HUD grants

Plaintiffs and their members received grant agreements from HUD for new or continuation awards that are subject to the New Conditions that HUD has imposed (HUD

Conditions). Declaration of Jordan Day (Day Decl.) ¶ 8; Declaration of Colby O’Brien (O’Brien Decl.) ¶¶ 8–10; Declaration of Jonathan Yglesias (Yglesias Decl.) ¶ 10(a); Declaration of Amanda Dotson (Dotson Decl.) ¶ 11(a); Declaration of Kelsen Young (Young Decl.) ¶ 15; Declaration of Lucy Rios (Rios Decl.) ¶ 27; Declaration of Krista Colón (Colón Decl.) ¶¶ 11, 15; Declaration of Carianne Fisher (Fisher Decl.) ¶¶ 14–15; Declaration of Michelle McCormick (McCormick Decl.) ¶ 11; Declaration of Benedict Lessing (Lessing Decl.) ¶ 8; Declaration of Katie Kramer (Kramer Decl.) ¶ 12.

These include grants under the Continuums of Care, Emergency Solutions Grants, and Community Development Block Grants programs—which these organizations use for a wide range of activities, including rapidly rehousing survivors of sexual and domestic violence and their children, securing housing for people who are unhoused, helping people navigate mental health or substance use issues, and helping people obtain restraining orders. Lessing Decl. ¶ 7; Day Decl. ¶¶ 8–12; O’Brien Decl. ¶¶ 7–8; Declaration of Lisa Guillette (Guillette Decl.) ¶ 11; Declaration of Susan Higginbotham (Higginbotham Decl.) ¶¶ 10, 14; Yglesias Decl. ¶ 10(a); Fisher Decl. ¶¶ 12, 14–15; Dotson Decl. ¶¶ 10–14, 13; Declaration of Monique Minkens (Minkens Decl.) ¶¶ 8–9; McCormick Decl. ¶ 10; Young Decl. ¶ 14; Declaration of David Lee (Lee Decl.) ¶ 15; Colón Decl. ¶¶ 12, 16. Under the policies HUD has adopted, these grants are subject to the HUD Conditions.³

³ Plaintiffs received HUD Grant notices of award that include the HUD Conditions on a rolling basis, and the Plaintiffs covered by the court’s Temporary Restraining Order accepted the earliest of these awards by August 2025. *See* Jaworski Decl. ¶ 11; O’Brien Decl. ¶ 10; Yglesias Decl. ¶ 10(a); McCormick Decl. ¶ 11. Plaintiffs also accepted awards following the Court’s grant of Section 705 stay and preliminary injunction on October 10, 2025 and pursuant to the terms of that order. *See* Rios Decl. ¶ 26; Guillette Decl. ¶ 10.

Accepting the awards with the HUD Conditions would cause these organizations profound harm. Start with the HUD Discrimination Certification and General HUD Anti-DEI Certification. The requirement to certify compliance with the Administration’s novel view of federal nondiscrimination law—and to agree that compliance is material for False Claims Act purposes—will force grantees to change their programming and mission for fear of facing massive liability. *See* Higginbotham Decl. ¶ 46; Day Decl. ¶ 30; O’Brien Decl. ¶¶ 21–22; Yglesias Decl. ¶¶ 32, 41–42; Guillette Decl. ¶¶ 20–21. While these organizations have always complied with federal antidiscrimination laws and always will, the Anti-DEI Order and statements from DOJ and the HUD Secretary indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all manner of DEI and DEIA activities. Even if the courts ultimately reject the Administration’s view of the law, Plaintiffs still bear serious burdens—they must either attempt to comply with the Administration’s expansive yet ill-defined view of antidiscrimination law or risk burdensome investigation and enforcement.

The prohibition on using grant funds to “promote” “gender ideology” also puts Plaintiffs in an impossible position. In providing direct client services and technical assistance in HUD-funded programs, Plaintiffs and their member organizations support housing for transgender and nonbinary people, including by using clients’ preferred pronouns to demonstrate support and respect for people who do not identify with the sex they were assigned at birth, recognizing gender identity in providing direct assistance, and accommodating the needs of the nonbinary and transgender community in providing housing. *See* Yglesias Decl. ¶ 36; *see* Declaration of Julio E. Berroa (Berroa Decl.) ¶ 16; O’Brien Decl. ¶ 18; Day Decl. ¶ 27; Lessing Decl. ¶ 31; Dotson Decl. ¶ 37; Young Decl. ¶ 39. Complying with the HUD “Gender Ideology” Condition

would directly conflict not only with these organizations’ missions and organizational values, Yglesias Decl. ¶ 38; Berroa Decl. ¶ 16, but with their ethical obligations to their clients, Guillette Decl. ¶¶ 16–17. In addition, HUD regulations require recipients of CPD-administered grants to serve people in accordance with their gender identity. *See* 24 C.F.R. § 5.106. Plaintiffs and their members do not know if or how they can comply with the HUD regulations while simultaneously complying with the funding condition not to “promot[e] gender ideology.”

In addition, the HUD Abortion Condition would harm Plaintiffs, which do not offer abortion care themselves but routinely refer people to healthcare services that may include abortion care. O’Brien Decl. ¶ 19; Day Decl. ¶ 28; Guillette Decl. ¶ 18; Lessing Decl. ¶ 32; Dotson Decl. ¶¶ 32, 38; Young Decl. ¶ 40. For instance, as part of the “wraparound” supportive services that Pennsylvania Coalition’s HUD grant provides to survivors, the Pennsylvania Coalition would provide a referral for abortion care if a client receiving rental assistance indicates to an advocate that she needs one. Higginbotham Decl. ¶ 51. Similarly, the Virginia Action Alliance’s members make referrals to reproductive healthcare services when a pregnant survivor wishes to terminate a pregnancy. Yglesias Decl. ¶¶ 37, 39. Because reproductive and sexual coercion are common tactics of abuse, these services are particularly important to survivors of domestic violence and sexual assault: access to abortion care can be essential for survivors’ safety and autonomy. Higginbotham Decl. ¶ 51; *see* Yglesias Decl. ¶ 37.

Plaintiffs would also be harmed by agreeing to the HUD CPD E.O. Condition and General HUD E.O. Condition. Plaintiffs do not know what this condition’s broad and vague language means for their organizations or how to comply with it, given the many new executive orders that it implicates, the broad and vague language of those orders, and the reality that many of the referenced orders imply that providers should exclude certain populations from their

services. O’Brien Decl. ¶ 20; Higginbotham Decl. ¶ 52; Yglesias Decl. ¶ 38; Guillette Decl. ¶ 15; Dotson Decl. ¶ 39; Young Decl. ¶ 41. This Condition, moreover, would require compliance with the Anti-DEI Order and “Gender Ideology” Order—which would cause the same harms as complying with the related HUD Conditions, as described above.

But the alternative of losing access to these funds is no alternative at all. Plaintiffs use these funds to provide rental assistance to victims of domestic violence and sexual assault and individuals and families experiencing homelessness, fund permanent supportive affordable housing, offer on-site intensive case management to residents with mental health challenges and substance use disorders and other supportive services, and conduct street outreach to homeless adults and children. *See* Lessing Decl. ¶ 10; Day Decl. ¶¶ 8–12; O’Brien Decl. ¶¶ 8–10; Guillette Decl. ¶ 11; Rios Decl. ¶ 24; Higginbotham Decl. ¶ 16; Fisher Decl. ¶ 12; Kramer Decl. ¶ 14. They also use HUD grants to rapidly rehouse survivors of sexual and domestic violence, including by providing rental assistance to survivors and their children who are experiencing homelessness. Higginbotham Decl. ¶ 10, 14; Yglesias Decl. ¶ 10.a; *see also* Fisher Decl. ¶ 12; Dotson Decl. ¶ 10–14; Minkens Decl. ¶ 8–9; McCormick Decl. ¶ 10, Young Decl. ¶ 14. Some use HUD grants to provide emergency shelter or support operations for emergency domestic violence shelters, funding employees to answer a 24-hour help line and provide help obtaining restraining orders, and by covering expenses for facility security, utilities, and food. Fisher Decl. ¶¶ 12–13; Dotson Decl. ¶ 13(f), (g); Lee Decl. ¶ 15; Colón Decl. ¶¶ 12–13, 17.

Given the critical programs that HUD funds support, declining award funds is hardly an option. If Plaintiffs or their members lost access to the HUD grants, they would have to reduce programming and lay off staff. O’Brien Decl. ¶ 11; Lee Decl. ¶ 15; Fischer Decl. ¶ 18; Rios Decl. ¶¶ 24, 28; Colón Decl. ¶ 17; Higginbotham Decl. ¶ 12; Lessing Decl. ¶¶ 11, 26; Guillette

Decl ¶¶ 12-13; Dotson Decl. ¶ 11.b. This would have a devastating impact on the people that Plaintiffs and their members serve: Without funding dedicated to the operating costs of their emergency shelters, Plaintiffs would be forced to cut services. They would have to turn people away, including youth experiencing homelessness who are in urgent need of shelter and support, and more survivors and their children would be forced to remain in abusive situations. Dotson Decl. ¶ 13(g); Fisher Decl. ¶ 12; *see* Guillette Decl. ¶¶ 11–13. This would also have a devastating impact on the staff members who are terminated, many of whom may be themselves survivors or peers to the clients that their organizations serve. *See* Day Decl. ¶ 35 (“To rip [program staff] away from their employment and pitch them back into financial and possible housing stability would be a remarkably cruel twist of fate.”).

Turning down funds that support rental assistance would similarly place low-income people at risk of imminent eviction and homelessness. Higginbotham Decl. ¶¶ 11–12, 14; Yglesias Decl. ¶ 10(a); Lessing Decl. ¶ 11; Dotson Decl. ¶ 12(b); Young Decl. ¶ 16; Rios Decl. ¶ 28 (“Because these households are very low income, paying the full rent will be impossible and people will be evicted.”). And Plaintiffs would be forced to terminate the supportive services on which their clients rely, including intensive case-management services for residents with mental health challenges and substance abuse disorders, and the provision of utility assistance, legal support, and emergency food. *See* Day Decl. ¶ 11; O’Brien Decl. ¶¶ 11, 23; Dotson Decl. ¶¶ 11(b), 13(e); Lee Decl. ¶ 15.

2. HHS grants

Plaintiffs and Plaintiff Coalitions’ members receive, both directly and indirectly, a variety of HHS grants subject to the New Conditions imposed by HHS (HHS Conditions), including under the Family Violence Prevention and Services, Rape Prevention and Education, Maternal and Child Health, Temporary Assistance for Needy Families, Community-Based Child Abuse

Prevention, Ryan White HIV/AIDS, Youth and Family TREE, and Projects for Assistance in Transition from Homelessness programs, among others. Akins Decl. ¶¶ 19, 24–25; Colón Decl. ¶¶ 25, 34–35, 38–39; Dalton Decl. ¶¶ 16, 18, 21, 23–24; Dotson Decl. ¶¶ 12–14, 20; Faisal Decl. ¶¶ 20–21, 25; Fisher Decl. ¶¶ 22–23; Higginbotham Decl. ¶ 33; Day Decl. ¶ 20; Kramer Decl. ¶¶ 15–21; Lee Decl. ¶¶ 31–32; Lessing Decl. ¶¶ 18, 24; McCormick Decl. ¶¶ 25, 37, 40–41; Minkens Decl. ¶¶ 19–21, 26–27; Moran-Kuhn Decl. ¶¶ 19, 29–30; Rios Decl. ¶¶ 35–37, 61; Sarang-Sieminski Decl. ¶¶ 21–22, 28, 31; Declaration of Tai Simpson-Bruce (Simpson-Bruce Decl. ¶ 13); Yglesias Decl. ¶¶ 16–17; Young Decl. ¶ 28. Plaintiffs and their members have accepted HHS grants, and are now operating under the terms of this Court’s Order granting a § 705 stay and preliminary injunction. *See, e.g.*, Colón Decl. ¶¶ 38, 39; Lee Decl. ¶ 38; Akin Decl. ¶ 25; Dalton Decl. ¶ 12; Dotson Decl. ¶ 27(a); Faisal Decl. ¶ 26; Fisher Decl. ¶ 11; McCormick Decl. ¶ 31; Minkens Decl. ¶ 25; Moran-Kuhn Decl. ¶ 21; Sarang-Sieminski Decl. ¶ 23; Yglesias Decl. ¶19; Young Decl. ¶ 25.

Plaintiffs and their members use those grants for a wide range of programs, including providing emergency and other shelter to domestic violence survivors; supporting crisis hotlines; engaging in street outreach for people experiencing chronic homelessness and mental health challenges; treating adolescents and youth with substance use and mental health disorders; providing meals, transportation, and rehabilitative and other services to individuals with HIV; providing training and otherwise strengthening the capacity of domestic violence and sexual assault programs; educating school-based mental health counselors on how to screen for domestic violence; and helping implement age-appropriate education on healthy and unhealthy relationships. Akins Decl. ¶¶ 24–26; Colón Decl. ¶ 26; Dalton Decl. ¶¶ 16, 18, 21, 23–24; Faisal Decl. ¶¶ 20–21, 25; Day Decl. ¶ 20; Kramer Decl. ¶¶ 17–18; Lessing Decl. ¶¶ 20, 23; Minkens

Decl. ¶¶ 26–27; Moran-Kuhn Decl. ¶ 20; Rios Decl. ¶¶ 38–41; Sarang-Sieminski Decl. ¶ 22; Simpson-Bruce Decl. ¶ 15. Given the critical work these grants support, declining the funding is generally not a viable option. Without that funding, Plaintiffs and their members would in many cases be compelled to lay off staff and significantly reduce programming, harming survivors, other clients, and their communities. Akins Decl. ¶¶ 21, 25; Colón Decl. ¶¶ 13, 17, 27, 32, 41; Dalton Decl. ¶¶ 20-21, 25, 31; Dotson Decl. ¶ 21; Faisal Decl. ¶¶ 24, 26; Fisher Decl. ¶¶ 26, 30; Higginbotham Decl. ¶ 43; Lee Decl. ¶¶ 26, 29, 35; Lessing Decl. ¶¶ 21, 24, 26; McCormick Decl. ¶ 37; Minkens Decl. ¶ 23; Moran-Kuhn Decl. ¶ 22; Rios Decl. ¶ 40; Sarang-Sieminski Decl. ¶¶ 24, 29; Simpson-Bruce Decl. ¶ 16; Yglesias Decl. ¶ 20; Young Decl. ¶ 28.

But accepting the grants subject to the HHS Conditions would also cause Plaintiffs and their members serious harm. First, agreeing to the HHS Discrimination Certification would chill Plaintiffs and their members from expressing views about and engaging in DEI and DEIA activities. This would impede Plaintiffs’ ability to conduct their work in accord with their missions, which grounds their work in understanding that racism, homophobia, transphobia, ableism, and other forms of oppression are intertwined with gender-based violence and directly impact access to safety, healing, and justice. Sarang-Sieminski Decl. ¶¶ 37, 38; *see also* Dalton Decl. ¶ 27; Faisal Decl. ¶ 28; Minkens Decl. ¶ 30–31; Moran-Kuhn Decl. ¶ 33; Rios Decl. ¶ 64; Simpson-Bruce Decl. ¶ 18; Yglesias Decl. ¶ 29. Plaintiffs are also unsure whether the government would find their missions’ commitment to diversity and equity to be in violation of the certification. *E.g.*, Day Decl. ¶ 25; Lessing Decl. ¶ 28.

The HHS Discrimination Certification also threatens to chill Plaintiffs and their members from continuing to operate programs that target underserved or marginalized populations, including people with disabilities, people for whom English is not their primary language, and

people who have been excluded from specific services such as shelter due to their gender. Dotson Decl. ¶ 34; Lessing Decl. ¶ 29; McCormick Decl. ¶ 47; Sarang-Sieminski Decl. ¶ 37; Yglesias Decl. ¶ 30. For instance, the Montana Coalition is unsure whether it could continue to use RPE funds to support efforts specifically addressing the needs of Indigenous people, who are at a disproportionate risk of experiencing violence or murder. Young Decl. ¶ 33. As another example, JDI Member The Network/La Red is an LGBTQ+ organization whose mission is to serve LGBTQ+ survivors of partner abuse across Massachusetts. Sarang-Sieminski Decl. ¶ 33. To avoid the risk of being deemed to violate the Discrimination Certification, The Network/La Red would have to “fundamentally change [] hiring practices, organizational culture, the communities they serve, and their programming.” Sarang-Sieminski Decl. ¶ 34; *see also* Higginbotham Decl. ¶ 43 (member uses FVPSA funds for a culturally specific project); Faisal Decl. ¶ 39 (noting uncertain about whether it can provide programming targeting addiction, which qualifies as a disability). At bottom, Plaintiffs and their members would be forced to radically change their activities to avoid risking noncompliance, including by fundamentally altering programs in a way that undermines their ability to serve underserved populations and runs contrary to their values. Colón Decl. ¶ 47; Faisal Decl. ¶ 36; Day Decl. ¶ 25; McCormick Decl. ¶ 54; Minkens Decl. ¶¶ 32–33; Sarang-Sieminski Decl. ¶ 39; Yglesias Decl. ¶ 31.

Second, Plaintiffs are concerned that agreeing to the Title IX Certification would require them to turn away victims who are transgender or gender-nonconforming from services. Fisher Decl. ¶ 43; Simpson-Bruce ¶ 24; Dalton Decl. ¶¶ 27, 30; Minkens Decl. ¶ 35; Rios Decl. ¶ 69. Some plaintiffs are uncertain, for example, whether they may continue operating K–12 and college campus programs that use gender-selective groups—organized by identity and expression rather than biological sex—for programing on how rigid gender-norm conformity can

be a violence risk factor. Yglesias Decl. ¶ 33. Others are concerned that this condition could prohibit their organization from accommodating the needs of transgender and nonbinary survivors, including by recognizing their gender identity, using preferred pronouns to affirm and support them, or allowing them to use the bathroom that aligns with their gender identity. Higginbotham Decl. ¶ 49; Lessing Decl. ¶ 31; *see* Colón Decl. ¶ 50.

Likewise, Plaintiffs with SAMHSA grants face harm from the SAMHSA E.O. Condition because the requirement to comply with the “Gender Ideology” Executive Order, for example, would interfere with their practice of recognizing clients’ gender identity in direct services and using preferred pronouns to affirm and support them. Day Decl. ¶ 27; Lessing Decl. ¶ 31.

LEGAL STANDARD

Summary judgment “is appropriate when there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law.” *Viscito v. Nat’l Plan. Corp.*, 34 F.4th 78, 83 (1st Cir. 2022) (quotations omitted). “On cross-motions for summary judgment, each motion is reviewed separately, drawing facts and inferences in favor of the non-moving party.” *Scottsdale Ins. Co. v. United Rentals (N. Am.), Inc.*, 977 F.3d 69, 72 (1st Cir. 2020).

For APA claims, “a motion for summary judgment is simply a vehicle to tee up a case for judicial review and, thus, an inquiring court must review an agency action not to determine whether a dispute of fact remains but, rather, to determine whether the agency action” violates the APA. *Bos. Redevelopment Auth. v. Nat’l Park Serv.*, 838 F.3d 42, 47 (1st Cir. 2016).

ARGUMENT

I. Plaintiffs Are Entitled to Summary Judgment

Plaintiffs are entitled to summary judgment on their claims under the APA as well as directly under the Constitution.

A. The New Conditions violate the APA

The New Conditions must be set aside under the APA for multiple independent reasons⁴: They exceed Defendants’ statutory authority, are arbitrary and capricious, and violate the Constitution; several are contrary to law; and HUD’s New Conditions were adopted without following required procedures.

1. The New Conditions exceed Defendants’ statutory authority

The New Conditions exceed Defendants’ statutory authority. For agencies charged with administering statutes, “[b]oth their power to act and how they are to act is authoritatively prescribed by Congress.” *City of Arlington v. FCC*, 569 U.S. 290, 297 (2013). An agency “literally has no power to act . . . unless and until Congress confers power upon it.” *La. Pub. Serv. Comm’n v. FCC*, 476 U.S. 355, 374 (1986). “Any action that an agency takes outside the bounds of its statutory authority . . . violates the Administrative Procedure Act.” *City of Providence v. Barr*, 954 F.3d 23, 31 (1st Cir. 2020). No statute authorizes HUD or HHS to impose any of the New Conditions at issue in this case.

At the preliminary relief stage, Defendants pointed to only two claimed sources of authority to impose (some of) the New Conditions: (1) for various HUD Conditions, 42 U.S.C. § 11386(b)(8), and (2) for the conditions barring purported violations of antidiscrimination laws and Title IX, inherent authority to require compliance with the law. *See* Dkt. No. 43 at 22–25. Those sources of authority do not in fact authorize the New Conditions.

⁴ As this Court already held at the preliminary injunction stage, the New Conditions are reviewable under the APA—they are final agency action and not committed to agency discretion by law, and the Tucker Act does not preclude review. *See R.I. Coalition Against Domestic Violence v. Kennedy*, No. 25-cv-342, 2025 WL 2988705, at *2–6 (D.R.I. Oct. 23, 2025).

a. HUD Conditions

Contrary to HUD’s previous contentions in this case (Dkt. No. 43 at 24–25), 42 U.S.C. § 11386(b)(8) does not authorize any of the New Conditions that HUD has imposed. That provision requires recipients of CoC grants to agree to a list of statutorily required conditions and further authorizes HUD to establish additional conditions “to carry out [the CoC program] in an effective and efficient manner.” *See* Dkt. No. 43 at 24–25. That does not authorize HUD’s New Conditions for several reasons.

As an initial matter, § 11386(b)(8) authorizes HUD to impose additional conditions only for CoC grants—and not for the many other CPD programs on which HUD has imposed these conditions. *See* 42 U.S.C. § 11386(b)(8) (authorizing HUD to impose certain conditions “to carry out this part,” referring to part governing “Continuum of Care Program”).

In addition, § 11386(b)(8) does not authorize the New Conditions even for the CoC program, as two other district courts have held. *Martin Luther King, Jr. Cnty. v. Turner*, 785 F. Supp. 3d 863, 886–87 (W.D. Wash. 2025), *appeal pending*, No. 25-3664; *City of Fresno v. Turner*, No. 25-cv-07070, 2025 WL 2721390, at *11 (N.D. Cal. Sept. 23, 2025). Restricting grantees from promoting “gender ideology” or “elective abortions,” and requiring them to comply with executive orders on those topics and others, does nothing to advance the effectiveness or efficiency of the CoC program. Barring providers from acknowledging a client’s gender identity—conduct that the Administration has made clear it considers to promote “gender ideology,” *see supra* Background Section B.2—does not help address homelessness more effectively or efficiently. Nor does barring providers from “promot[ing]” elective abortion. Some CoC-funded programs provide safe housing to victims of domestic violence and sexual assault, along with a full suite of services to support those individuals’ needs—including information and referrals about victims’ options if they have an unwanted pregnancy. *See* Higginbotham Decl.

¶ 52; Yglesias Decl. ¶ 39. Barring organizations from providing information about abortion in those circumstances does not make the CoC program more “effective and efficient”; it advances ideological goals wholly unrelated to the CoC program.

In addition, as one court explained, under ordinary canons of construction, a residual provision like § 11386(b)(8) is “construed to embrace only objects similar in nature to those objects enumerated by the preceding specific” provisions. *King Cnty.*, 785 F. Supp. 3d at 886. And the conditions restricting activity related to “gender ideology” and abortion (and requiring compliance with executive orders on those and other topics) are “simply not of the same kind” as the conditions that § 11386(b) otherwise enumerates, *id.*—which require grantees to do things like “monitor and report to the Secretary the progress of the project,” “ensure ... that individuals and families experiencing homelessness are involved” in the project, and “monitor and report” the receipt of any matching funds, 42 U.S.C. § 11386(b).

b. HHS and HUD Discrimination and Title IX Certifications

Defendants also err in suggesting (Dkt. No. 43 at 22–23) that HUD and HHS have authority to impose the various discrimination-related and Title IX certifications⁵ because they merely require compliance with the law. That is mistaken for two separate reasons. The certifications unlawfully go beyond requiring compliance with the law or force grantees to concede False Claims Act materiality—or both.

⁵ Those certifications are the HUD Discrimination Certification, General HUD Anti-DEI Certification, HHS Discrimination Certification, April GPS and May ACF Discrimination Certifications, HHS Title IX Certification, and ACF Title IX Certification.

First, many of these certifications go beyond affirming grantees' existing obligation to comply with antidiscrimination laws and Title IX.⁶ The HHS Title IX Certification expressly requires grantees to certify compliance not just with Title IX, but also with the "Gender Ideology" Executive Order's view of what Title IX requires. HHS-AR 3 (requiring grantees to certify compliance with "Title IX ..., including the requirements set forth in [the "Gender Ideology" Order]"). That executive order suggests that Title IX guarantees a "right to single-sex spaces" (as defined by the Administration), such that it would violate Title IX to allow transgender individuals to access spaces consistent with their gender identities. *See* "Gender Ideology" Order § 5, 90 Fed. Reg. at 8617. But that would not violate Title IX, as multiple courts have held. *See, e.g., Parents for Privacy v. Barr*, 949 F.3d 1210, 1227 (9th Cir. 2020); *see also, e.g., A.C. by M.C. v. Metro. Sch. Dist. of Martinsville*, 75 F.4th 760, 771 (7th Cir. 2023) (holding that it would violate Title IX *not* to allow transgender individuals access in accordance with their gender identity); *Grimm v. Gloucester Cnty. Sch. Bd.*, 972 F.3d 586, 618–19 (4th Cir. 2020) (same).⁷ And even if some courts might disagree, HHS lacks authority to impose its own interpretation of Title IX via a grant certification.

The certifications requiring grantees to certify that they do not engage in "diversity, equity, and inclusion" activities that violate federal anti-discrimination laws also go beyond merely requiring compliance with nondiscrimination laws.⁸ As other district courts have held,

⁶ The General HUD Anti-DEI Certification, the original version of the HUD Discrimination Certification, the HHS Title IX Certification, and the April GPS and May ACF Discrimination Certifications go beyond requiring compliance with the law.

⁷ If the HHS Title IX Certification were understood to require compliance with the "Gender Ideology" Executive Order, period, not just with what that executive order suggests Title IX requires, it would go even further beyond what the law requires—including by barring grantees from even so much as recognizing transgender and nonbinary individuals' identities.

⁸ HHS's April GPS and May ACF Discrimination Certifications, the General HUD Anti-DEI Certification, and the original version of the HUD Discrimination Certification all specifically

such conditions’ references to DEI activities that violate federal law “act as announcements of policies rather than as limits to the scope of the new conditions.” *City of Fresno*, 2025 WL 2721390, at *8. The Administration has made clear that “the government’s view of what is illegal” under antidiscrimination laws “has changed significantly with the new Administration.” *See Chi. Women in Trades v. Trump*, 778 F. Supp. 3d 959, 984 (N.D. Ill. 2025); accord *City of Fresno*, 2025 WL 2721390, at *8 (explaining that government’s interpretation of anti-discrimination laws “is undergoing significant change”). These certifications improperly “go beyond prohibiting violations of federal law as it is currently understood and pose a real risk of curtailing programs that would not be found violative.” *City of Fresno*, 2025 WL 2721390, at *11.

Second, many of the discrimination-related and Title IX certifications also exceed Defendants’ statutory authority for the independent reason that they require grantees to agree upfront that their compliance with the relevant laws is material for False Claims Act purposes.⁹ While Defendants can require grantees to certify compliance with nondiscrimination laws—and long have (though without unlawfully singling out one category of generally lawful conduct for special scrutiny)—they cannot require grantees to agree in advance that compliance with those laws is material to any payment decision by the government. The materiality certifications undercut an important part of the FCA’s statutory scheme. As the Supreme Court has emphasized, “strict enforcement” of the FCA’s “rigorous” materiality requirement is important,

call out diversity, equity, and inclusion activities. HHS-AR 24–25, 365; HUD-AR 302, 291. HHS’s April GPS and May ACF Discrimination Certifications further forbid grantees from adopting any “discriminatory equity ideology.” HHS-AR 24–25, 365.

⁹ The HUD Discrimination Certification, HHS Discrimination Certification, HHS Title IX Certification, and ACF Title IX Certification all require grantees to certify to materiality. Only the General HUD Anti-DEI Certification and April GPS and May ACF Discrimination Certifications do not.

including because it guards against “open-ended liability” under a law that was not intended to be a “vehicle for punishing garden-variety ... regulatory violations.” *Escobar*, 579 U.S. at 192, 194. Noncompliance with statutory requirements is “not automatically material, even if they are labeled conditions of payment.” *Id.* at 191. Nor is materiality automatically established merely because “the Government would have the option to decline to pay if it knew of the defendant’s noncompliance.” *Id.* at 194. More is required. *See id.* at 192–96. The required certifications of materiality would gut this by excusing the government (and any *qui tam* relator) from meeting the “demanding” materiality standard, *id.* at 194, and enabling them to satisfy it automatically instead. No statute authorizes Defendants to effectively write the materiality element out of the FCA in this way.

For all these reasons, Defendants lack authority to impose any of the New Conditions, and they therefore must be set aside under the APA.

2. *The New Conditions are arbitrary and capricious*

The New Conditions must also be set aside as arbitrary and capricious. Under arbitrary and capricious review, courts must hold unlawful any agency action that is “not ‘reasonable and reasonably explained.’” *Ohio v. EPA*, 603 U.S. 279, 292 (2024) (quoting *FCC v. Prometheus Radio Project*, 592 U.S. 414, 423 (2021)). For a challenged agency action to pass muster, the agency must offer “a satisfactory explanation for its action” and can neither “rel[y] on factors which Congress has not intended it to consider” nor ignore “an important aspect of the problem.” *Motor Vehicle Mfrs. Ass’n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983). While agencies are free to change their existing policies, they must “display awareness that” they are doing so, provide “good reasons for the new policy,” and demonstrate that they have taken account of “reliance interests” engendered by the prior policy. *FCC v. Fox Television Stations, Inc.*, 556 U.S. 502, 515 (2009). In assessing the reasonableness of an agency’s

explanation for its action, “the Court must look to ‘the grounds that the agency invoked when it took the action.’” *New York v. Kennedy*, 789 F. Supp. 3d 174, 205 (D.R.I. 2025) (quoting *Michigan v. EPA*, 576 U.S. 743, 758, (2015)). The New Conditions fail on multiple fronts.

To begin, “the administrative record is so devoid of justification for the [agencies’] decision[s] that [they are] necessarily arbitrary and capricious.” *Hall v. Evans*, 165 F. Supp. 2d 114, 128 (D.R.I. 2001). Based on the record available at the preliminary relief stage, this Court concluded “that the Defendants engaged in a baseless and arbitrary process.” *RICADV v. Kennedy*, 2025 WL 2988705, at *7. The full administrative record supports the same conclusion.

For both agencies, the record provides no explanation other than that they were following executive orders. HUD imposed its New Conditions to “align with the new Administration’s executive orders.” HUD-AR 36; *see also, e.g.*, HUD-AR 110 (noting plan to “modify[] the grant agreement template to align with the Administration’s executive orders and requirements”), 111 (“model Grant Agreement to address EOs”), 119 (listing New Conditions in document on “Aligning CPD Action Plans with Executive Orders”), 123 (noting that leadership was amenable to “using ‘grant agreements’ as a method to enforce compliance with the EOs”), 131 (proposing “Grant agreement which incorporates leadership’s request to address specific Executive Orders”)

The record of HHS’s decision shows the same. HHS’s Office of Grants required all grantmaking components to impose the HHS Title IX Condition “to ensure financial assistance recipients are compliant with ... [the ‘Gender Ideology’ Executive Order].” HHS-AR 2. The only further explanation given is that, as “reflected in” that executive order, “[i]t is the policy of the United States to recognize two sexes, male and female.” HHS-AR 2. The record contains no explanation at all of the reasons HHS adopted the DEI-Related Conditions or SAMHSA’s E.O. Condition. *See* HHS-AR 4–6 (Office of Grants directive requiring components to impose the

April GPS Discrimination Certification); HHS-AR 220 (Office of Grants directive requiring components to impose HHS Discrimination Certification). But the HHS Discrimination Certification now in place matches language that the Anti-DEI Executive Order directed all agencies to include in every grant award. E.O. 14173 § 3(b)(iv), 90 Fed. Reg. at 8634.

It is well established that compliance with an executive order does not satisfy the APA’s requirement for reasoned decisionmaking. Courts have made abundantly clear that “an agency cannot avert the ‘arbitrary and capricious’ analysis by simply deferring to the relevant EO.” *Woonasquatucket River Watershed Council v. USDA*, 778 F. Supp. 3d 440, 471 (D.R.I. 2025), *appeal pending*, No. 25-1428; *see also, e.g., R.I. Latino Arts v. Nat’l Endowment for the Arts*, 800 F. Supp. 3d 351, 372–73 (D.R.I. 2025), *appeal pending*, No. 25-2113 (holding that action was arbitrary and capricious where agency’s “only explanation” was that it was “furthering the current administration’s priorities as provided in” an executive order); *R.I. Coal. Against Domestic Violence v. Bondi*, No. 794 F. Supp. 2d 58, 70 (D.R.I. 2025) (holding that agency cannot “avert the ‘arbitrary and capricious’ analysis by simply deferring to the relevant Executive Order” (cleaned up)); *Nat’l Council of Nonprofits v. OMB*, 763 F. Supp. 3d 36, 55 (D.D.C. 2025) (“[F]urthering the President’s wishes cannot be a blank check for OMB to do as it pleases.”); *King Cnty.*, 785 F. Supp. 3d at 888–89 (“[R]ote incorporation of executive orders—especially ones involving politically charged policy matters that are the subject of intense disagreement and bear no substantive relation to the agency’s underlying action—does not constitute ‘reasoned decisionmaking.’”); *Louisiana v. Biden*, 622 F. Supp. 3d 267, 294–95 (E.D. La. 2022) (“A command in an Executive Order does not exempt an agency from the APA’s reasoned decision-making requirement.”).

Defendants’ rote implementation of executive orders is all the more problematic because Defendants failed to consider multiple “important aspect[s] of the problem”—a hallmark of arbitrary and capricious decisionmaking. *State Farm*, 463 U.S. at 43. The agencies did not consider, for example, how barring grantees from “promoting gender ideology” or from violating the “Gender Ideology” Executive Order would make it impossible for grantees to effectively serve transgender and nonbinary people—whose very identity the grant conditions require grantees to deny. Nor did HUD consider or explain how a grantee could possibly comply with the “Gender Ideology” Condition (or General HUD E.O. Condition or HUD CPD E.O. Condition) without violating the binding regulation requiring grantees to serve individuals in accordance with their gender identity. *See infra* Section I.A.4.

The agencies likewise did not consider or explain how the conditions barring and deterring “DEIA”-related activity would chill grantees from engaging in entirely lawful activity to foster inclusion, diversity, and equity. Nor did they consider or explain how that would result in fewer services to populations that are already underserved—or how that could be reconciled with Congress’s express authorization for programs targeting underserved populations.¹⁰

¹⁰ *See, e.g.*, 42 U.S.C. § 5307(c) (authorizing activities focused on “economically disadvantaged and minority students” under HUD’s CDBG program); *id.* § 10411(d)(3) (authorizing activities targeted toward “racial and ethnic minority populations and underserved populations” under HHS’s FVPSA program); *id.* §§ 10406(a)(3), 10411(d)(8) (similar); *id.* § 280b-1b(a)(7) (authorizing, under rape prevention and education program, “efforts to increase awareness in underserved communities” and among “individuals with disabilities” and “Deaf individuals”); *id.* § 280b-1b(c) (requiring HHS to “ensure that “culturally specific organizations” and “representatives from underserved communities” have “meaningful involvement” in applying for and implementing rape prevention and education funding); 34 U.S.C. § 12291(a)(8) (defining “culturally specific” as “primarily directed toward racial and ethnic minority groups”); 42 U.S.C. § 10414(g)(3)(F) (requiring grantees to “recognize, in applicable cases, the needs of underserved populations, racial and linguistic populations, and individuals with disabilities”).

HUD likewise did not consider how barring grantees from “promoting elective abortion” would block grantees from providing information about reproductive health options to survivors of domestic violence, sexual assault, and reproductive coercion.

Defendants also failed to consider how grantees would struggle to understand their obligations under the vague conditions. It is not clear, for example, what it means to “promote” gender ideology or elective abortion, what counts as an “elective” abortion, when the agencies will consider a grantee’s DEI activities to be unlawful, or how a grantee can comply with executive orders that by their terms announce general policies and direct *federal agencies* on what actions to take, but generally do not (and cannot) impose obligations on the public. Defendants did not consider the confusion this would cause.

Defendants also failed to consider how the New Conditions jeopardize the “serious reliance interests” of grantees and the members of the public they serve. *See DHS v. Regents of the Univ. of Cal.*, 591 U.S. 1, 30 (2020). The Supreme Court has made clear that the failure to “consider[] potential reliance interests,” standing alone, renders agency action arbitrary and capricious. *Id.* Specifically, an agency is “required to assess whether there were reliance interests, determine whether they were significant, and weigh any such interests against competing policy concerns.” *Id.* at 33 (emphasis added). Defendants did not do that here. They did not consider the reliance interests of grantees in continued funding on terms they can understand and comply with without violating their missions, nor did Defendants consider the reliance interests of the people those grantees serve. That failure to consider reliance interests is particularly egregious given that, in many instances, Defendants imposed the conditions in the middle of grantees’ period of performance, when they were relying on continued funding to

carry out their ongoing, mission-critical activities. *See, e.g.*, Moran-Kuhn Decl. ¶ 21; Higginbotham Decl. ¶¶ 21–22; Sarang-Sieminski Decl. ¶¶ 22–23.

Defendants also failed to “show that there are good reasons for” the New Conditions’ change in policy—the record contains no explanation on that front. *FCC*, 556 U.S. at 515. And, for some conditions—like the ones requiring grantees to agree to abide by Defendants’ view of nondiscrimination laws and to certify to FCA materiality—Defendants fail even to “display awareness” that the New Conditions are a change in policy at all. *Id.*

3. The New Conditions violate the Constitution

The New Conditions also must be set aside because they are “contrary to constitutional right, power, privilege, or immunity,” 5 U.S.C. § 706(2)(B). For the reasons explained in Sections I.B–I.D below, the New Conditions violate the Spending Clause and other constitutional separation-of-powers provisions, the First Amendment, and the Fifth Amendment’s Due Process Clause. That warrants relief under the APA.

4. Multiple “Gender Ideology”-Related Conditions are contrary to law

Various conditions that require grantees to deny the identity of transgender and nonbinary individuals must be set aside because they conflict with binding regulations specifically requiring grantees to acknowledge and respect people’s gender identity. It is well established “that agencies must comply with their own regulations.” *Manguriu v. Lynch*, 794 F.3d 119, 122 (1st Cir. 2015). Agency action that violates a regulation is “contrary to law” in violation of the APA. *Colorado v. U.S. Dep’t of Health & Human Servs.*, 783 F. Supp. 3d 641, 647 (D.R.I. 2025).

To begin, the HUD “Gender Ideology” Condition, as well as the HUD CPD E.O. Condition and General HUD E.O. Condition—which require grantees to comply with the “Gender Ideology” Executive Order—conflict with a binding agency regulation requiring grantees to treat people in accordance with their gender identity. In particular, under HUD’s

Equal Access Rule, recipients of grants administered by CPD must provide individuals with equal access to shelters and other services “in accordance with the individual’s gender identity” and must place and serve individuals “in accordance with the[ir] gender identity.” 24 C.F.R. § 5.106(b)(1)-(2); *see also id.* §§ 5.106(b)(3), (c). The HUD “Gender Ideology” Condition, HUD CPD E.O. Condition, and General HUD E.O. Condition conflict with that rule. Those conditions all apparently require grantees to deny individuals’ gender identity and to instead serve people in accordance with their “biological sex” as defined under the executive order. That flies in the face of the regulation, which unequivocally requires grantees to recognize individuals’ gender identity and to serve them in accordance with it, not their biological sex. *See* 24 C.F.R. § 5.106.

Similarly, the ACF Title IX Certification—which applies to grants administered by ACF, including grants under the Family Violence Prevention and Services Act (FVPSA)—contravenes HHS regulations barring discrimination “on the ground of ... gender identity” in FVPSA programs. 45 C.F.R. § 1370.5(a). In addition to generally barring gender-identity-based discrimination, the regulation further explicitly states that, “transgender and gender nonconforming individuals must have equal access to FVPSA-funded shelter and nonresidential programs” and must be offered “an assignment consistent with their gender identity.” *Id.* § 1370.5(a)(4). Given the Administration’s (incorrect) view that Title IX requires grantees to exclude transgender people from single-sex places and programs that align with their gender identity, *see supra* Background Section B.2; Argument I.A.1.C, the ACF Title IX Certification would effectively require grantees to violate these regulatory requirements.

5. HUD adopted its New Conditions without required procedures

HUD’s New Conditions must also be set aside because they were adopted “without observance of procedure required by law.” *See* 5 U.S.C. § 706(2)(D). Before taking action that qualifies as a legislative rule under the APA, government agencies must provide notice and an

opportunity to comment. 5 U.S.C. § 553(b), (c). Although the APA exempts matters relating to grants, 5 U.S.C. § 553(a)(2), HUD’s regulations have long required the agency to undertake notice and comment even in rulemakings involving grants, despite the APA’s exemption. 24 C.F.R. § 10.1.

HUD’s New Conditions are effectively legislative rules that HUD cannot impose without notice and comment. As the First Circuit has explained, “a legislative rule is one that creates rights, assigns duties, or imposes obligations, the basic tenor of which is not already outlined in the law itself.” *N.H. Hosp. Ass’n v. Azar*, 887 F.3d 62, 70 (1st Cir. 2018) (cleaned up). HUD’s New Conditions impose obligations that are not already outlined in the law: They require grantees to comply with executive orders; to certify to False Claims Act materiality; to forswear purportedly unlawful diversity, equity, and inclusion activities; and to avoid using grant funds to promote “gender ideology” or “elective abortion.” They therefore are legislative rules, and HUD’s own binding regulations require the agency to undertake notice and comment before imposing them. *See* 24 C.F.R. § 10.1.

B. The New Conditions violate the Spending Clause and other constitutional provisions safeguarding the separation of powers

The New Conditions also violate multiple constitutional provisions safeguarding the separation of powers. As court after court has recognized, imposing “extra-statutory conditions on federal grant awards as a tool to obtain compliance with [the executive’s] policy objectives strikes at the heart of ... the separation of powers.” *City of Chicago v. Barr*, 961 F.3d 882, 892 (7th Cir. 2020) (holding that the executive branch violated separation of powers by conditioning federal funding on recipients’ facilitating immigration enforcement).¹¹ Defendants have done

¹¹ *See also, e.g., City & Cnty. of S.F. v. Trump*, 897 F.3d 1225, 1231, 1234-35 (9th Cir. 2018) (“withhold[ing] all federal grants from so-called ‘sanctuary’ cities and counties” violated separation of powers); *King Cnty.*, 785 F. Supp. 3d at 874–75, 885–88 (agencies violated

precisely that here. As explained above, *supra* Section I.A.1, Congress has not authorized Defendants to impose any of the New Conditions. In imposing them anyway in order to carry out executive orders, Defendants have exceeded their constitutional authority and encroached on Congress’s power to control federal spending, in violation of foundational separation-of-powers principles.

The Constitution “exclusively grants the power of the purse to Congress, not the President.” *Colorado v. U.S. Dep’t of Health & Human Servs.*, 788 F. Supp. 3d 277, 308 (D.R.I. 2025) (quoting *City & Cnty. of S.F.*, 897 F.3d at 1231); *see also* U.S. Const. art. I, § 8, cl. 1 (Spending Clause); *id.* art. I, § 9, cl. 7 (Appropriations Clause). Among the “legislative powers” the Constitution vests in Congress, *see* U.S. Const. art. I, § 1, is the authority to distribute funds to states and private entities to promote “the general welfare” under the Spending Clause, *id.* art. I, § 8, cl. 1. Exercising these powers, Congress may, within limits, “attach conditions on the receipt of federal funds.” *South Dakota v. Dole*, 483 U.S. 203, 206 (1987).

The executive branch may not. Rather, “[w]hen it comes to spending, the President has none of his own constitutional powers to rely upon” and can only exercise authority Congress has delegated. *City & Cnty. of S.F.*, 897 F.3d at 1233–34. Here, because Congress has not delegated to the executive branch the authority to impose the New Conditions, *see supra* Section I.A.1, Defendants unconstitutionally “claim[] for [themselves] Congress’s exclusive spending power” and “attempt[] to coopt Congress’s power to legislate.” *See id.* at 1234.

separation of powers by barring grant recipients from “us[ing] grant funds to promote ‘gender ideology’” and by requiring recipients to cooperate with federal immigration enforcement); *PFLAG, Inc. v. Trump*, 769 F. Supp. 3d 405, 432–41 (D. Md. 2025) (conditioning funding on recipients’ denying gender-affirming care violated separation of powers); *Washington v. Trump*, 768 F. Supp. 3d 1239, 1261–63 (W.D. Wash. 2025) (“gender ideology” funding conditions violated separation of powers).

Defendants also violate the Presentment Clause, “which requires that all federal laws ... be passed by both houses of Congress and signed by the President.” *O’Connell v. Shalala*, 79 F.3d 170, 173 n.2 (1st Cir. 1996); *see also* U.S. Const. art. I, § 7, cl. 2. Nothing in the Constitution “authorizes the President to enact, to amend, or to repeal statutes” on his own. *Clinton v. City of N.Y.*, 524 U.S. 417, 438 (1998). Defendants’ imposition of the New Conditions attempts to amend unilaterally the statutes governing the myriad HUD and HHS grant programs in violation of the Presentment Clause. *See PFLAG*, 769 F. Supp. 3d at 441 (“Article I does not allow the President to circumvent bicameralism and presentment by unilaterally amending ... federal appropriations through an executive order.”).

Defendants’ imposition of the New Conditions also violates the Take Care Clause, under which the President is obliged to “take care that the laws be faithfully executed,” U.S. Const. art. II, § 3. Congress enacted statutes requiring Defendants to disburse funds Congress appropriated to carry out purposes Congress identified. By failing to follow those commands, Defendants fail to faithfully execute the law.

At bottom, the Founders established our system of separated powers to guard against “a concentration of power [that] would allow tyranny to flourish.” *City of Chicago*, 961 F.3d at 892. In that system, “the power to wield the purse to alter behavior rests squarely with the legislative branch”—whose “elected representatives and dual chambers” supply “institutional protection from the abuse of such power.” *Id.* That “institutional protection from abuse” would disappear if the executive branch could “impose [its] policy preferences regardless of the will of Congress.” *Id.* Defendants’ attempt to leverage federal funding “to effectuate [the executive’s] own policy goals” violates the separation of powers. *See City & Cnty. of S.F.*, 897 F.3d at 1235.

C. The “Gender Ideology”-Related Conditions and DEI-Related Conditions violate the First Amendment

The various conditions requiring grantees to implement the Administration’s views on gender as well as conditions implementing the Anti-DEI Executive Order violate the First Amendment’s protection of “the freedom of speech,” U.S. Const. amend. I.¹² While the government may, in some circumstances, attach conditions to federal funding that “affect the recipient’s exercise of its First Amendment rights,” there are limits. *Agency for Int’l Dev. v. All. for Open Soc’y Int’l, Inc.*, 570 U.S. 205, 214–15 (2013). Crucially, the government may not restrict “protected [speech] outside the scope of the federally funded program.” *Id.* at 217 (citing *Rust v. Sullivan*, 500 U.S. 173, 197 (1991)). Nor may it leverage government funding to “aim at the suppression of dangerous ideas.” *NEA v. Finley*, 524 U.S. 569, 587 (1998). And imposing a funding condition “not relevant to the objectives of the program” can also violate the First Amendment. *Open Soc’y*, 570 U.S. at 214. The gender- and DEI-related conditions transgress these limits.

1. The “Gender Ideology”-Related Conditions violate the First Amendment

The HUD “Gender Ideology” Condition barring grantees from using grant funds to “promote ‘gender ideology’” as defined in the “Gender Ideology” Executive Order, as well as the various conditions requiring grantees to comply with executive orders, violate the First Amendment. As another court recently held in preliminarily enjoining a similar funding condition, such conditions cannot be justified as the government merely refusing to

¹² The conditions unconstitutionally requiring grantees to implement the Administration’s views on gender are the HUD “Gender Ideology” Condition as well as the conditions requiring grantees to follow the “Gender Ideology” Executive Order—the HUD CPD E.O. Condition, General HUD E.O. Condition, and SAMHSA E.O. Condition. The conditions implementing the Anti-DEI Executive Order are the HHS Discrimination Certification, April GPS HHS Discrimination Certification, May ACF Discrimination Certification, HUD Discrimination Certification.

“affirmatively fund[.]” the targeted speech. *S.F. AIDS Found. v. Trump*, 786 F. Supp. 3d 1184, 1218–20 (N.D. Cal. 2025).

For one, as this Court preliminarily determined, these conditions unconstitutionally “require the affirmation of beliefs that by their nature cannot be confined within the scope of the Government program.” *RICADV v. Kennedy*, 2025 WL 2988705, at *8 (cleaned up; quoting *Open Soc’y*, 570 U.S. at 221). As the Supreme Court has explained, a funding condition “by its very nature affects ‘protected conduct outside the scope of the federally funded program’” when it “demand[s] that funding recipients adopt—as their own—the Government’s view on an issue of public concern.” *Open Soc’y*, 570 U.S. at 218 (quoting *Rust*, 500 U.S. at 197). The HUD “Gender Ideology” Condition and various E.O. conditions do just that. Under those conditions, a grantee risks noncompliance if it says anything recognizing someone’s gender identity, such as by using a transgender person’s preferred pronouns. Indeed, in a recent case, the government said merely using preferred pronouns would violate a materially identical funding restriction. *See S.F. AIDS Found.*, 786 F Supp. 3d at 1219. So this Condition leaves grantees with no choice but to affirmatively use the pronouns corresponding to the person’s sex assigned at birth—speech reflecting the Administration’s view that gender identity should not be acknowledged or respected—and thus impermissibly controls the grantee’s own speech.

In addition, these conditions impermissibly aim at the suppression of disfavored ideas by, as this Court put it at the preliminary relief stage, “telegraph[ing] that the Defendants will deny federal funding ... based on viewpoint alone.” *RICADV v. Kennedy*, 2025 WL 2988705, at *8; *see also S.F. AIDS Found.*, 786 F. Supp. 3d at 1220 (concluding that a similar condition “violate[s] the First Amendment by withholding subsidies for a censorious purpose—aiming to suppress” what the government views to be “the dangerous idea[.] of ... ‘gender ideology’”); *R.I.*

Latino Arts v. NEA, 777 F. Supp. 3d 87, 109–10 (D.R.I.), *appeal pending*, No. 25-2113 (noting that government cannot “use subsidies to suppress dangerous ideas” and concluding that bar on funding art programs that “promote gender ideology” was “a clear First Amendment violation”). The underlying Executive Order makes clear its goal is “to root out the ‘extreme,’ ‘false claims’ of gender identity that contradict the government’s view that there is only one ‘biological reality of sex’”—in other words, to erase the recognition of transgender people’s existence. *S.F. AIDS Found.*, 786 F. Supp. 3d at 1220 (citing “Gender Ideology” Order §§ 1, 2(f)). By defunding any activities “related to the dangerous ideas it has identified,” the HUD “Gender Ideology” Condition and various E.O. Conditions effectuate “precisely the kind of ‘invidious viewpoint discrimination’ that the Supreme Court has suggested would present First Amendment concerns even in the context of federal subsidies.” *Id.* (citing *Finley*, 524 U.S. at 587).

Finally, the conditions also are “entirely untethered to any ‘legitimate objective’” of the programs they burden. *SF AIDS Found.*, 786 F. Supp. 3d at 1218 (cleaned up). Instead, they are “directed ... towards disfavored speech.” *Id.* at 1219. Under these conditions, a grantee apparently could not “refer to the clients they serve ... by any pronoun” or preferred name that matches their gender identity as opposed to their sex assigned at birth. *Id.* But that “is pure speech that has no relation to” grant programs’ purposes. *See id.*

For all these independent reasons, the HUD “Gender Ideology” Condition and the various conditions requiring compliance with “Gender Ideology” Executive Order violate the First Amendment.

2. *The DEI-Related Conditions violate the First Amendment*

The various conditions barring grantees from engaging in (purportedly illegal) “diversity, equity, and inclusion” activities—even outside the scope of the funded program—and requiring

them to agree to FCA materiality upfront violate the First Amendment as well.¹³ These conditions impermissibly restrict speech “outside the scope of the federally funded program,” *Open Soc’y*, 570 U.S. at 217.

There can be no question that these conditions constrain grantees’ activities outside the scope of the funded program. They all compel grantees to certify that they do not “operate *any* programs”—whether funded by the grant or not—that (in the case of the April GPS HHS Discrimination Certification and May ACF Anti-DEI Certification) “advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws” or (in the case of the updated HUD Discrimination Certification and the updated HHS Discrimination Certification) that “violate any applicable Federal antidiscrimination laws.” Those requirements “on [their] face make[] clear” that they apply to “any program . . . , irrespective of whether the program is federally funded.” *Chi. Women*, 778 F. Supp. 3d at 984.

Those conditions also impermissibly restrict speech on the basis of viewpoint. The April GPS HHS Discrimination Certification and May ACF Anti-DEI Certification are open about it. They specifically prohibit advancing “discriminatory equity ideology”—an undisguised suppression of a particular viewpoint. The prohibitions on promoting “DEI” and “DEIA” likewise curtail certain speech, as “diversity, equity, and inclusion” programs almost invariably contain speech promoting those values. Indeed, as the Administration itself has acknowledged, it is restricting “diversity, equity, and inclusion” because of disagreement with its “foundational rhetoric and ideas.” The White House, *Fact Sheet: President Donald J. Trump Protects Civil*

¹³ These conditions are the HUD Discrimination Certification, HHS Discrimination Certification, April GPS HHS Discrimination Certification, and May ACF Discrimination Certification.

Rights and Merit-Based Opportunity by Ending Illegal DEI (Jan. 22, 2025),

<https://perma.cc/G8JU-QQ44>.

While less transparent, the HUD Discrimination Certification and HHS Discrimination Certification’s requirement for grantees to certify that they do not violate anti-discrimination law—and, crucially, that this is material for FCA purposes—also inhibits speech. The surrounding context makes clear that these certification requirements are meant to further the Administration’s anti-DEI agenda. After all, when HUD first imposed its new discrimination certification, Secretary Turner announced that it would ensure that funds would “not promote DEI.” HUD-AR 291. HUD at some point quietly changed the language to no longer expressly refer to “diversity, equity, and inclusion” activities, but its purpose remained clear. Likewise, at HHS, the agency first imposed a condition that expressly barred unlawful “diversity, equity, and inclusion” activities as well as “discriminatory equity ideology.” HHS-AR 6. The day of the TRO hearing in this case, HHS replaced that with a condition that no longer expressly refers to DEI—but nothing in the record suggests HHS intended this to narrow the condition’s scope.¹⁴ See HHS-AR 219. Whether or not they expressly mention DEI, these conditions transparently implement the Anti-DEI Order’s instruction that federal agencies impose these types of certification requirements to combat DEI activities—and threaten grantees with the specter of FCA liability. And given the Administration’s (novel and unfounded) view that DEI activities

¹⁴ The record shows that HHS’s Office of Grants withdrew the directive requiring HHS components to impose the certification expressly mentioning DEI on May 28, 2025, after courts in other cases had granted preliminary relief against similar certification requirements. HHS-AR 113; see also HHS-AR 5–6; *Martin Luther King, Jr. Cnty. v. Turner*, No. 2:25-cv-814, 2025 WL 1331488, at *1 (W.D. Wash. May 7, 2025); *Chi. Women*, 778 F. Supp. 3d at 984. HHS, however, did not actually remove the condition from the Grants Policy Statement (which is incorporated in all covered awards) or otherwise inform grantees that the condition had been withdrawn until July 24, 2025, the day of the TRO hearing in this case.

are often illegal—and their plans to aggressively enforce that view—these conditions constrain grantees’ speech regarding DEIA values. Anti-DEI Order § 3(b)(iv); *see also* Bondi Discrimination Memo at 7-8 (warning that the “content” of “DEI training programs” may be unlawful).

It does not matter that these DEI-related conditions purport to bar only conduct that violates nondiscrimination laws. For one, the Administration is taking a novel and incredibly broad view of what violates nondiscrimination laws, suggesting that all manner of DEI-related speech could be unlawful. *See* Bondi Discrimination Memo. For example, the Department of Justice has warned that the “content” of “DEI training programs” may be unlawful and has said that it could be illegal to talk about “toxic masculinity,” to designate places as “safe spaces” for certain groups (even while making them open to all), or to discuss job applicants’ “cultural competence.” Bondi Discrimination Memo at 6, 8. Given that DOJ has announced its plans to pursue criminal and civil claims against grantees under the False Claims Act if they violate (DOJ’s view of) the antidiscrimination laws—and given that the challenged DEI-related certifications require grantees to concede FCA materiality—these certifications will chill grantees’ speech.

The vagueness of the DEI-related certifications makes their chilling effect even worse. As another court recently held in preliminarily enjoining a similar certification requirement, “[t]he problem ... is that the meaning of this is left entirely to the grantee’s imagination.” *Chi. Women*, 778 F. Supp. 3d at 984. Indeed, the DEI-related certifications independently violate the First Amendment due to their vagueness and chilling effect, as explained further below. *See infra* Section I.D.

D. The New Conditions are unconstitutionally vague

The New Conditions are unconstitutionally vague because they impose unclear, ill-defined prohibitions that give Defendants sweeping discretion over their enforcement. Due process fundamentally requires that the law give “fair notice of what is prohibited.” *FCC v. Fox Television Stations, Inc.*, 567 U.S. 239, 253 (2012) (citing *United States v. Williams*, 553 U.S. 285, 304 (2008)). A government-imposed requirement violates due process if it fails to “provide a person of reasonable intelligence fair notice of what is prohibited,” or if it fails to provide explicit standards for the law’s application, opening the door to “arbitrary and discriminatory enforcement.” *Grayned v. City of Rockford*, 408 U.S. 104, 108–09 (1972).

“[H]eightened” and “stricter” standards for potentially vague regulations are applied in two circumstances, both of which are present here. *Frese v. Formella*, 53 F.4th 1, 6 (1st Cir. 2022) (cleaned up). First, “vagueness review is more stringent when the challenged laws implicate the First Amendment’s protections for speech.” *United States v. Facticeau*, 89 F.4th 1, 33 n.20 (1st Cir. 2023); see also *Vill. of Hoffman Ests. v. Flipside, Hoffman Ests., Inc.*, 455 U.S. 489, 499 (1982). With any “content-based regulation of speech,” “[t]he vagueness of such a regulation raises special First Amendment concerns because of its obvious chilling effect on free speech.” *Reno v. ACLU*, 521 U.S. 844, 871–72 (1997). “First Amendment freedoms need breathing space to survive, and therefore government may regulate in the area only with narrow specificity.” *Cent. Maine Power Co. v. Maine Comm’n on Governmental Ethics & Election Pracs.*, 144 F.4th 9, 36 (1st Cir. 2025) (Aframe, J., concurring) (cleaned up).

Second, “a stricter standard is applied” for vagueness where “criminal penalties may be imposed.” *Frese*, 53 F.4th at 6 (cleaned up). “The severity of criminal sanctions may well cause speakers to remain silent rather than communicate even arguably unlawful words, ideas, and images.” *Reno*, 521 U.S. at 872. And where, as here, there is “content-based regulation of

speech” that implicates criminal penalties, vagueness is of the utmost “special concern.”

Counterman v. Colorado, 600 U.S. 66, 100 (2023).

As the Court held at the preliminary relief stage, the New Conditions are unconstitutionally vague because they “do not clearly identify and define the contours of what is prohibited and therefore provides the Defendants with unlimited discretion.” *RICADV v. Kennedy*, No. 2025 WL 2988705, at *10.

DEI-Related Certifications. The DEI-related certifications¹⁵—which generally require grantees not to engage in “DEI” activities that violate federal antidiscrimination law—are unconstitutionally vague and violate both the First and Fifth Amendments.

These conditions, the Anti-DEI Order on which they are based, and the surrounding context signal that the Administration has a novel and expanded view that many until-recently-encouraged “DEI” and “DEIA” activities would violate federal anti-discrimination laws. But the DEI-related conditions fail to provide fair notice of what exactly the Administration believes is prohibited. As one court observed, what this Administration will claim is illegal “is anything but obvious.” *Chi. Women*, 778 F. Supp. 3d at 984. The vagueness of the DEI-related conditions is amplified by the fact that “the thrust” of the underlying Anti-DEI Executive Order “is that the government’s view of what is illegal in this regard has changed significantly with the new Administration.” *Id.*; *see also, e.g.*, Anti-DEI Order § 1 (criticizing diversity, equity, and inclusion practices of a wide variety of “influential institutions of American society”); *id.* § 3 (revoking multiple longstanding diversity-related executive actions and requiring the Office of Management and Budget to “[e]xercise” from federal funding procedures all “references to DEI

¹⁵ These are the HUD Discrimination Certification, General HUD Anti-DEI Certification, HHS Discrimination Certification, April GPS Discrimination Certification, and May ACF Anti-DEI Certification.

and DEIA principles, under whatever name they may appear,” and to “[t]erminate all ‘diversity,’ ‘equity,’” and similar activities).

The DEI-related conditions also fail to provide fair notice of how a grantee could comply while also carrying out various instructions Congress set forth by statute—such as the instruction to use FVPSA State Coalition Grants to address the needs of victims “who are members of racial and ethnic minority populations and underserved populations.” 42 U.S.C. § 10411(d)(3); 34 U.S.C. § 12291(a)(9); *see also, e.g.*, 42 U.S.C. §§ 280b-1b(a)(7), (c); 1406(a)(3); 10414(g)(3)(F). Particularly given the Administration’s explicit plan to use the FCA—and certifications like these—as a “weapon” in its battle against “DEI,” the certification requirements’ unclear commands leave Plaintiffs vulnerable to the kind of “arbitrary and discriminatory” application of the law that due process prohibits. *Grayned*, 408 U.S. at 108–09.

The DEI-related certifications fail ordinary vagueness review, and they certainly cannot meet the heightened standards applicable to regulations that implicate criminal liability or that regulate protected speech. The DEI-related certifications—and the accompanying exposure to burdensome *qui tam* litigation and potential False Claims Act liability—will predictably chill grantees from speaking in support of diversity, equity, and inclusion, including in their activities unrelated to the use of federal funds. That violates the First Amendment.

HUD “Gender Ideology” Condition. The HUD “Gender Ideology” Condition, which bars grantees from using awarded funds to “promote ‘gender ideology,’” unconstitutionally fails to provide fair notice of what it means to “promote” what the Administration terms “gender ideology.” Is respecting a person’s gender identity (for example, by using their preferred pronouns or name) enough, or does the restriction reach only more affirmative advocacy? The condition also does not provide fair notice of how a grantee could comply with this condition’s

apparent command that grantees deny that individuals have a gender identity separate from their biological sex while also following binding regulations that require grantees to accommodate and serve individuals “in accordance with the[ir] gender identity.” *See* 24 C.F.R. § 5.106. As with the DEI-related certifications, the HUD “Gender Ideology” Condition could not meet ordinary vagueness standards, and it falls far short under the heightened standards for requirements that implicate First Amendment speech and could lead to criminal liability.

HUD Abortion Condition. The HUD Abortion Condition unconstitutionally “obscure[s] meaning like Russian dolls stacked inside each other.” *RICADV v. Kennedy*, 2025 WL 2988705, at *9. It leaves unclear what it means to use grant funds to “promote” so-called “elective abortion.” For instance, it provides no guidance on whether advising someone about the option of abortion counts as “promoting,” or whether more active advocacy is required. Nor does it provide any guidance on what counts as an “elective” abortion, which undeniably is subject to different interpretations among those holding different views on the subject.

E.O.-Related Conditions. The General HUD E.O. Condition, HUD CPD E.O. Condition, and SAMHSA E.O. Condition—which generally require grantees to comply with executive orders—also fail to provide fair notice. Executive Orders are issued by the president to direct federal agencies and officials on how to implement or enforce the law—they do not impose legal requirements or obligations on private parties such as federal grantees. These conditions require Plaintiffs to guess at what it means for an executive order to purportedly apply to a private party, and how to comply. That is particularly the case given that the referenced executive orders are themselves broad and vague.

Title IX Certifications. The HHS Title IX Certification and ACF Title IX Certification are also unconstitutionally vague because they and the related “Gender Ideology” Executive

Order signal that the Administration has a novel and expanded view of when conduct would violate Title IX, yet they do not provide fair notice on how a grantee could comply with the Administration's view without violating other binding regulations requiring grantees to treat individuals in accordance with their gender identity, *see, e.g.*, 45 C.F.R. § 1370.5.

Each of these conditions requires people of ordinary intelligence to guess at what is prohibited. *See Grayned*, 408 U.S. at 108. And by failing to provide guidance or standards to determine what activities this Administration considers newly prohibited, each of the conditions also subjects Plaintiffs' funding to the Administration's unlimited discretion and exposes them to potentially arbitrary and discriminatory enforcement. Faced with threatened civil penalties and potential criminal liability under the FCA, recipients are forced to curtail their activities by "steer[ing] far wider of the unlawful zone than if the boundaries of the forbidden areas were clearly marked." *Id.* at 109 (cleaned up).

E. The New Conditions are ultra vires

Defendants' imposition of the New Conditions is also ultra vires. This Court has inherent equitable power to enjoin and declare unlawful executive ultra vires conduct. *R.I. Dep't of Env't Mgmt. v. United States*, 304 F.3d 31, 42 (1st Cir. 2002). An agency acts ultra vires when it "plainly acts in excess of its delegated powers." *Fresno Cmty. Hosp. & Med. Ctr. v. Cochran*, 987 F.3d 158, 162 (D.C. Cir. 2021) (cleaned up); *see California v. Trump*, No. 25-CV-10810-DJC, 2025 WL 2663106, at *7 (D. Mass. Sept. 17, 2025). "To act ultra vires a government official is either acting in a way that is impermissible under the Constitution or acting outside of the confines of his statutory authority." *California*, 2025 WL 2663106, at *7 (quotation omitted). As explained above, *supra* Section I.A.1, Defendants acted without statutory authority in imposing the New Conditions. Because no statute, constitutional provision, or other source of

law authorizes Defendants to impose the New Conditions, the New Conditions are ultra vires, and Defendants must be enjoined from implementing or enforcing them.

II. The Court Should Vacate the New Conditions and Permanently Enjoin Defendants from Re-Imposing or Otherwise Implementing Them

The Court should set aside the New Conditions under the APA and issue a permanent injunction barring Defendants from enforcing any conditions to which grantees previously agreed and from imposing the same or substantially similar conditions by other means in the future.

A. The Court should set aside the New Conditions under the APA

The Court should set aside the New Conditions pursuant to 5 U.S.C. § 706(2). The APA directs courts to “set aside agency action” when the court determines the action is “arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law”; “in excess of statutory ... authority”; “contrary to constitutional right, power, privilege, or immunity”; or “without observance of procedure required by law.” 5 U.S.C. § 706(2)(A)–(D). “[T]he text and history of the APA, [and] the longstanding and settled precedent adhering to that text and history,” makes clear that to “set aside” an unlawful agency action means to “vacate” that action. *Corner Post, Inc. v. Bd. of Governors of Fed. Rsv. Sys.*, 603 U.S. 799, 829 (2024) (Kavanaugh, J., concurring). APA vacatur is not a party-specific remedy. *Corner Post*, 603 U.S. at 830 (Kavanaugh, J., concurring); *accord, e.g., Illinois v. FEMA*, 801 F. Supp. 3d 75, 97 (D.R.I. 2025).

APA vacatur is warranted here because the New Conditions violate the APA for the multiple reasons described above. This Court should set aside the New Conditions—such that no applicant or awardee is required to agree to them and no condition is enforced against any grantee.

B. The Court should enjoin Defendants from enforcing the New Conditions or imposing the same or substantially similar New Conditions in the future

In addition to vacating the New Conditions, the Court should also permanently enjoin Defendants (1) from attempting to enforce any New Condition in any agreement that a grantee already signed or from otherwise treating any such New Condition as effective and (2) from imposing or enforcing the New Conditions or any substantially similar conditions via any new agency action. That injunctive relief is warranted to fully protect Plaintiffs from irreparable injury. Moreover, to ensure that Plaintiffs do not suffer any competitive disadvantage, this relief should bar Defendants from taking these actions against any grantee, not just Plaintiffs and their members.

Injunctive relief on top of vacatur is warranted where setting aside an agency action alone is not “sufficient to redress [the plaintiffs’] injury.” *Monsanto Co. v. Geertson Seed Farms*, 561 U.S. 139, 165–66 (2010). So, for example, an injunction is warranted where the agency could attempt to take similar action again “as an end-run to the Court’s relief.” *Texas v. Cardona*, 743 F. Supp. 3d 824, 897 (N.D. Tex. 2024). In such circumstances, injunctive relief can appropriately “restrain agency officials from ... conduct based on the disputed agency [action].” *Chamber of Com. of U.S. v. CFPB*, 691 F. Supp. 3d 730, 745 (E.D. Tex. 2023), *appeal dismissed*, No. 23-40650, 2025 WL 1304573 (5th Cir. May 1, 2025); *see also Cardona*, 743 F. Supp. 3d at 898 (enjoining defendants from “implementing or enforcing” the guidance documents at issue, as well as any future guidance documents promoting a similar interpretation against plaintiffs).

Injunctive relief is necessary because merely setting aside the New Conditions and the policies imposing them would not on its own prevent Defendants from (1) attempting to enforce conditions to which grantees already agreed in order to get their funding or (2) adopting a similar new policy or imposing the same or similar conditions via a new agency action. The need for this

relief is all the more clear because this Administration has previously sought to re-impose funding conditions that a court had vacated. *See Illinois v. FEMA*, No. 25-cv-206, 2025 WL 2908807, at *1 (D.R.I. Oct. 14, 2025), *appeal pending*, No. 25-2131.

A permanent injunction is warranted here. The issuance of a permanent injunction is appropriate where: “(1) plaintiffs prevail on the merits; (2) plaintiffs would suffer irreparable injury in the absence of injunctive relief (i.e., an injury for which there is no adequate remedy at law); (3) the harm to plaintiffs would outweigh the harm the defendant would suffer from the imposition of an injunction; and (4) the public interest would not be adversely affected by an injunction.” *Ortiz-Bonilla v. Federacion de Ajedrez de Puerto Rico, Inc.*, 734 F.3d 28, 40 (1st Cir. 2013) (cleaned up). First, Plaintiffs prevail on the merits for the reasons explained above. *See supra* Section I.

Second, absent permanent injunctive relief, Plaintiffs risk irreparable injury. To begin, some Plaintiffs or their members agreed to New Conditions when they accepted awards before Plaintiffs obtained preliminary relief in this case. Defendants must be enjoined from holding grantees to those conditions, lest Plaintiffs ultimately face the same irreparable harm that led this Court to stay the conditions in the first place. *RICADV v. Kennedy*, 2025 WL 2988705, at *10–11. If Defendants are able to take a new agency action to impose the New Conditions again, or substantially similar ones, Plaintiffs and their members would once again need to decide whether to: (a) accept unconstitutional and otherwise unlawful funding conditions that will impede their ability to provide core services and are at odds with their fundamental missions; or (b) forgo federal funds that are essential to their ability to fulfill their mission. As this Court already held, that is irreparable harm. *Id.*

Plaintiffs, moreover, will face irreparable harm if Defendants are able to impose or enforce the New Conditions against *any* grantee because Plaintiffs and their members compete with other grantees for funding from Defendants. Excusing some grantees from abiding by the unlawful conditions favored by Defendants while others remain subject to them would create an uneven playing field and incentivize Defendants to award grants to organizations on which it could impose the conditions. *Cf. City of Los Angeles v. Sessions*, No. 18-cv-7347, 2019 WL 1957966, at *6 (C.D. Cal. 2019) (concluding that “injunction that bars Defendants from applying [challenged funding conditions] only as to [the plaintiff] does little to ensure an even playing field”). The injunction should therefore bar Defendants from imposing or enforcing the New Conditions against anyone in order to ensure “complete relief” to Plaintiffs. *See Trump v. CASA, Inc.*, 606 U.S. 831, 850–51 (2025) (recognizing that universal injunction may be warranted to “award[] complete relief” to a plaintiff).

Finally, the balance of equities and the public interest weigh decisively in Plaintiffs’ favor for the same reasons they did at the preliminary relief stage. *See RICADV v. Kennedy*, 2025 WL 2988705, at *11–12. On the one hand, “the government cannot suffer harm from an injunction that merely ends an unlawful practice.” *Mass. v. NIH*, 770 F. Supp. 3d 277, 326 (D. Mass. 2025) (cleaned up); *see also Texans for Free Enter. v. Texas Ethics Comm’n*, 732 F.3d 535, 539 (5th Cir. 2013) (“[I]njunctive protections protecting First Amendment freedoms are always in the public interest.”). By contrast, the loss of funding to Plaintiffs and Plaintiff Coalitions’ member programs would directly harm individuals and families experiencing homelessness as well as victims of domestic violence and sexual assault, depriving them of critical, life-saving services, including safe housing away from their abusers, legal assistance in seeking protective orders, safety planning and counseling, and much more. *See, e.g., Akins Decl.* ¶ 25; *Yglesias Decl.*

¶¶ 10.a; 40; Guillette Decl. ¶ 17; Rios Decl. ¶ 27 ; Faisal Decl. ¶ 12; Lee Decl. ¶ 15; Colón Decl. ¶ 13. Especially here—where the stakes are so high—the government should not be allowed to “leverag[e] the needs of our most vulnerable fellow humans” by conditioning federal grants on compliance with unlawful requirements. *King Cnty.*, 785 F. Supp. 3d at 891.

CONCLUSION

The Court should grant summary judgment to Plaintiffs, vacate the New Conditions, and permanently enjoin Defendants from imposing, enforcing, or otherwise implementing the New Conditions or any substantially similar conditions.

February 11, 2026

Respectfully submitted,

/s/ Kristin Bateman

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APPENDIX: NEW CONDITIONS

HUD Agency-Wide Conditions	
General HUD E.O. Condition	“Recipients of Federal Awards must comply with applicable existing and future Executive Orders, as advised by the Department, including but not limited to” a list of nine executive orders.
General HUD Anti-DEI Certification	Applicants and grantees must certify on form HUD-424-B that they “[w]ill not use Federal funding to promote diversity, equity, and inclusion (DEI) mandates, policies, programs, or activities that violate any applicable Federal antidiscrimination laws.”
HUD CPD Conditions / HUD CoC Conditions	
HUD “Gender Ideology” Condition	“The Recipient ... shall not use grant funds to promote ‘gender ideology,’ as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.”
HUD Discrimination Certification	<p>As originally adopted: “The Recipient ... agrees that it compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government’s payment decisions for purposes of section 3729(b)(4) of title 31, United States Code” and “certifies that it does not operate any programs promoting diversity, equity, and inclusion that violate any applicable Federal anti-discrimination laws.”</p> <p>As revised: “The Recipient ... agrees that it compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government’s payment decisions for purposes of section 3729(b)(4) of title 31, United States Code” and “certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964.”</p>
HUD Abortion Condition	“The Recipient ... shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment.”
HUD CPD E.O. Condition	“This Agreement, the Recipient’s use of funds provided under this Agreement ... , and the Recipient’s operation of projects assisted with Grant Funds are governed by ... [a]ll current Executive Orders.”

HHS DEI-Related Conditions	
<p>HHS Discrimination Certification</p> <p>In:</p> <ul style="list-style-type: none"> ● October HHS GPS ● July HHS GPS ● July ACF Standard Terms ● CDC General Terms ● July HRSA General Terms ● SAMHSA Standard Terms 	<p>“By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.”</p>
<p>April GPS Discrimination Certification</p>	<p>“[R]ecipients must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of 31 U.S.C. § 3729(b)(4).</p> <p>(1) Definitions. As used in this clause –</p> <ul style="list-style-type: none"> (a) DEI means “diversity, equity, and inclusion.” (b) DEIA means “diversity, equity, inclusion, and accessibility.” (c) Discriminatory equity ideology has the meaning set forth in Section 2(b) of Executive Order 14190 of January 29, 2025. (d) Discriminatory prohibited boycott means refusing to deal, cutting commercial relations, or otherwise limiting commercial relations specifically with Israeli companies or with companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of Israel to do business. (e) Federal anti-discrimination laws means Federal civil rights law that protect individual Americans from discrimination on the basis of race, color, sex, religion, and national origin. <p>(2) Grant award certification.</p> <ul style="list-style-type: none"> (a) By accepting the grant award, recipients are certifying that: <ul style="list-style-type: none"> (i) They do not, and will not during the term of this financial assistance award, operate any programs that advance or promote

	<p>DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws; and</p> <p>(ii) They do not engage in, and will not during the term of this award engage in, a discriminatory prohibited boycott.</p> <p>(3) HHS reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discriminatory laws or engages in prohibited boycott.”</p>
<p>May ACF Discrimination Certification</p>	<p>“[R]ecipients must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of 31 U.S.C. § 3729(b)(4).</p> <p>(1) Definitions. As used in this clause –</p> <p>(a) DEI means “diversity, equity, and inclusion.”</p> <p>(b) DEIA means “diversity, equity, inclusion, and accessibility.”</p> <p>(c) Discriminatory equity ideology has the meaning set forth in Section 2(b) of Executive Order 14190 of January 29, 2025.</p> <p>(e) Federal anti-discrimination laws means Federal civil rights law that protect individual Americans from discrimination on the basis of race, color, sex, religion, and national origin.</p> <p>(2) Grant award certification.</p> <p>(a) By accepting the grant award, recipients are certifying that:</p> <p>(i) They do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws; and</p>

HHS “Gender Ideology”-Related Conditions	
<p>HHS Title IX Certification</p> <ul style="list-style-type: none"> ● Imposed by Office of Grants Title IX Directive <p>In:</p> <ul style="list-style-type: none"> ● October HHS GPS ● July HRSA General Terms ● May HRSA General Terms ● SAMHSA Standard Terms 	<p>By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs, are covered by Title IX certify as follows:</p> <ul style="list-style-type: none"> ● Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement. ● The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement. ● Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements. ● Recipient acknowledges that this certification reflects a change in the government’s position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement. ● Recipient acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.
<p>ACF Title IX Certification</p>	<p>By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients whose programs are covered by Title IX certify as follows:</p> <ul style="list-style-type: none"> ● Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement. ● The above requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement.

	<ul style="list-style-type: none"> ● Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements. ● Recipient acknowledges that this certification reflects a change in the government’s position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement. ● Recipient acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.
Other HHS Condition	
SAMHSA E.O. Condition	“Recipients are required to comply with all applicable Executive Orders.”

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

SUPPLEMENTAL DECLARATION OF BRIELYN AKINS (“BRIE FRANKLIN”)

I, Brielyn Akins (“Brie Franklin”), declare as follows:

I. Background

1. I am the Executive Director at the Colorado Coalition Against Sexual Assault (Colorado Coalition), Colorado’s federally designated sexual assault coalition.
2. The Colorado Coalition was founded in 1984 and is headquartered in Denver, Colorado. The Colorado Coalition is a statewide sexual assault coalition committed to providing leadership, advocacy, and support to address and prevent sexual violence.
3. The Colorado Coalition supports members, partners, and the broader community through technical assistance, training, publications and other resources, statewide systems change, and public policy education and advocacy. The Colorado Coalition also provides initial response, information, and referrals to victims of sexual assault.

4. The Colorado Coalition receives a grant from the Department of Health and Human Services (HHS). The Colorado Coalition has an annual budget of roughly \$1.15 million. Of that total amount, roughly \$135,000 comes from an HHS grant.

II. The Colorado Coalition's Member Organizations

5. The Colorado Coalition is a membership organization with over 90 members. Membership is open to all organizations and individuals that endorse the Colorado Coalition's mission, vision, and values. The Colorado Coalition's membership includes sexual assault programs and dual domestic violence and sexual assault programs; affiliate agencies, including college and university campuses, law enforcement agencies, district attorneys' offices, medical professionals, public health agencies, offender treatment programs, and other organizations; and individual sexual assault survivors, victim advocates, and concerned persons throughout Colorado. These members complete an application to join and typically pay a suggested amount of dues based on their budget.
6. The Colorado Coalition's membership includes "Member Doe 1," which is a community-based nonprofit that provides free and confidential services, including rapid rehousing, to victims of domestic violence in an urban area. The Colorado Coalition's membership also includes "Member Doe 2," which is a community-based nonprofit that provides free and confidential services to victims of domestic and sexual violence in a rural area.
7. Members of the Colorado Coalition receive grants from HUD and HHS.

III. HUD's New Funding Conditions

8. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
9. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

IV. The Colorado Coalition Members' HUD Grants

10. The Colorado Coalition's members have received HUD grants, including grants under the CoC Grant Program ("CoC Grant").
11. For example, on March 11, 2025, Member Doe 1 received a Notice of Award (NOA) from HUD for a total of \$150,299 through a CoC Grant in FY 2024. The grant has a performance period of May 1, 2025 through April 30, 2026 and a budget period of May 1, 2025 through April 30, 2026. The NOFO for this award did not include the new

funding conditions described above, but the NOA did. The grant agreement was executed on September 22, 2025, which includes the challenged conditions.

12. Declining this funding would have a detrimental impact on the Colorado Coalition's members. Without HUD funding, they would have to stop providing critical housing for victims of domestic violence and their children. Victims of domestic violence and their children in Member Doe 1's service area would be without this resource because Member Doe 1 is the only provider of housing specifically for domestic violence victims serving their area. Between October 1, 2024 and June 30, 2025, Member Doe 1 provided rapid rehousing services to 43 victims of domestic violence and their children. Without this assistance, these victims would lose housing and face eviction.

V. The New HHS Conditions

13. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹
14. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions the following new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” [note re stip that this does not apply]

15. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.” : (1) it requires that all grant recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and (2) it provides that by accepting the grant award, recipients certify that: (i) “they do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws”; and (ii) “they do not engage in, and will not during the term of this award engage in, a discriminatory prohibited boycott.” HHS states that it “reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the

term of this award, operate any program in violation of Federal anti-discrimination laws or engages in prohibited boycott.” *Id.* at 19.

16. The HHS GPS applies to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.
17. In addition to the GPS conditions, in May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF HHS’s Administration for Children and Families (ACF) also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients. HHS is now imposing new funding conditions on ACF nondiscretionary and discretionary grants, including the Domestic Violence Coalitions Grant, that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
18. The new ACF Standard Terms and Conditions document provides that a “Civil Rights Assurance” applies to new awards made on or after May 8, 2025, which requires that recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and

provides that, “[b]y accepting the grant award, recipients are certifying that: (i) They do not, and will not during the term of this financial assistance award, operate any programs that advance or promote the following in violation of Federal anti-discrimination laws: DEI, DEIA, or discriminatory equity ideology.”

19. In addition, the version of the ACF Standard Terms and Conditions document published on July 29, 2025, and effective for grants made “on or after” that date provided that, for new awards made on or after March 28, 2025, recipients whose programs are covered by Title IX certify to the following: (1) that the recipient “is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement; (2) that those “requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement”; (3) that “[p]ayments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements”; (4) that the “[r]ecipient acknowledges that this certification reflects a change in the government’s position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement”; and (5) that “[r]ecipient acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability

under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”²

20. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements. The Center for Disease Control and Prevention (“CDC”) has updated their policies to impose new conditions on certain new awards and award modifications by incorporating the HHS GPS, including the HHS Discrimination Certification.
21. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients. .
22. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all

² A new version of the ACF terms and conditions effective on January 30, 2026, for awards and funded modifications made on or after that date replaces this Title IX provision with an Assurance of Compliance paragraph providing that “[b]y accepting federal funds from HHS, the recipient is providing its assurance of adherence to applicable nondiscrimination laws as indicated in the GPS. Recipients are also responsible for ensuring that their subrecipients, contractors, and HHS-funded partners that are bound by any of those nondiscrimination laws are operating in compliance with them.”

discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

V. The Colorado Coalition’s HHS Grant

23. The Colorado Coalition has applied for and received a competitive grant from the Center for Disease Control (CDC) for the Rape Prevention and Education Program (“RPE Grant”) for the past two years.
24. The Colorado Coalition has used RPE Grant funds for many purposes. For instance, these funds support strategies to create environments that protect against sexual violence such as implementing comprehensive human sexuality education, as defined in Colorado law. Comprehensive human sexuality education “must be ... culturally sensitive” and “must not explicitly or implicitly: “exclude the health needs of intersex individuals or lesbian, gay, bisexual, or transgender individuals.” “‘Culturally sensitive’ includes resources, references, and information that are meaningful to the experiences and needs of communities of color; immigrant communities; lesbian, gay, bisexual, and transgender communities; people who are intersex; people with physical or intellectual disabilities; people who have experienced sexual victimization; and others whose experiences have traditionally been left out of sexual health education, programs, and policies.” Colorado Revised Statutes § 22-1-128.
25. On June 27, 2025, HHS awarded the Colorado Coalition a total of \$135,000 through the RPE Grant in FY 2025. The grant has a period of performance of June 29, 2024 through June 30, 2028 and a budget period of June 30, 2025 through June 29, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and CDC Terms and Conditions, which contains the new funding conditions described above,

apply to the award. The Colorado Coalition accepted this renewal award by drawing down funds on November 11, 2025.

26. Declining this funding would have a detrimental impact on the Colorado Coalition.

Without the funding for this grant, the Colorado Coalition could not continue doing the work outlined in our RPE Logic Model and Work Plan, including collaborating with the Colorado Department of Public Health and Environment's (CDPHE) Sexual Violence Program to enhance the existing state action plan to support state- and community-level implementation of sexual violence primary prevention; participating on CDPHE's Comprehensive Human Sexuality Education oversight entity and its curricula subcommittee to provide guidance to schools/districts on how to meet state standards; or providing training and technical assistance to our members and partners to increase their capacity for sexual violence primary prevention. Decreased primary prevention efforts would increase the risk for Coloradans to experience sexual violence and subsequent adverse short and long-term health outcomes, contributing to a substantial public health burden. The Colorado Coalition would also have to terminate approximately 1.2 FTE of staff.

VI. The Colorado Coalition Members' HHS Grants

27. The Colorado Coalition's members have received FVPSA Program Grants ("FVPSA Grant"), which are passed through the State Administrator's office. These grants are subject to the terms and conditions that are applied to the award made to the State.

28. For example, "Member Doe 1":

- a. Member Doe 1 was awarded a FY 2026 FVPSA Grant through the State Administrator's Office in the amount of \$99,432, which was signed on September

11, 2025. The grant has a period of performance of October 1, 2025 through September 30, 2026 and a budget period of October 1, 2025 through September 30, 2026. Because this is a discretionary grant awarded after April 16, 2025, the new funding conditions in the HHS GPS apply to it.

29. For example, “Member Doe 2”:

- a. Member Doe 2 was awarded a FY 2026 FVPSA Grant through the State Administrator’s Office in the amount of \$96,088, which was signed on September 10, 2025. The grant has a period of performance of October 1, 2025 through September 30, 2026 and a budget period of October 1, 2025 through September 30, 2026. Because this is a discretionary grant awarded after April 16, 2025, the new funding conditions in the HHS GPS apply to it.

30. Declining this funding would have a detrimental impact on the Colorado Coalition’s members. Without HHS funding, members would have to cut back essential services and reduce staff, leaving victims of domestic violence and sexual assault without resources to keep them, and their children, safe. For example, between October 1, 2024 and June 30, 2025, Member Doe 1 provided 106 victims with 2,871 nights of emergency shelter, provided 187 non-residential victims with services, and responded to 2,186 calls on their crisis hotline. Between January 1, 2024 and December 31, 2024, Member Doe 2 provided services to 126 victims of domestic and sexual violence and responded to 467 calls on their crisis hotline.

VII. HUD’s and/or HHS’s New Funding Conditions Place the Colorado Coalition and its Members in an Untenable Position

31. Agreeing to the HHS conditions would cause the Colorado Coalition and its members profound harm. The funding conditions are vague, and several could be read to conflict with the Colorado Coalition’s core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HHS grants. The funding conditions may require the Colorado Coalition to cease engaging in activities that it had previously understood the grants to plainly support. Thus, the Colorado Coalition does not know how it may comply with the funding conditions, while also staying true to its mission and engaging in required grant activities for sexual violence primary prevention.
32. The Colorado Coalition is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. The Colorado Coalition’s guiding principles require “addressing the root causes of sexual violence,” and values include a commitment to “[d]ismantle systems of oppression to create a more just and equitable society,” and to “create inclusive and anti-oppressive policy and practices.” It is unclear whether the Colorado Coalition's guiding principles and values violate the certification, and whether the Colorado Coalition could comply with the

administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

33. The Colorado Coalition is also concerned that it cannot comply with conflicting RPE Grant requirements and the HHS GPS new grant conditions. As stated in the 2024 RPE Grant NOFO for a four-year project period from June 30, 2024 through June 29, 2028, “[c]ertain communities face a higher burden of SV [sexual violence] due to systemic inequities, which worsen these adverse outcomes. These health inequities, discussed further in this document, highlight the need to address social and structural determinants of health which is necessary for prevention of SV.”; “We require SA Coalitions to collaborate with [state health departments] and other partners to address social and structural determinants of health.”; and “Achieving health equity also requires addressing root causes that disproportionately disadvantage people and communities based on characteristics such as race, ethnicity, gender, and ability. These causes can include racism and biases in societal values and public policy.” The NOFO includes a link to a CDC webpage about social determinants of health (SDOH), which states that “SDOH, including the effects of centuries of racism, are key drivers of health inequities within communities of color.”

(<https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>, accessed July 11, 2025)

34. The Colorado Coalition operates programs such as providing training and technical assistance about sexual violence primary prevention efforts that focus on the unique needs of Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual and Two Spirits communities, specific racial/ethnic/cultural communities, and people with

disabilities, among others. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.

35. For the same reasons, the Colorado Coalition is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."
36. The Colorado Coalition and its members are also concerned about the HUD condition that prohibits using grant funds to "promote" gender ideology. Treating victims with dignity and respect, including using their preferred pronouns and providing appropriate services based on their gender identity, is fundamental to a trauma-informed, victim-centered approach. It is unclear whether the Colorado Coalition's members may continue these practices and activities while complying with the funding condition not to "promot[e] gender ideology."
37. The Colorado Coalition and its members are concerned about the HUD conditions that prohibit using grant funds to "promote" "elective abortion." Our members do not provide abortion care, but do not know what the government may consider to "promote" abortion. Providing information about options and resources, including reproductive health care and abortion, is fundamental to a trauma-informed, victim-centered approach, and members offer clients information about any health care services they may need, including abortion.
38. The Colorado Coalition and its members are concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by "[a]ll current Executive Orders," could fundamentally affect how our

members provide services and leaves the Colorado Coalition and its members uncertain how to treat executive orders entirely irrelevant to its/their programs, including those that predate this administration.

39. The new funding conditions present the Colorado Coalition and its members with an impossible choice. The Colorado Coalition and its members could forgo accepting HHS grant awards and face the direct consequences to its/their financial health and ongoing operations, and to those who receive direct services. Or the Colorado Coalition and its members could accept the funding with the conditions and jeopardize its/their mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.
40. Additionally, the Colorado Coalition and its members would have to fundamentally change its/their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants.
41. The Colorado Coalition and its members fear that if it/they agrees to the new funding conditions, it/they could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make the Colorado Coalition and its members concerned about applying or accepting an award. To mitigate these risks, the Colorado Coalition and its members would have to change its/their practices, in many cases contrary to its/their core values.

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

42. Agreeing to the conditions would cause the Colorado Coalition and its members profound harm. The funding conditions are vague, and several could be read to conflict with the Colorado Coalition's core mission. The funding conditions may require the Colorado Coalition and its members to cease engaging in activities that it/they had previously understood HHS and HUD grants to plainly support. Thus, the Colorado Coalition does not know how it, and its members, may comply with the funding conditions while also staying true to its mission and implementing required grant activities.
43. Conversely, if the Colorado Coalition or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual assault and domestic violence.
44. The Colorado Coalition's operations are essential to permitting the network of direct service providers to focus on providing the highest-quality services to the victims they serve and operate with evidence-based, trauma-informed, victim-centered policies and practices.
45. In the absence of the services funded through HUD and HHS grants, sexual assault and domestic violence victims will be confronted with more barriers when trying to access services following their assault. Direct service providers will be unable to maintain high quality services that follow best practice guidance or even that are fully compliant with the myriad federal, state, and local requirements they have to navigate. This will immediately lead to fewer victims receiving the support and resources they and their

children need to be safe and more becoming homeless, being unable to work or contribute to society in other ways, and needing prolonged medical and mental health care.

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

Executed on February 10, 2026.

/s/ Brielyn Akins

Brielyn Akins
Colorado Coalition Against Sexual Assault

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

DECLARATION OF JULIO E. BERROA

I, Julio E. Berroa, declare as follows:

I. Background

1. I am the Executive Director at Haus of Codec (HOC), a direct services nonprofit organization in Rhode Island offering housing services to youth ages 18-24.

2. Haus of Codec is a non-profit corporation founded in 2021 and located in Providence, Rhode Island. Building community through the arts and educational empowerment, HOC is committed to ensuring an end to transition-aged youth homelessness in Providence through the arts and workforce development. HOC provides short-term housing solutions while searching for more long-term housing solutions. In the long term, HOC's goal is for our residents to have created a close-knit community of like-minded peer groups that can help support one another to achieve their long-term goals. Additionally, as our clients move on to more permanent housing solutions, they then can provide support to younger generations of clients who are facing

similar struggles just as the founding members did. From HOC's beginning the conversation of arts has always had an emphasis on freedom of expression and that it is crucial for the development of strong communities and individual spirits. We strive to facilitate opportunities for people to discover, explore, and nurture their own creativity and share their unique artistic voice.

3. HOC provides short-term housing for transition-age youth, ages 18 to 24, including emergency shelter (ES), transitional housing (TH), and rapid re-housing (RRH); wraparound supportive services, including weekly or monthly case management, access to a food pantry, clothing, and essential personal items, among other services; workforce development opportunities, including 1:1 coaching on resume writing and job searching, and workshops on interviewing and other areas. HOC also hosts art markets and helps develop client creativity and work ethics by creating art for sale, organizing and managing the art markets, and other volunteer opportunities for HOC. All HOC housing programs are for young adults ages 18 to 24, and Haus of Codec specializes in serving LGBTQIA+ youth.

4. In 2024,¹ HOC enrolled a total of 44 youth ages 18 to 24: 14 youth were provided emergency shelter, 16 youth were enrolled in the TH program, and 16 youth were enrolled in the RRH program. Since 2021, HOC has enrolled 84 youth in one or more of its housing programs.

5. HOC receives grants from the Department of Housing and Urban Development (HUD). My organization has an annual budget of roughly \$1,166,276.17. Of that total amount, roughly \$420,510.00 comes from HUD grants, including subcontracts.

¹ Data collected between December 1, 2023 and December 1, 2024.

II. HUD's New Funding Conditions

6. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

7. The Notice of Awards (NOAs) for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

III. Haus of Codec's HUD Grants

8. My organization has applied for and received a noncompetitive grant from HUD for the Continuum of Care Grant Program ("CoC Grant"), for the past three (3) years. HOC applied for and received its first HUD Youth Homelessness Demonstration Program (YHDP) Grant under the CoC Program in 2022 for a total funding obligation of \$800,000.00. On February 26, 2024, HOC received a NOA for a CoC Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants for \$400,000.00 for FY2023. The performance period for that grant was from October 1, 2024, to September 30, 2025.

9. On March 11, 2025, HUD awarded HOC a total of \$420,510 through the CoC Grant for YHDP Transitional Housing and Rapid Re-Housing. The grant has a period of performance of October 1, 2025, to September 30, 2026. While the NOFO did not include the new HUD funding conditions described above, on September 3, 2025, HUD sent my organization our CoC NOA which contains the new HUD funding conditions. On September 5, 2025, HUD emailed me that Ft. Worth will close in late September through October, and that means that if we return a grant after Ft. Worth is closed in late September, we would have to wait until Ft. Worth reopens for funds to be contracted for the grant. Because our performance period started on October 1, 2025, and because of cash flow, we needed to be able to execute the grant before Ft. Worth closes, so that we could draw down funds in October. On September 4th 2025, after this Court issued a Temporary Restraining Order that included HOC, HOC executed the grant award, and is now actively drawing down the funds for this grant.

10. HOC relies heavily on the CoC Grant to fund critical services to support individuals and families experiencing chronic homelessness. For instance, these funds support the TH and RRH programs, which are nearly fully funded by HUD, and those programs would have to be entirely abandoned if the HUD funding was withdrawn.

11. Declining the HUD CoC funding would have a very significant detrimental impact on HOC and its mission. Without this funding, the TH and RRH programs would have to be completely abandoned, leaving certain youth (including 13 current clients receiving leasing support, and 5 clients receiving transitional housing) without any support. This would hurt the people we serve substantially. First, the clients receiving lease support would almost certainly lose their current housing. Second, the clients in transitional housing would have to be transferred to another transitional housing program. The clients in our programs would be

retraumatized by being forced out of needed programs that allow them to currently have housing. For those clients currently in transitional housing, they would be guaranteed to have to go on a new waiting list, as all of the transitional housing programs in Rhode Island are currently experiencing extreme scarcity of beds compared to the number of individuals in need. This would not only put their housing status at great risk, but also their mental and physical health.

12. HOC uses HUD funding to provide essential wraparound and case management services that address mental health and access to critical care. A loss of HUD funding would result in a loss of up to 2 staff members to provide these critical services. Because LGBTQIA+ youth have the highest suicide rates of any categories of youth, losing these services would most certainly accelerate the decline in the mental health of our clients in the TH and RRH programs, resulting in destructive decisions and poor health choices, including but not limited to suicidal ideations, self-harm, and death.

IV. HUD's New Funding Conditions Place Haus of Codec in an Untenable Position

13. Agreeing to the HUD conditions would cause HOC profound harm. The funding conditions are vague, and several could be read to conflict with HOC's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD grants. The funding conditions may require HOC to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

14. HOC is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws and agreeing that compliance with those antidiscrimination laws is material for False Claims Act purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission is expressly related to diversity, equity, and inclusion, in that we specialize in providing services for LGBTQIA+ youth, including individuals with disabilities, who have a lengthy history of housing instability. These vulnerable groups have become a target of the current Administration at a time when they need more support, not less. Our organization's mission and guiding principles, particularly our emphasis on supporting LGBTQIA+ youth seems likely to conflict with the certification, and it is unclear whether HOC could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

15. HOC is also unsure whether it can continue to operate programs that target underserved or marginalized communities, including the TH and RRH programs, workforce development, individual coaching and workshops, and other programs that provide services to the specific underserved population of LGBTQIA+ youth experiencing homelessness. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.

16. HOC is also concerned about the HUD condition that prohibits using grant funds to "promote" gender ideology. In providing direct client services and wraparound supportive services, many of my organization's staff use clients' preferred pronouns to demonstrate support

for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing direct assistance with access to trans-affirming therapists and the best possible resources to help them express their truest identity, and accommodate the needs of the LGBTQIA+ community in creating safe spaces and spaces for likeminded individuals to exist in community. It is very likely that HOC may not continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”

17. HOC is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” While HOC does not specifically advocate for abortion care, we do not know what the government may consider to “promote” abortion. Reproductive health access, including emergency contraception and abortion, is part of our organization’s framework, and we offer clients information about any healthcare services that they need. When pregnant residents request assistance accessing abortion care, we provide them with resources on how to seek that care.

18. HOC is concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” We do not know what this condition’s broad and vague language means for our organization or how to comply with it, given the many new executive orders that it implicates.

19. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HUD grant awards and face the direct consequences to HOC’s financial health and ongoing operations and to those residents in the TH and RRH programs who receive direct services. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory

requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

20. HOC fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, HOC would have to change its practices, in many cases contrary to its core values.

V. These Funding Conditions Threaten to Harm LGBTQIA+ Youth Experiencing Homelessness

21. These funding conditions would have devastating effects on the community of LGBTQIA+ youth among other individuals between the ages of 18 and 24 experiencing homelessness who receive housing services from HOC. HOC was the first emergency shelter for LGBTQIA+ youth in our state, and is currently one of only a very few organizations offering services to this historically underserved and marginalized population. By agreeing to these conditions, we would be specifically threatening the housing status of all of our current and future TH and RRH residents.

22. If HOC were to change or abandon any of its wraparound services, such as providing access to healthcare services for transitioning youth, abandon its acceptance and support of gender non-conforming community members, or otherwise distance itself from “gender ideology” in order to comply with these conditions, the consequences to the entire organization would be devastating. Not only would this be completely contrary to HOC’s

mission and purpose, but it would effectively retraumatize individuals who have already been subjected to the ostracization and shame of being different.

23. Conversely, if HOC turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of LGBTQIA+ youth experiencing homelessness.

24. HOC's operations are essential to create a community for LGBTQIA+ youth centered around art, creativity, safety, and inclusivity, which is critical for the emotional and physical wellbeing of members of this community who often feel ostracized and shamed for simply being who they are, and are at a greater risk of suicide and self-harm than any other group. In the absence of fully funded services, these individuals would have nowhere to turn to find the support and care that they desperately need to become full, active and confident participants in our society.

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

Executed on February 5, 2026.

A handwritten signature in black ink, appearing to read 'J.E.B.', with a long, sweeping flourish extending to the right.

Julio E. Berroa

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 1:25-cv-00342

DECLARATION OF KRISTA COLÓN

I, Krista Colón, declare as follows:

I. Background

1. I am the Executive Director at the California Partnership to End Domestic Violence (“the Partnership”), a domestic violence coalition membership organization.
2. The Partnership was founded in 1993 as the California Alliance Against Domestic Violence. In 2005, the organization amended and restated the Articles of Incorporation, including a name change to the California Partnership to End Domestic Violence. It was founded and remains headquartered in Sacramento, California.
3. The Partnership is California’s recognized state domestic violence coalition, representing over 2,000 advocates, organizations, and allied groups throughout the state. The Partnership supports service providers to prevent and end domestic violence. Through

public policy, communications, and capacity-building efforts, the Partnership aligns prevention and intervention strategies to advance social change.

4. The Partnership creates a wide range of technical assistance documents for service providers and provides various trainings, including webinars, toolkits, and curricula. For example, the Partnership has a sample 40-Hour Training Curriculum that helps organizations meet California's domestic violence advocate training requirements under California Evidence Code §1037.1. Another example is the Partnership's "Building Change Together: Prevention Core Competencies" training, which equips advocates with the skills and knowledge to prevent domestic violence through the lens of the social-ecological model and systemic change.
5. The Partnership provides support to over 100 domestic violence service providers statewide. With seven geographic membership regions, the Partnership consistently convenes in-person and virtual peer-to-peer connection spaces for advocates in their community. Their annual conference provides workshops across a wide array of topic areas and reaches hundreds of advocates every year. The Partnership's communications team works to educate the public and shift the narrative about domestic violence, connecting with the public through traditional media, social media, and awareness month campaigns. The Partnership's prevention team leads the "Building Change Together Training" and convenes Prevention Peer Networking spaces and other trainings to support prevention advocates in building their skills and strengthening their community-based efforts. The Partnership's policy team engages in state and federal legislative and budget advocacy, and advances systemic changes to improve programs and practices impacting survivors' lives. The policy team also focuses on addressing the intersection of

housing, homelessness, and domestic violence through systems change work, including supporting a cohort of eleven organizations throughout California to improve the safety and economic security of Californians who are experiencing homelessness due to domestic violence.

6. My organization receives grants from the Department of Health and Human Services (HHS). My organization has an annual budget of roughly \$3,013,794. Of that total amount, roughly \$1,360,195 comes from HHS grants, including HHS funds received directly from HHS and through subawards from the California Governor's Office of Emergency Services.

II. My Organization's Member Organizations

7. The Partnership is a membership organization with over 2000 member advocates. Members fall into one of two categories. The first category is organizational members, which includes (1) organizations dedicated to domestic violence prevention and/or intervention; (2) organizations with a specific program or project dedicated to domestic violence prevention and/or intervention; (3) governmental agencies, multi-disciplinary committees, and coalitions addressing domestic violence and/or intersecting social justice issues; and (4) organizations dedicated to addressing other intersecting social justice issues that may be related to, but are not specifically, domestic violence, (e.g. homelessness, child welfare, etc.). The second category is individual members.
8. The Partnership provides its members with various services, including listservs that function as a robust network of advocates and attorneys; policy briefings on relevant budget and legislative items; webinars, events, and trainings; and one-on-one technical assistance.

9. Members of my organization receive grants from HUD and HHS.

III. HUD's New Funding Conditions

8. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
9. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."
10. I understand that HUD has a general, agency-wide policy of requiring compliance with these Executive Orders, has updated its standard Applicant and Recipient Assurances and Certifications to require applicants grantees to certify that they "[w]ill not use Federal funding to promote diversity, equity, and inclusion (DEI) mandates, policies, programs, or activities that violate any applicable Federal antidiscrimination laws," and that HUD's Office of Community Planning and Development (CPD), which administers the

Continuum of Care (CoC) CoC, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), HOME Investment Partnership Program (HOME), and Housing Opportunities for Persons With AIDS (HOPWA) programs, among others, issued guidance announcing that it will attach new conditions substantially identical to the CoC Grant Conditions to Fiscal Year 2025 agreements governing all CPD-administered grants.

IV. My Organization's Members' HUD Grants

10. My organization's members have received HUD grants, including grants under the CoC Grant Program and the Domestic Violence Bonus Funding through the CoC, Community Development Block Grant Program (CDBG), and the Emergency Solutions Grants Program (ESG). These grants are frequently subawards through their Continuum of Care or other entities.
11. On July 1, 2024, HUD awarded Doe Member 1 a total of \$26,830 through the Emergency Solution Grants (ESG) as a pass through from their county government. The grant has a period of performance of July 1, 2024 through June 30, 2026 and a budget period of July 1, 2024 through June 30, 2026. Doe Member 1 accepted this award on June 10, 2024. The NOFO and agreement with the agency did not include new HUD funding conditions but, as described above, I am aware that HUD enforces the CoC funding conditions for ESG grants.
12. On May 13, 2025, HUD awarded Doe Member 1 a total of \$10,000 through the Community Development Block Grant (CDBG) program, as a pass through from a City in their county. The grant has a period of performance of July 1, 2025 through June 30, 2026 and a budget period of July 1, 2025 through June 30, 2026. Doe Member 1 accepted

this award on May 23, 2025. The NOFO and agreement with the City did not include new HUD funding conditions but, as described above, I am aware that HUD enforces the CoC funding conditions for CDBG grants.

13. Declining this funding would have a very significant detrimental impact on my organization's members. Without HUD funding, Doe Member 1 would need to cut staff hours for two employees. The ESG grant funds an employee who supervises staff and answers the 24 hour crisis phone line. The CDBG grant funds a second employee who manages Doe Member 1's satellite office and provides direct services to clients, including restraining order assistance. Reducing hours for these employees would result in a reduction of quality of service at Doe Member 1's domestic violence shelter and longer wait times for service at Doe Member 1's satellite office, potentially eliminating restraining order assistance at that location entirely. When someone needs an emergency restraining order, the wait time matters.
14. Doe Member 1 responded to two NOFOs that closed on July 8, 2025 and applied for ESG and CDBG grant funding, receiving conditional awards in or around the fall 2025. I am aware that HUD will enforce the CoC funding conditions for these grants
15. On June 27, 2025, HUD awarded Doe Member 3 a total of \$125,151 in grants under the CoC Grant program. The NOA included the new HUD CoC grant conditions. The grant has a period of performance of October 1, 2025 through September 30, 2026 and a budget period of October 1, 2025 through September 30, 2026. Doe Member 3 accepted the award.
16. Doe Member 3 relies on the CoC Grant program to support its rapid rehousing and transitional housing programs. Doe Member 3 serves 49 individuals through their rapid

rehousing program. An additional 6 survivors receive support through their transitional housing program. Without CoC funding, these 55 survivors would likely lose access to safe, stable housing, with no clear alternative source of support to replace what HUD currently provides. Many of these individuals would face an increased risk of homelessness or be forced to return to (or stay in) abusive situations. Additionally, these funds not only cover rental assistance but also the advocacy services necessary to support survivors on their path to independence and recovery. Without the HUD CoC funds, survivors of violence likely will be homeless and at risk of addiction relapse.

17. Declining all HUD funding would have a very significant detrimental impact on my organization's members. Without HUD funding, domestic violence service providers in every corner of the state would have fewer funds available to provide housing services for survivors. Programs would need to reduce staffing, reduce the number of shelter beds available for survivors and their children, and reduce the amount of rental assistance and other housing supports they provide for survivors and their children. Safe, stable housing is an essential component for survivors' well-being and can provide a survivor with the ability to heal from the experience of abuse. Housing insecurity is a primary reason why survivors across genders and age ranges stay in abusive relationships and why children continue to be exposed to domestic violence - a key risk factor for future perpetration and chronic health conditions. According to the National Center on Family Homelessness, 57% of homeless women report domestic violence as the immediate cause of their homelessness. Unstable housing and homelessness increase the vulnerability to new forms of violence for survivors' and their children, creating a still greater risk that the cycle of violence will continue into new generations. Survivors leaving abusive situations

are often fleeing dangerous, violence situations. Leaving an abusive relationship is one of the most dangerous times for survivors, when risk of violence or death increases.

Emergency shelter, which is often funded through HUD and HHS grants, can be essential to keeping survivors and their children safe. Immigrant survivors are vulnerable to abusive partners using threats of immigration enforcement to maintain control over the survivor, and immigrants may have limited financial resources and opportunities for employment due to their legal status, which can limit their ability to access market rate housing when fleeing violence. According to the Report of the 2015 Transgender Survey, more than half (54%) experienced some form of intimate partner violence, including acts involving coercive control and physical harm and nearly one-quarter (24%) have experienced severe physical violence by an intimate partner, compared to 18% in the U.S. population. Ensuring that shelter and housing are available to all survivors, regardless of their gender identity, sexual orientation, immigration status, or other characteristics, is essential for keeping survivors safe. Domestic violence survivors also face barriers to exiting homelessness - abusive partners often interfere with a survivor's employment, restrict survivors' access to money, and ruin survivors' credit scores through unpaid debts taken out in the survivors' name, among other financial abuse tactics. Additionally, survivors are often navigating through physical and emotional health needs, supporting their children through the trauma impacts, and navigating through criminal and/or civil court proceedings. All of these dynamics make it even more essential that housing options are readily available for survivors. Fewer funds available to meet the housing needs for survivors will mean that more survivors and their children will experience homelessness in communities across California.

V. **HHS's New Funding Conditions**

18. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹
19. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.
20. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

21. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.
22. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.
23. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.
24. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification

verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

VI. My Organization’s and its Members’ HHS Grants

25. My organization and its predecessor organization has applied for and received a competitive grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (“FVPSA Grant”) every year since at least 2001.
26. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support the Partnership’s training and technical assistance to local family violence, domestic violence, and dating violence service programs, and to providers of direct services to encourage appropriate and comprehensive responses. This work includes monthly topical webinars, an annual membership meeting with in-depth discussion of key issues impacting service providers and survivors, and specialized, individual support and resources for service providers addressing complex issues related to supporting survivors through trauma and healing. We also utilize these funds to provide statewide conferences and training and provide prevention resources in an online searchable resource library, provide specialized training and assistance on effective prevention strategies, and conduct statewide public campaigns to commemorate Domestic Violence and Teen Dating Violence Awareness & Prevention Months; develop website content that addresses the fundamentals of domestic violence for general public

education, and feature resources in online library. We convene members in seven different geographic regions to ensure we're meeting the needs of each location. The FVPSA Coalition Grant also funds our statewide needs assessment to determine the needs of local service providers and allied professionals responding to the changing and wide-ranging needs of survivors and their families. We also utilize the FVPSA Coalition Grant funds to convene regional meetings that strengthen collaboration among advocates and promote coordinated responses to survivors and their children; to center our public communications and activities for the needs of survivors.

27. On July 8, 2025, HHS awarded my organization a total of \$368,750 through the FVPSA Coalition Grant. The grant has a period of performance of October 1, 2024 through September 30, 2026 and a budget period of October 1, 2024 through September 30, 2026. On July 9, 2025, HHS sent a second notice of award providing an additional \$13,657 for this period of performance and budget period, bringing the cumulative grant award to date to \$382,407. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award.
28. Declining this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, we would need to eliminate multiple staff positions. This would limit our ability to provide individualized technical assistance, provide monthly training webinars with content to support advocates' skills in working with survivors, and would limit our ability to convene our members for peer support, connection, and shared work. Declining this funding would likely reduce our public communications capacity, reducing our ability to educate the public about domestic

violence and prevention, our ability to execute awareness month campaigns, and our capacity to provide peer learning spaces for local service providers to strengthen their public communication work.

29. My organization has applied for and received a competitive grant from the Center for Disease Control (CDC) for the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program (“DELTA Grant”) for the past 22 years.
30. My organization has used DELTA Grant funds for many purposes. For instance, these funds support our organization’s focus on community and societal level changes to prevent domestic violence before it ever occurs. Our work is directed by the evidence base for specific strategies and guided by the CDC’s Intimate Partner Violence Prevention Resource for Action: A Compilation of the Best Available Evidence. The Partnership’s project focuses on strengthening economic supports for families, and increasing the number of Californians utilizing the paid leave policies and benefits available to them, including paid family leave, paid sick and safe days, and job-protected time off for domestic and sexual violence survivors. Our work includes a targeted effort to increase domestic violence service providers’ understanding of how paid leave policies and benefits can be increasingly applied to domestic violence prevention, as well as work to build awareness and utilization of these benefits and policies among California’s general population. We work to increase the number of individuals reached by domestic violence service providers who take paid leave authorized by state law, thus reducing poverty and economic stress. We work closely with the Statewide Prevention Collaborative to increase coordination of training, technical assistance, and data

collection and assessment. We also participate in state and national activities to share knowledge, skills, and practice of Intimate Partner Violence (IPV) primary prevention. Additionally, the Partnership facilitates four topic-specific peer learning circles. Finally, a core component of the DELTA project is evaluation work to build the evidence base of effective strategies.

In addition to the work done directly by Partnership staff, per DELTA grant requirements we also subaward a portion of the funds to a community-based domestic violence organization to implement community level prevention strategies. This organization is implementing a peer-led parenting program, “ReDefine Parenting” to engage parents and school communities by providing an opportunity for peer learning and leadership. Some of the issues addressed in this program are consent, bodily autonomy, and healthy masculinity. The organization is also implementing the Fourth R and a Comprehensive Sexual Education curriculum that was created to meet the requirements of the California Healthy Youth Act, to ensure that youth have access to Intimate Partner Violence prevention education. Additionally, grant funds support the organization’s social marketing campaign, which addresses the risk and protective factors of weak community sanctions against IPV; low social capital and lack of institutions, relationships, and norms that shape community social interactions; and traditional gender norms.

31. On March 7, 2025, CDC awarded my organization a total of \$499,964 through the DELTA Grant. This is the third year non-competing continuation award, for a five year grant period. The grant has a period of performance of March 2, 2023 through March 1, 2028 and a budget period of March 2, 2025 through March 1, 2026. The NOFO and NOA did not include the new HHS and CDC funding conditions described above, but I

expect that the next award will be subject to the HHS GPS and CDC Terms and Conditions with the next year's continuation award for the period beginning in March 2026.

32. Declining this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, the Partnership would need to eliminate staff in our prevention team, which is already small. The DELTA grant is the largest prevention funding source for the Partnership and represents over half of our prevention budget. Without this funding we would lose the capacity to focus efforts on preventing domestic violence from ever occurring. We would not have the capacity to engage preventionists in peer learning circles to develop their skills, or to increase the awareness and usage of critically needed economic supports for families. The loss of the funding would also directly impact the community-based organization funded through the grant subaward. Losing this funding would be a significant step backward towards our vision of a California free from domestic violence.

33. The Partnership also receives HHS FVPSA funds through two subawards from the California Governor's Office of Emergency Services (Cal OES). The State Coalition Technical Assistance & Training Program is partially funded by HHS FVPSA funds. The purpose of the Program is to be a resource to the domestic violence victim service field by providing technical assistance, informational resources, and networking opportunities to the domestic violence service providers in California. The Statewide Domestic Violence Prevention Resource Center (PV) Program's purpose is to (a) establish, expand, and maintain a resource center for the collection, retention, and distribution of educational materials related to domestic violence, family violence, and/or teen dating

violence; (b) prevent domestic violence and intimate partner violence, including teen dating violence, prioritize underserved populations within communities, and build the capacity of local organizations to do this work; and (c) provide training and ongoing technical assistance for Cal OES Intimate Partner Violence Prevention (FD) Program subrecipients. The Partnership is currently the only eligible applicant and recipient of these funds. These two grants support the following activities conducted by the Partnership:

- a. Hosting a distance learning domestic violence advocate training course, with consistent updates to this 40-hour training's modules.
- b. Providing individualized technical assistance, in addition to convening regional meetings, regularly webinar trainings, and hosting an in-person multi-day conference to build the skills of domestic violence advocates and allied professionals.
- c. Developing and conducting the skills-based training, "Building Change Together Prevention Core Competencies". Design of the training curriculum was drawn from groundbreaking work completed by the Partnership (with support from expert advisors and partner organizations) to articulate core competencies for prevention advocates, which would serve as the basis for a training curriculum. Core competencies for domestic violence prevention refer to the basic and essential frameworks, attitudes, characteristics, skills, and behaviors that are widely considered to be necessary for an individual and/or a team to develop, implement, evaluate, and sustain prevention initiatives in communities. This training creates a better supported, less isolated, and more sustainable prevention

workforce; Stronger, more effective efforts to prevent domestic violence; and a greater sense of connectedness to each other and to a larger evolving movement; Greater articulation of the unique and specific strengths and contributions prevention specialists bring to our communities and anti-violence movement.

- d. Monthly networking meetings that employ a strength-based coaching and capacity-building approach to help improve program performance, invite participation and diversity, facilitate learning, and emphasize outcomes and accountability.
- e. Participation in the quarterly California State Level Collaborative for domestic violence, sexual violence, and teen dating violence Prevention. The Collaborative is an ongoing forum for government and state coalition staff to promote comprehensive prevention and better support the field.
- f. Development of a Youth Advisory Committee composed of youth leaders working with direct service organizations to assist the Partnership in developing activities for Teen Dating Violence Awareness and Prevention Month. Additionally, the committee will advise the prevention field on best practices for developing a youth leadership program, engaging, and sustaining youth leaders.
- g. Training and technical assistance that fosters the advancement of prevention across the state by analyzing state- level policies to identify strategies that include, but are not limited to practices, training requirements, and programmatic expectations.
- h. An online resource center for the collection, retention, and distribution of educational materials related to domestic violence and/or family violence and its

prevention. This resource center includes training manuals, curriculum, reports, multi-media resources, books, and other educational materials on a wide variety of topics related to domestic violence and/or family violence and its prevention.

34. My organization's members have received HHS grants, including grants through the Family Violence Prevention and Services Act, as subawards from our state administrator, the California Governor's Office of Emergency Services (Cal OES). Cal OES receives a formula grant award from HHS and subawards the funds to direct service providers across the state. The majority of Cal OES' FVPSA funds are allocated to the Domestic Violence Assistance Program, where they are combined with state general fund and federal Victims of Crime Act Victim Assistance Formula Grant Program (VOCA). These grants support over 100 programs that provide comprehensive support, including emergency shelter to victims of domestic violence and their children, as well as support for the development and establishment of domestic violence services to unserved and underserved populations, including, but not limited to, rural areas, non-English speaking individuals, persons of color, and various geographical areas with limited access to services. The people of California need more resources, not less. In California FY2021-22, funded victim service organizations provided shelter to 13,370 individuals for a total of 354,227 shelter bednights. 15,706 requests for shelter went unmet. These programs answered 149,198 crisis calls, over 400 crisis calls per day.

35. My organization's members have received HHS grants, including grants through the CDC under the RPE Program and FVPSA through the Domestic Violence Assistance Program (DVAP). Members receive CDC RPE Program funding as passed through the California Department of Public Health (CDPH). 12 Partnership members received RPE

funding from CDPH with 5 year awards for the period of February 1, 2024 to January 31, 2029. Members received HHS funding as passed through the California Governor Office of Emergency Services (Cal OES). Approximately 100 Partnership members receive DVAP funding each year. Recipients must submit a continuation application each year in the summer.

36. For example, Cal OES awarded Partnership Doe Member 1 a total of \$100,398 through the Cal OES Domestic Violence Assistance Program (DVAP) using HHS FVPS funds in FY2024-2025. The grant has a period of performance of October 1, 2024 to September 30, 2025 and a budget period for the HHS FVPS portion of the funds are from October 1, 2024 through July 31, 2025. Partnership Doe Member 1 accepted this award on August 26, 2024. Partnership Doe Member 1 submits a yearly continuation grant application each year during the summer and received the most recent continuation award on or around October 1, 2025. Partnership Doe Member 1 fears the HHS GPS will apply.
37. Additionally, Partnership Doe Member 1 received \$ 208,942 through its county government's Domestic Violence Welfare to Work program using HHS Temporary Assistance for Needy Families funds in FY2024-2025. The grant has a period of performance of July 1, 2025 to June 30, 2026 and a budget period of July 1, 2025 through June 30, 2026. Partnership Doe Member 1 accepted this award on April 9, 2025. Partnership Doe Member 1 renews its contract with the county for these funds each year.
38. Finally, Cal OES awarded Partnership Doe Member 1 a total of \$94,445 through the Cal OES Intimate Partner Violence Prevention Program using HHS FVPS funds in FY2024-2025. The grant has a period of performance of January 1, 2025 to December 31, 2025 and the HHS FVPS funds have a budget period of January 1, 2025 - July 31, 2025.

Partnership Doe Member 1 accepted this award on November 4, 2024. Partnership Doe Member 1 submits a yearly continuation grant application each year during the fall.

Partnership Doe Member 1 is in the fourth year of a five-year grant and received a continuation grant in Fall 2025 for the next funding period of January 1, 2026 through December 31, 2026.

39. Declining any of these funds would have a very significant detrimental impact on Partnership Doe Member 1. The organization has already lost over 200 planned staffing hours from July 2024 to present and is impacting its ability to serve the needs of our community. Losing any HHS grant would mean eliminating more positions or whole departments, impacting shelter clients, crisis line coverage, and crisis intervention and advocacy services at multiple offices. Partnership Doe Member 1 would not survive without the DVAP grants.

40. Partnership Doe Member 1 received HHS Community-Based Child Abuse Prevention Grants (CB-Cap) for \$89,708 from their county for the grant period of July 1, 2025 to June 30, 2027 and the budget period of July 1, 2025 to June 30, 2027. The grant was accepted on May 12, 2205. CB-Cap provides school based prevention programming at elementary school level, mostly through after school programs, and intervention programming with known child survivors. Without this funding, Partnership Doe Member 1 would have to eliminate this program.

41. Partnership Doe Member 2 received a total of \$850,00 through the Rape Prevention Education program from California Department of Public Health using HHS RPE funds in FY24-25. The grant has a period of performance of February 1, 2024 to January 31, 2029 and a budget period of February 1, 2024 through January 31, 2029. Doe Member 2

accepted this award on April 29, 2024. Without this funding, Partnership Doe Member 2 will be unable to provide sexual assault prevention services in their county. Partnership Doe Member 2 implements a community based sexual violence prevention program that includes youth and adult community leaders meetings, hosting sexual violence prevention orientation training for organizations and their leaders, and in partnership with community based organizations, provides multiple workshops about various sexual violence prevention topics and implementations of sexual violence prevention such as community-led campaigns, policies, practices, protocols designed to prevent sexual violence. If Partnership Doe Member 2 loses this funding, over 1.2 FTE staff positions would be eliminated as would support for other community organizations.

42. Cal OES awarded Partnership Doe Member 2 \$97,392 in HHS FVPS funds as a portion of their Cal OES Domestic Violence Assistance Program total grant award for FY2024-2025. The grant has a period of performance of October 1, 2024 to September 30, 2025 and a budget period of October 1, 2024 through September 30, 2025. Partnership Doe Member 2 received the executed agreements for these awards on October 30, 2024 and November 4, 2024. Partnership Doe Member 2 submits yearly continuation grant applications each year during the summer. Partnership Doe Member 2 received its continuations award that started on October 1, 2025, and fears the HHS GPS will apply to that.

Services provided under DVAP include the following: 24-Hour Crisis Hotline, individual and peer counseling, operating business centers, emergency shelters for survivors and their children, providing emergency food and clothing, emergency response to calls from law enforcement, medical advocacy and emergency response, transportation for

survivors, children counseling, criminal justice and social service advocacy, legal assistance [referrals], court accompaniment, community resource and referral, household establishment assistance, children's programs, and transitional housing assistance. These are all things required by the grant to operate under this funding and are the large majority of Partnership Doe Member 2's offered services. DVAP is one of Partnership Doe Member 2's single largest funding sources.

43. Cal OES awarded Partnership Member Doe 3 a total of \$97,392 in HHS FVPS funds as a portion of their Cal OES Domestic Violence Assistance Program total grant award for FY2024-2025. The grant has a period of performance of October 1, 2024 to September 30, 2025 and a budget period of October 1, 2024 through September 30, 2025.

Partnership Doe Member 3 submits yearly continuation grant applications each year during the summer. Partnership Doe Member 3 received its continuations award, which started on October 1, 2025, and fears the HHS GPS will apply to that.

44. Services provided under DVAP include the following: 24-Hour Crisis Hotline, individual and peer counseling, operating business centers, emergency shelters for survivors and their children, providing emergency food and clothing, emergency response to calls from law enforcement, medical advocacy and emergency response, transportation for survivors, children counseling, criminal justice and social service advocacy, legal assistance [referrals], court accompaniment, community resource and referral, household establishment assistance, children's programs, and transitional housing assistance. The grant requires these services. DVAP is one of Partnership Doe Member 3's primary funding sources.

45. Declining any of these funds would have a very significant detrimental impact on Partnership Doe Member 3. Losing any of this funding could impact emergency shelter services, crisis line coverage, and crisis intervention and advocacy services.

VII. HUD's and HHS's New Funding Conditions Place My Organization and its Members in an Untenable Position

46. Agreeing to the HHS conditions would cause my organization and our members profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

47. My organization and our members are concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission is to promote the collective voice of a diverse coalition of organizations and individuals, working to eliminate all forms of domestic violence. As

an advocate for social change, we advance our mission by shaping public policy, increasing community awareness, and strengthening our members' capacity to work toward our common goal of advancing the safety and healing of victims, survivors and their families. We recognize the diverse experiences of survivors, the impact of systemic racism, oppression, and barriers, and the ways that communities are disproportionately impacted. We recognize the importance of centering culturally responsive approaches and creating communities of practice and peer support spaces that respond to the differing needs of LGBTQ+ survivors, Black, Indigenous, and People of Color experiencing abuse, and more. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

48. My organization and our members are also unsure whether it can continue to operate programs that target underserved or marginalized communities, including continuing to convene peer spaces or create training and technical assistance content specific to LGBTQ+, immigrant, communities of color, or other specific populations. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.
49. For the same reasons, my organization and our members are concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."
50. My organization and our members are also concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of

1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. My organization is concerned that this interpretation could require organizations to ignore federal law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services.

51. Members Doe 1 and 3 are concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” While they do not provide abortion care, Members Doe 1 and 3 do not know what the government may consider to “promote” abortion. Reproductive health access, including abortion, is part of our members’ framework, and they offer clients information about any healthcare services that they need. When pregnant survivors request abortion care, Members Doe 1 and 3 provide them with resources on how to seek that care.

52. Members Doe 1 and 3 are concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” Members Doe 1 and 3 do not know what this condition’s broad and vague language means for our organization or how to comply with it, given the many new executive orders that it implicates.”

53. The new ACF funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting ACF grant awards and face the direct consequences to my organization’s financial health and ongoing operations. Or my organization could accept the funding with the conditions and jeopardize its mission and

compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

54. Additionally, my organization's members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. Foregoing the funds would have serious impacts on the health and operations of our member organizations, and leave survivors with far fewer options for finding safety. For example, members have expressed concerns about whether or not these conditions will limit their ability to provide shelter and services to LGBTQ+ survivors, and if this will limit their ability to provide language on their website and in public communication that makes clear they are a safe and welcoming space for survivors of all identities. They have expressed concern that displaying a Pride flag, including language specifically about serving LGBTQ+ survivors, asking survivors for their pronouns, and engaging in other inclusive approaches could run afoul of these new conditions. They have also expressed concern that they will be required to screen for immigration status before accepting a survivor fleeing a dangerous situation into their emergency shelter, and that providing any services to someone without clear legal status would run afoul of these restrictions. For programs that provide legal services to support survivors in seeking legal immigration remedies, these conditions create a challenging set of barriers. The HHS restrictions will also negatively impact their ability to conduct effective prevention work and focus on root causes that can lead to violence.
55. My organization and our members fear that if we agree to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying.

These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

56. These funding conditions threaten harm to domestic violence service providers who rely on the Partnership for training and technical assistance that enhances their services for all survivors of domestic violence and equips them with the tools to serve their communities. These conditions could limit our ability to provide content specific to serving LGBTQ+ survivors, immigrant survivors, Black, Indigenous, or People of Color who are survivors, or approaches that are grounded in diversity, equity, and inclusion. These limitations would also fundamentally change the prevention work we are able to do.
57. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of victim service providers and the survivors and victims of domestic violence that they serve.
58. My organization's operations are essential to supporting the community of service providers working every day to support survivors through trauma and healing, and to the critically needed work of implementing strategies to prevent violence and abuse from ever occurring, and to building safe, healthy communities. In the absence of fully funded services, California's response to survivors and communities will be weakened.

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

Executed on February 10, 2026.

A handwritten signature in black ink that reads "Krista Colón". The signature is written in a cursive style with a horizontal line underneath the name.

Krista Colón

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 1:25-cv-00342

DECLARATION OF DAWN DALTON

I, Dawn Dalton, declare as follows:

I. Background

1. I am the Executive Director at the District of Columbia Coalition Against Domestic Violence (hereinafter “the D.C. Coalition”), Washington D.C.’s federally designated domestic violence coalition.
2. The D.C. Coalition was founded in 1986 and is headquartered in Washington, D.C.
3. The D.C. Coalition is a membership organization of the domestic violence direct service providers in Washington D.C. It provides training, technical assistance, and a platform for collaboration for its member programs and leads local policy and advocacy efforts on behalf of and along with survivors of domestic violence.
4. The D.C. Coalition is a resource for the thousands of adults and children experiencing domestic violence in Washington, D.C. each year as well as the local organizations that

serve them. The D.C. Coalition provides regular training and technical assistance for its member organizations and trainings for community members and business owners—including faith leaders, health centers, educators, local criminal and/or civil legal system representatives, military personnel, beauticians, and bartenders—who are likely to interact with those experiencing domestic violence. It also works to build primary prevention efforts into programming available for young people in D.C.

5. The D.C. Coalition provides information and education to the mayor’s administration and D.C. Council on matters that impact survivors of domestic violence. This includes survivor-centered feedback on proposed legislation and the implementation of services to ensure survivors have safe and confidential access to our community’s resources.
6. The D.C. Coalition convenes a Survivor Advisory Board comprised of survivors of domestic violence who live in Washington D.C. and/or have received domestic violence services in Washington D.C. This group provides expert advice on the needs and experiences of survivors in D.C. and informs the D.C. Coalition’s policy and systems engagement, community outreach, and training offerings.
7. The D.C. Coalition currently has an annual budget of roughly \$2,266,126. In fiscal year 2025, Health and Human Services (“HHS”) grants, including subcontracts, constitute about \$920,000 of that annual budget. For fiscal year 2026, Health and Human Services (“HHS”) grants, including subcontracts, would constitute approximately just under \$800,000 of our annual budget.

II. The D.C. Coalition’s Organization’s Member Organizations

8. The D.C. Coalition is a membership organization with 16 member organizations. Members fall into one of three categories: 1) a nonprofit organization whose primary

mission is to provide services to survivors of domestic violence, dating violence, or stalking; 2) a nonprofit organization who has a dedicated program that serves survivors of domestic violence, dating violence, or stalking; 3) a nonprofit organization who does not have a program that serves survivors of domestic violence, dating violence, or stalking but survivors are accessing their services for other social supports. Most of the member organizations fall under the first category.

9. Members of the D.C. Coalition receive grants, including subcontracts, from HHS.

III. HHS's New Funding Conditions

10. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹
11. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.
12. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.”

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

13. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.
14. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.

15. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.
16. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

IV. The D.C. Coalition’s and its Members’ HHS Grants

10. The D.C Coalition has applied for and received a grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (FVPSA Coalition Grant) for September 30, 2024 through September 29, 2026. The D.C. Coalition has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support our engagement with culturally specific communities, providing training on trauma informed care, facilitating data collection for a D.C.-focused domestic violence needs assessment, participation in FVPSA subgrants in partnership with D.C.’s state administrator, partnerships with local health care professionals to improve domestic violence response, and training for allied organizations and government partners.

11. On July 9, 2025, HHS awarded the D.C. Coalition a total of \$382,407 through this FVPSA Coalition Grant for FY2025. The grant has a period of performance of October 1, 2024 through September 30, 2026 and a budget period of October 1, 2024 through September 30, 2026. The Notice of Funding Opportunity (hereinafter “NOFO”) did not include the new funding conditions, but the Notice of Award (hereinafter “NOA”) indicates that the ACF Standard Terms and Conditions, which contain the new funding conditions described above, apply to the award. My organization accepted this award by drawing down funds some time in August or September 2025.
12. On September 26, 2024, HHS awarded the D.C. Coalition a total of \$347,727 through the competitive Family Violence Prevention and Services – Grants for Battered Women’s Shelters Discretionary Grants in fiscal year 2025. We received the NOA on September 26, 2024, and the grant had a period of performance of September 30, 2024 through September 29, 2026 and a budget period of September 30, 2024 through September 29, 2025. The NOFO and NOA did not include the new HHS funding conditions described above, but we understand our current award is be subject to the HHS GPS and ACF Standard Terms and Conditions, absent court intervention. This is a two-year grant, and we are currently in the first year of the award. We received the NOA for the second year. That year’s grant amount is \$409,091, for a budget period of September 30, 2025 through September 29, 2026.
13. Declining this funding would have a very significant and detrimental impact on my organization. Without the funding for this grant, parents who have experienced domestic violence and their children will not receive the mental health services they need to recover from harm and thrive, peer education and assistance from community health

workers, and access to healing workshops through wellness events. Additionally, domestic violence service providers will not receive training on how to implement best practices when facilitating parent workshops for parents who have been impacted by domestic violence. These workshops provide education to help parents understand their children's developmental growth, the impact trauma can have on the brain, and how-to best parent their children and help their children to heal. This HHS grant provides 100% of the funding for this program which will have to be completely cut if we are forced to decline this funding

14. Every year, beginning in 2019, the D.C. Coalition has received a formula grant in the form of a sub-award from the DC Department of Health (DC Health) that is made up of funds from Center for Disease Control's (CDC) Rape Prevention and Education program ("RPE Grant") and Maternal and Child Health Block Grant program. The grant had a period of performance of May 1, 2024 through January 31, 2027 and a budget period of October 1, 2024 through September 30, 2025. We are currently in the budget period of October 1, 2025 through September 30, 2026. While the former NOA did not include the new HHS funding conditions described above, we now understand the award is subject to the HHS GPS Standard Terms and Conditions, absent court intervention.
15. My organization has used this grant for many purposes. For instance, these funds support domestic and sexual violence prevention education efforts in Washington D.C., including engaging schools to implement age-appropriate education on healthy and unhealthy relationships. Additionally, we provide training and technical assistance to medical care providers including home visiting staff and school-based mental health counselors on

how to screen for domestic violence in a manner a survivor would feel comfortable disclosing harm. We also provide information on available resources and referrals.

16. The D.C. Coalition's members have also received HHS grants.

17. For example, D.C. Coalition Member Doe has historically received an annual FVPSA grant as pass through funding from the D.C. government to provide support services for survivors of domestic violence.

18. On or around September 30, 2025, we expect HHS to award Member Doe approximately \$300,000 through the District of Columbia's Department of Human Services' Family Violence Prevention and Services Act (FVPSA) Program funding in FY26. The grant has a period of performance and a budget period of October 1, 2025 through September 30, 2026. Because this is a discretionary grant awarded after April 15, 2025, the new funding conditions in the HHS GPS apply to it. Member Doe accepted this award in the fall.

19. Declining this funding would have a very significant detrimental impact on the organization. Without the funding for this grant, Member Doe would be forced to reduce social services for victims. This reduction in funding Member Doe has come to rely on would undo progress made in hiring and retaining experienced staff to provide ongoing, long-term services to survivors. Without these services, particularly during a time of increased need among the community, survivors and their dependents would be at risk of remaining in cycles of violence.

V. **HHS's New Funding Conditions Place the D.C. Coalition and its Members in an Untenable Position**

20. Agreeing to the HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

21. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally-unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission is to build a community where domestic violence is replaced with human dignity. We apply a framework for identifying social, economic, cultural, political, and legal factors that have critical implications for those affected by violence, oppression, subordination, and discrimination. Our guiding principles are:

- a. Respect and Dignity. We are dedicated to promoting equality, respect, and dignity among all people.
- b. Social Justice. We demand that all people live free from violence, economic deprivation, discrimination, and prejudice. We are dedicated to the inclusion and active participation of individuals and groups that have been traditionally unheard and historically devalued or excluded.
- c. Trauma-Informed. We see each individual we serve and those we work with through a trauma-informed lens. Trauma-informed means we recognize and respond to the effects of all types of trauma, including historical trauma a person has experienced at any and all points in their lifetime.
- d. Cultural Humility. We honor every individual we work with and are committed to learning from and lifting up the voices of the people we serve. We honor culture, tradition, race, ethnicity, religion, age, sexual orientation, gender identity, gender expression, and ability.
- e. Confidentiality. We provide confidential services and believe in each person's right to decide who knows their story. We safeguard and respect the privacy of the people we support.
- f. Self Agency. We are committed to the freedoms and choices of the people we serve and support their right to decide their path to healing.
- g. Survivor-Centered Supports. We assist people to direct the course of their own lives; survivors make, act on, and take responsibilities for their own decisions.

- h. Accessibility. We advocate for justice, inclusion, and full community participation, removing barriers, real or perceived, to encourage the widest possible participation.
- i. Accountability. We believe that everyone must work together to affect a coordinated community response with an intersectional lens for there to be a successful shift in societal attitudes and beliefs about domestic violence.
- j. Self Care. We celebrate each individual's sense of belonging and value to this work. We recognize the right of each individual and organization to identify and practice self-care while being aware of vicarious trauma, re-victimization, and burn out.

It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

- 22. The D.C. Coalition is also unsure whether it can continue to operate programs that target underserved or marginalized communities, including training that provides framing of domestic violence as being a part of systemic oppression and support of member programs that are providing culturally-specific services. Now, it is unclear whether these programs would fall within the administration's interpretation of federal anti-discrimination law as prohibiting DEI and DEIA programs.
- 23. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."

24. The D.C. Coalition is concerned about the HHS ACF condition requiring a certification of compliance with Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. The D.C. Coalition is concerned that this interpretation could require organizations to ignore local and federal law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services. We also regularly ask for and use pronouns, participate in an LGBTQ+ Budget Coalition, and include information about LGBTQ+ survivors in advocacy and public information. My organization is further concerned that we will be unable to deliver training and materials to schools that fully address domestic and intimate partner violence and comply with anti-discrimination provisions.
25. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HHS grant awards and face the direct consequences to my organization's financial health and ongoing operations. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements and face enormous risks of litigation and government investigations under the False Claims Act.
26. Additionally, the D.C. Coalition's members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. For example, Member Doe would be forced to reduce social services for victims. This reduction in funding Member Doe has come to rely on would

undo progress made in hiring and retaining experienced staff to provide ongoing, long-term services to survivors. Without these services, particularly during a time of increased need among the community, survivors and their dependents would be at risk of remaining in cycles of violence.

27. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values.

VI. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

28. These funding conditions threaten harm to survivors of domestic violence by weakening the support provided to domestic violence service providers, allied organizations, government partners, and local educational agencies in Washington D.C. Most of the residents of Washington, D.C. are people of color; and the D.C. Coalition meets the District's unique needs by providing culturally-responsive services. But these funding conditions, and the resulting limitations on our services and programs, would harm these survivors as they would have few services available that are responsive to their lived experiences.

29. Furthermore, if the D.C. Coalition or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of survivors and victims of domestic and sexual violence.

30. The D.C. Coalition's operations are essential to ensuring a domestic violence service continuum that is responsive to the needs of survivors and that allied organizations and government partners are informed on best practices and how to implement funding requirements. In the absence of fully funded services, organizations and government agencies would not have access to the necessary training to implement services that adhere to local and federal statutes. I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 10, 2026

/s/ Dawn Dalton
Dawn Dalton

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

HOUSE OF HOPE COMMUNITY
DEVELOPMENT CORPORATION, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

DECLARATION OF JORDAN A. DAY

I, Jordan A. Day, declare as follows:

I. Background

1. I am the President and Board Chair at House of Hope Community Development Corporation (HOHCDC), a homeless service provider in Rhode Island.

2. My organization was founded in 1989 and is headquartered in Warwick, RI, providing services across Rhode Island. We believe in safe, stable housing as a basic human right, and so address the trauma of homelessness by empowering constituents through direct service work, diversifying housing options, and advocating for policies to counter the issues that lead people to become homeless. Our ultimate aim is to end homelessness in Rhode Island.

3. My organization takes a multi-faceted approach against homelessness by addressing multiple barriers to housing faced by our constituents. HOHCDC funds and manages a housing stabilization program with 250 units of supportive housing; engages in intensive case management to address complex physical and mental health needs, and gaps in financial literacy and job skills; conducts street outreach to connect those living on the street with service provision; and provides basic needs to support the health and dignity of the unhoused.

4. My organization receives grants from the Department of Housing and Urban Development (HUD) and from the Department of Health and Human Services (HHS). My organization has an annual budget of roughly \$4,500,000. Of that total amount, roughly \$1,500,000 comes from HUD grants, including subcontracts; and another \$300,000 comes from HHS grants, including subcontracts.

II. HUD's New Funding Conditions

5. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

6. The Notice Of Awards (NOAs) for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any

programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;” and (4) “shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment.”

III. My Organization’s HUD Grants

7. My organization has applied for and received multiple competitive grants from HUD for the Continuum of Care Grant Program (“CoC Grant”), for almost 20 years. We currently have four grants directly through HUD, and are a sub-recipient of another through Rhode Island Housing (RI Housing).

8. On May 28, 2025, my organization received NOAs for the four grants we receive directly from HUD. RI Housing also received an NOA around that time for the grant of which we are a sub-grantee.

9. Grant #RI0018L1T002417 for Permanent Supportive Housing in Warwick was initially awarded over 15 years ago. The previous grant period provided for \$167,151 from September 1, 2024, through August 31, 2025. It was renewed for a two-year period, with a non-competitive renewal after the first year. The first year runs from September 1, 2025, through August 31, 2026. This grant provides funding for 18 units of permanent supportive affordable housing for 24 people. HOHCDC maintains the property and runs supportive services for all occupants. The Notice of Funding Opportunities (NOFOs) for these grants did not include the new funding conditions described above, but the recent NOA did. While HUD requires that a recipient sign grant agreements before the end of the grant period, my organization needed to accept the awards by September 1, 2025 in order to seek payment without interruption of services. After this Court issued a Temporary Restraining Order that included HOHCDC, my organization executed the grant award and is now actively drawing down the funds for this grant.

10. Grant #RI0064L1T002411 for Permanent Housing, Access to Home, was initially awarded in the early 2010s. The previous grant period provided for \$438,457 from December 1, 2024, through November 30, 2025. It was recently renewed for two years, with a non-competitive renewal after the first year. The first year runs from December 1, 2025, through November 30, 2026. This grant provides rental assistance and supportive services to multiple households in the private rental market. The Notice of Funding Opportunities (NOFOs) for these grants did not include the new funding conditions described above, but the recent NOA did. While HUD requires that a recipient sign grant agreements before the end of the grant period, my organization needed to accept the awards by December 1, 2025, in order for there not to be an interruption in services. After this Court issued a Temporary Restraining Order that included HOHCDC, my organization executed the grant award and is now actively drawing down the funds for this grant.

11. Grant #RI0128L1T002402 for Permanent Housing, Dean Street Studios, was initially awarded in 2023. The previous grant period provided for \$209,528 from August 1, 2024, through July 31, 2025. It was recently renewed for two years, with a non-competitive renewal after the first year. The first year runs from August 1, 2025, through July 31, 2026. This grant provides on-site intensive case management services to 51 residents, including supports for people with mental health challenges and substance use disorders; training on life skills such as job searching; and more. The Notice of Funding Opportunities (NOFOs) for these grants did not include the new funding conditions described above, but the recent NOAs did. While HUD requires that a recipient sign grant agreements before the end of the grant period, my organization needed to accept the awards by August 1, 2025, in order to avoid interruption of

services. After this Court issued a Temporary Restraining Order that included HOHCDC, my organization executed the grant award and is now actively drawing down the funds for this grant.

12. Grant #RI0115Y1T002402 for Youth Housing Demonstration Program, HYPE Youth Outreach, was also initially awarded in 2023. The current grant period provides for \$84,652 from October 1, 2024, through September 30, 2026. It was recently renewed for two years, with a non-competitive renewal after the first year. The first year runs from October 1, 2025, through September 30, 2026. This grant funds street outreach services to 18–24-year-old homeless young adults. These services include connecting constituents with youth-specific resources; housing; efforts to reconnect with family as it is safe and appropriate; and basic needs supplies. The Notice of Funding Opportunities (NOFOs) for these grants did not include the new funding conditions described above, but the recent NOAs did. While HUD requires that a recipient sign grant agreements before the end of the grant period, my organization needed to accept the awards by October 1, 2025, in order to avoid interruption of services. After this Court issued a Temporary Restraining Order that included HOHCDC, my organization executed the grant award and is now actively drawing down the funds for this grant.

13. Grant #RI00031L1T002316/2417 for RI Rental Assistance Program is a HUD-funded pass-through grant through RI Housing. The most recent iteration of this grant, #RI00031L1T002316, provided HOHCDC with \$654,000 of \$4,964,705 awarded to RI Housing for the period January 1 to December 31, 2025. This grant was recently renewed as Grant #RI00031L1T002417, running from January 1 to December 31, 2026. It provides for supportive services and rental assistance for 30 households, Homeless Management Information System (HMIS) connectivity, and administrative costs.

14. Declining the HUD Continuum of Care (CoC) funding would have an extremely detrimental impact on my organization and its mission. My organization relies heavily on our CoC grants to fund critical services to support individuals and families experiencing chronic homelessness – they are our largest sources of funding, and therefore absolutely critical to our core infrastructure. Without this funding, not only would key services provided by individual grants (as described above) be terminated or greatly diminished, but our ability to support hundreds of Rhode Islanders facing housing instability would be placed in jeopardy.

IV. HHS’s New Funding Conditions

15. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.

16. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

17. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX

and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

18. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

V. My Organization’s HHS Grants

19. My organization has been a sub-grantee of an HHS grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), passed through the Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH). BHDDH was initially awarded this grant in 2016. Most recently, it was renewed for the period of October 1, 2024, through September 30, 2028, with HOHCDC receiving \$299,000 of a \$300,000 per year award.

20. My organization has used these SAMHSA funds to support our PATH program: Projects that Assist the Transition from Homelessness. This program involves street outreach,

social work, intensive case management, and harm reduction, particularly for those experiencing unsheltered chronic homelessness and comorbid mental health challenges.

21. The grant Agreement did not include the new HHS funding conditions described above, but I expect that the next award will be subject to the HHS GPS Terms and Conditions.

22. Declining this funding would have a significant detrimental impact on my organization. Without the funding for this grant, approximately 800 constituents without permanent shelter would experience cutbacks in the basic resources and services we provide to preserve their lives and dignities as they take steps toward reintegrating with mainstream society.

VI. HUD's and HHS's New Funding Conditions Place My Organization in an Untenable Position

23. Agreeing to the HUD and HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for our community members experiencing homelessness.

24. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and that by signing any NOA would indicate that complying with those antidiscrimination laws is material to the False Claims Act. Though we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the

government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA.

25. My organization's mission is grounded in the professional ethics of social work. Social work requires advocates to address clients without judgement or conditional service related to the identities and life experiences they disclose – to meet them where they are. It follows that building respectful, authentic relationships with our clients is imperative to our mission. If we aim to address homelessness by taking a multi-faceted approach (with particular consideration to the traumatic nature of experiencing homelessness), we must also acknowledge and honor the unique backgrounds (i.e. diversity) within our own clientele. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

26. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that “advance or promote DEI, DEIA, or discriminatory equity ideology.”

27. My organization is also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. In providing direct client services and technical assistance, many of my organization's staff use clients' preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing direct assistance, and accommodate the needs of the LGBTQ+ community as appropriate for their care. It is unclear whether my organization may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”

28. My organization is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” We do not know what the government may consider to “promote” abortion, and if our work is considered as such. Part of social work specifically and client-centered care/advocacy generally, means relating to our clients all the available options under State law related to their healthcare and housing needs. We do not provide abortion care ourselves, but if a client expresses an interest in an abortion, we will assist them in seeking appropriate medical advice.

29. My organization is also concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” Our concern here is twofold. First, the language used in many of the current Executive Orders is vague and of dubious legal standing. It is impossible to know how we may or may not be in compliance with the Orders as they stand. Second, as further Executive Orders are released, we are concerned that we will face a similar process to this one, where our critical work will be further interrupted by political distraction.

30. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HUD and HHS grant awards and face the direct consequences to my organization’s financial health and ongoing operations. Or, my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

31. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential

consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices and risk severely curtailing its efficacy.

VII. These Funding Conditions Threaten to Harm Everyday Rhode Islanders

32. These funding conditions threaten harm to everyday Rhode Islanders. Of course, our work is primarily targeted at the individuals comprising Rhode Island's homeless population. But with so many Rhode Islanders living paycheck to paycheck, where just one misfortune could send a family into financial crisis, our work serves as a buffer between a home and the street for all those experiencing housing instability.

33. Our work has further impact on communities as a whole. Through our social work, we connect constituents to high-quality housing, public education, healthcare, career development, jobs, and more. In doing so, we reduce trauma and pathways toward incarceration, and promote public health. Integrating individuals into community where they can participate economically and socially in a healthy way pays dividends to the entire community.

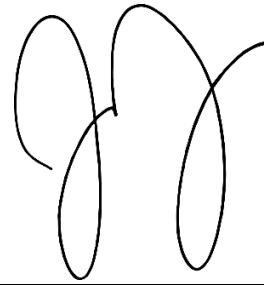
34. Agreeing to the new funding conditions could require us to give up the holistic approach we take to achieve those dividends for individuals and communities. If we are unable to build relationships with our clients grounded in grace, regardless of their proclaimed identity or individual healthcare choices, our provably effective social work model becomes defunct. Our clients remain unmoored, unhoused, and unable to participate fully in society.

35. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of our services would, as described, have devastating effects on our community, and also our staff. An estimated 80% of HOHCDC staff have experienced of homelessness, substance use disorders, incarceration, and/or other related

forms of trauma. They work every day to help others overcome the challenges they once faced. The termination of these grants would result in massive layoffs to those same staff members that serve as leaders to their peers currently using HOHCDC services. To rip them away from their employment and pitch them back into financial and possible housing instability would be a remarkably cruel twist of fate.

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

Executed on February 10, 2026.

A handwritten signature in black ink, consisting of a stylized 'J' and 'D' with a horizontal line extending to the right.

Jordan A. Day

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human
Services, *et al.*

Defendants.

DECLARATION OF AMANDA DOTSON

I, Amanda Dotson, declare as follows:

I. Background

1. I am one of the two Executive Directors of the Wisconsin Coalition Against Sexual Assault, Inc. (the “Wisconsin SA Coalition” or the “Coalition”), which is Wisconsin’s federally designated sexual assault coalition.
2. The Wisconsin SA Coalition was founded on October 17, 1985, and is headquartered in Madison, Wisconsin. The Wisconsin SA Coalition works to create social change to end

sexual violence by supporting and centering survivors, advocating for systemic and legislative change, and strengthening the capacity of sexual assault service providers across the state of Wisconsin. The Wisconsin SA Coalition provides its members with individualized training and technical assistance opportunities, access to support and resources, and invitations to coalition-hosted events.

3. Although the Wisconsin SA Coalition does not provide direct services, it does provide information, support, and referrals to survivors who contact them—particularly those who have had harmful experiences or were turned away from local service providers. It also has historically hosted survivor-hosted healing events, and it continues to host in-person and web-based spaces and manage a listserv for survivors and allies.
4. My organization provides training and technical assistance to organizations addressing the needs of sexual assault survivors and working to prevent sexual violence. My organization provides statewide leadership by building an essential infrastructure that not only works to reduce violence at the state level, but also supports programs to prevent sexual violence in communities throughout the state.
5. My organization receives grants from the Department of Health and Human Services (HHS). My organization has an annual budget of roughly \$ 1 million. Of that total amount, roughly \$260,000 comes from HHS grants.

II. My Organization's Member Organizations

6. The Wisconsin SA Coalition is a membership organization with approximately 75 members. There are two types of membership. First, Sexual Assault Services Program (SASP) Membership in the Wisconsin SA Coalition is open to agencies whose primary function is providing sexual assault services and prevention and who demonstrate a

commitment to the Coalition’s Framework. See <https://www.wcasa.org/about/framework/>. Most members in the Wisconsin SA Coalition are SASP Members. Second, the Wisconsin SA Coalition also has a small number of individuals and organizations who are Partner Members. This type of membership is open to individuals and organizations who want to join the movement to end sexual violence and who demonstrate a commitment to the Coalition’s Framework.

7. Members of my organization receive grants from HUD and HHS.

III. HUD’s New Funding Conditions

8. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
9. The NOAs for the HUD CoC grants provide that the recipient’s “use of funds provided under” the agreement and its “operation of projects assisted with” grant funds “are governed by ... [a]ll current Executive Orders.” The NOAs also include requirements that the recipient: (1) “shall not use grant funds to promote “gender ideology,” as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;” (2) “agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government’s payment decisions for purposes of [The False Claims Act];” (3) “certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;” and (4) “shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment.”

IV. My Organization's Members' HUD Grants

10. My organization's members have received HUD grants, including grants under the CoC Grant Program.

11. For example, Wisconsin SA Coalition Member Doe 1 receives HUD funds under the CoC Grant program, specifically the Continuum of Care (CoC) Rapid Re-housing (RRH) grant. They receive these grant funds through the Continuum of Care (CoC) in the form of a sub-grant. All interaction thus far has been with the CoC and not HUD. The CoC Administers the grant, and the Sub-Grant Agreement is with the CoC.

- a. On 9/30/2024, HUD awarded Wisconsin SA Coalition Member Doe 1 a total of \$296,089 through the CoC Grant in FY 24/25. The grant has a performance and grant period of 10/01/24 – 9/30/25. They accepted this award on 09/30/25. The NOFO and NOA did not include the new HUD funding conditions but expect that the next award will include those conditions. The subgrant expired on 09/30/2025 and they received a the subgrant continuing application materials from the CoC in and award for the grant period of 10/1/2025 – 9/30/2026.
- b. Declining this funding would have a very significant detrimental impact on the Wisconsin SA Coalition Member Doe 1 and survivors in their community. They currently have funding to provide rental assistance to up to 10 households fleeing domestic violence and to provide case management and outreach for the project. This subgrant funds 2.2 FTEs. Without this grant, they would lose the ability to provide housing for survivors and would have to lay off at least two full-time staff. They would lose the most effective domestic violence homicide prevention

tool and because they would have less staff, many less survivors would receive services.

12. Wisconsin SA Coalition Member Doe 3 received HUD grants, including grants under the CoC Grant Program. They receive one grant as pass-throughs from the Wisconsin Balance of State Continuum of Care (WISBOSCO) and another through the county grant holder for WISBOSCO regional distributions. Wisconsin SA Coalition Member Doe 3 does sign awards but as a subgrantee through WISBOSCO.

- a. On 10/01/2024, HUD awarded Wisconsin SA Coalition Member Doe 3 a total of \$257,513 through the CoC Grant in FY2024. The grant has a period of performance of 3 years and a budget period of 10/01/2024 through 09/30/2025. They accepted this award on 10/28/24. That NOFO and NOA did not include the new HUD funding conditions described above but, as it is a yearly continuation grant, they were awarded a grant for this current cycle for 1.5 years and understand the new funding conditions apply.
- b. Without HUD funding, Wisconsin SA Coalition Member Doe 3 would not be able to house up to 9 individuals and/or families who were homeless as a result of domestic violence. These 9 households would be in jeopardy of returning to unsheltered homelessness on the streets, couch surfing with family, friends or anyone who will allow them. Sometimes these already vulnerable people are at risk for further abuses from individuals who allowed a place to stay with ulterior expectations. Wisconsin SA Coalition Member Doe 3 would have to reduce 2 staff members and cut the Domestic Violence Rapid ReHousing Program. As a newer grantee, they have invested the organization and staff to incorporate extensive additional policies, tracking, and reporting procedures. There was a lot of thought and revisions through time to design a program

that meets the needs of community members in need and to balance agency implementations, documentations and compliance so that there is confidence in consistent application and use of the funds. To cut this funding or to do an abrupt major redesign will undo years of building capacity within agencies and funders and will disrupt or remove services to very vulnerable populations. Wisconsin SA Coalition Member Doe 3 also receives HUD CoC Street Outreach funds to support the Safe Place Parking Program with 35-42 cars a night on the lot. It is a victory when someone can be placed in a HUD CoC funded unit to provide them with the essential supportive services for their successful transition to long-term housing stability.

13. Wisconsin SA Coalition Member Doe 4's current HUD grant awards consist of: DV-Rapid Re-Housing (DVRR) subgrant in the amount of \$342,905; CDBG-CV grant in the amount of \$152,223; and ESG-EHH¹ grant for \$19,352. All funds are received as a pass-through from the state and other organizations.

- a. On October 1, 2024, HUD awarded Wisconsin SA Coalition Member Doe 4 a total of \$342,905 through the CoC Grant in federal FY25. The grant has a performance and budget period of 10/01/2024 – 09/30/2025. They accepted this award on 10/01/2024. The NOFO and NOA did not include the new HUD funding conditions described above but Wisconsin SA Coalition Member Doe 4 received a continuation grant contract for the 10/01/2025 – 09/30/2026 period in late September 2025 for federal FY26.

¹ “ESG-EHH funding” refers to a combination of funding sources focused on addressing homelessness, specifically the HUD Emergency Solutions Grants (ESG) program and the Emergency Housing and Homelessness (EHH) program. In Wisconsin, it refers to the state’s combined distribution of ESG funds and state-funded EHH programs to lead applicants within the state’s Continuum of Care and Local Homeless Coalitions.

- b. On 07/08/2025, HUD awarded Wisconsin SA Coalition Member Doe 4 a total of \$152,223.91 through the CoC Grant in federal FY25. This grant has a performance and budget period of 07/01/2025 – 05/31/2026. They accepted this award on 07/09/2025. This is a new funding source for Wisconsin SA Coalition Member Doe 4.
- c. On 10/14/2024, HUD awarded Wisconsin SA Coalition Member Doe 4 \$19,352 through the CoC Grant in federal FY25. This grant has a performance and grant period of 10/01/2024 – 09/30/2025. They accepted this award on 10/15/2025. The NOFO and NOA did not include the new HUD funding conditions described above, however expect the next award will include those conditions. Wisconsin SA Coalition Member Doe 4 applied for continuation funding and received a grant contract for the 10/01/2025 – 09/30/2026 performance and budget period for federal FY26.
- d. Declining or being unable to use HUD funding would have a significant detrimental impact on Wisconsin SA Coalition Member Doe 4. Their active HUD awards total \$514,481. With an estimated operating budget for FY 2026 of approximately \$1.4M, HUD subgrants represent approximately 39% of their agency budget. Five full-time positions currently rely on HUD funding for at least a portion of wage and benefits, including one full-time Supportive Services Coordinator/Case Manager for DV-RRH; two full-time Supportive Services Directors who provide case management and housing and counseling services; and one full-time Supportive Services Advocate who provides shelter services and advocacy.
- e. DV-RRH funding currently supports eight households who have fled domestic violence and are now receiving ongoing, income-based rental assistance—21 people, including 13 children, and their pets. Ongoing rental assistance and payments to area landlords would

be in jeopardy, and victims of violence could, once again, be homeless. Families in the program receive utility assistance; legal support; emergency food—all of which would be eliminated—putting them and their families at risk. Ongoing case management would be eliminated, including current housing advocacy and services, financial counseling, and employment counseling.

- f. The CDBG grant was just awarded to Wisconsin SA Coalition Member Doe 4 and is expected to fund shelter services to approximately 35 households over the next ten months. It will also provide emergency motel vouchers to an estimated 18 households; one-time rental assistance and utility assistance to an estimated 12 households; and one-time utility assistance to an estimated 12 households. Without this funding, approximately 75 households experiencing domestic violence could again be in danger, and/or at risk of homelessness and/or having electricity, heat, and water utilities interrupted.
- g. The ESG-EHH grant supports Wisconsin SA Coalition Member Doe 4 emergency shelter expenses, including security, utilities, shelter supplies, and food that keep approximately 85 victims of domestic violence and their pets safe. Without this grant funding, shelter services would be reduced. More families would be forced to remain in abusive situations due to lack of crisis shelter. They would be forced to make difficult budget cuts, including potentially eliminating a full-time staff position.

14. Wisconsin SA Coalition Member Doe 5 receives HUD grants, including grants under the CoC Grant Program and EHH. They receive these funds as a pass through from a statewide organization.

- h. On 10/01/2024, HUD awarded Wisconsin SA Coalition Member Doe 5 a total of \$202,427 through the CoC Grant in FY 2024. The grant has a period of performance of 10/1/2024 – 9/30/2025 and a budget period of 10/1/2024 through 9/30/2025. They accepted this award on 10/01/2024. The NOFO and NOA did not include the new HUD funding conditions described above but they have received a yearly grant that is consistent even though there is a NOFO every year. Wisconsin SA Coalition Member Doe 5 applied via the pass-through organization.
- i. Declining this funding would have a very significant detrimental impact on the organization. Without HUD(CoC) funding, Wisconsin SA Coalition Member Doe 5 would lose 2 full-time staff (from of team of only 18). They would be unable to pay rent for the 12-16 households that are enrolled in the program at any one time. They would be unable to pay housing application fees and unable to assist homeless victims of domestic violence in finding housing. Households in this program anticipate receiving 12-24 months of rental assistance. Without this funding, households lose stability and are at risk of being homeless or at risk of returning to a dangerous living situation.
- j. Wisconsin SA Coalition Member Doe 5 also applied for the EHH funding in the future. Declining EHH funding would have a detrimental impact on the organization. Without this funding, they would lose funds for case management, which might mean they have to reduce staff. A reduction in staff may also reduce shelter capacity.

V. HHS's New Funding Conditions

- 15. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination

laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.²

16. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

17. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments[] under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

² In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

18. In May 2025, HHS's Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the "Gender Ideology" Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, "for awards and funded modifications made on or after this date," and (except when specifically noted) apply to all awards administered by ACF, including "[n]on-discretionary awards," and flow down to subrecipients.
19. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.
20. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, "apply to all active awards" administered by HRSA and the flow down to subrecipients.
21. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees "to comply with all applicable Executive Orders." The SAMHSA Standard Terms and Conditions, including these requirements, apply to all

discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

My Organization's and its Members' HHS Grants

22. My organization has applied for and received a competitive grant from the Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention Across State and Territory Sexual Assault Coalitions (“RPE Grant”) for the past two years.
23. My organization has used RPE Grant funds for many purposes. For instance, these funds support efforts to prevent sexual violence through a public health approach in Wisconsin. As defined by the NOFO, efforts are focused on building a prevention infrastructure to implement community and societal level prevention strategies to decrease sexual violence and advance health equity.
24. On 06/27/2025, HHS awarded my organization a total of \$135,000 through the RPE Grant in FY26. The grant has a period of performance of 06/30/2024 – 06/29/2028 and a budget period of 06/30/2025 through 06/29/2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and CDC Terms and Conditions, which contain the new funding conditions described above, apply to the award.
25. Declining this funding would have a significant detrimental impact on my organization. Without the funding for this grant, there would be no infrastructure for primary prevention to implement efforts at the state level, while also supporting vital prevention efforts throughout the state of Wisconsin. This funding supports over one and a half positions at our agency and one-fifth of our budget. A loss of funding would lead to

layoffs and have a significant impact on our work. With this being a primary source for primary prevention, it would also destroy sexual violence prevention efforts in the state.

26. My organization currently receives, and plans to reapply, for the Preventative Health & Health Services (PHHS) grant from the Center for Disease Control (CDC) for the past at least 15 years. We receive this funding as a pass-through from the State of Wisconsin Department of Health Services (WI-DHS).
27. My organization has used PHHS Grant funds for many purposes. For instance, these funds support educational and healing opportunities for survivors, including through direct support, webinars, and other events. These funds are also vital for my organization to training and technical assistance on a variety of prevention related topics to diverse stakeholders throughout the state. This work aligns with Healthy People 2030, a national initiative to improve health and well-being by implementing strategies for sexual assault prevention and services.
28. On 01/07/2025, the WI-DHS awarded my organization a total of \$127,156 through the PHHS in FY25. The grant has a period of performance of 10/01/2023 to 09/30/2025 and a budget period of 10/1/2024 through 09/30/2025. My organization accepted this award on 01/06/2025. The NOFO and NOA did not include the new HHS and CDC funding conditions described above, but our current award is subject to the HHS GPS and CDC Terms and Conditions. We accepted the award on November 18, 2025, for a period of October 1, 2024 through September 30, 2026, in the amount of \$123.038. This money is critical to our operations.
29. Declining this funding would have a significant detrimental impact on my organization. The loss of this funding would further deteriorate the vital infrastructure for prevention in

the state. These funds support training and technical assistance to diverse stakeholders in health, education, public health, and other systems. This is also our primary source of funding to survivors directly and by offering opportunities for healing and learning. This funding supports over one and a half positions at our agencies; a loss of funding would lead to layoffs.

30. My organization's members have received HHS grants.

31. For example, Wisconsin SA Coalition Member Doe 1 receives FVPSA funds through our "Statewide Domestic Violence Grant" which is administered through our State Department of Children and Family Services (DCF.). The FVPSA funds are combined with State funding to make up their entire "Statewide Domestic Violence Grant" which is administered through the State DCF agency. All our interaction is with this state agency.

- a. On 11/26/24, HHS awarded Wisconsin Member Doe 1 a total of \$ 11,475 in FVPSA funds through the Statewide Domestic Violence Grant program administered through the State Department of Children and Family Services (DCF) in FY 2025. This is part of a larger total grant administered by DCF (including some state funds). The grant has a period of performance of 01/01/2025 – 12/31/2025 and a budget period of 01/01/2025 through 12/31/2025. They accepted this award on 11/26/2024. The current grant will expire on 12/31/2025. Wisconsin SA Coalition Member Doe 1 will apply for a continuing award in September/October of 2025, for the grant period of 01/01/2025 – 12/31/2025. When they receive the continuation award, the HHS GPS will apply.
- b. Declining this funding would have a detrimental impact on the agency. Their budget is very tight, and this decrease in funding would result in the agency

having to reduce staff hours, and inevitably less services to victims of domestic violence.

32. Wisconsin SA Coalition Member Doe 2 receives FVPSA funds as a passthrough underneath the Department of Children and Families, through Domestic Violence Services, Shelter Stabilization and Domestic Violence Housing First. They sign our awards directly through the State of Wisconsin, Department of Children and Families.
- a. On 01/01/2025, State of WI DCF awarded Wisconsin SA Coalition Member Doe 2 a total of \$351,539 through the DCF DVHF, DCF DV Services, and DCF Stabilization Grants for FY2025. The grant has a period of performance of 12 months and a budget period of January through December. Wisconsin SA Coalition Member Doe 2 has this award as a yearly continuation grant that will expire in 2026. When that expires, they plan to continue to apply for available funds through DCF.
 - b. Declining this funding would have a very significant impact on the organization. Without funding from this grant, they will be forced to consider staff reductions and potential cutbacks to 24/7 services and shelter programs. This would have a direct and harmful effect on the essential services that our county and community partners rely on, as the only victim services organization within the county. This could mean no helpline available for victims seeking immediate safety planning, no trained advocates to respond to law enforcement calls, court hearings, or hospital visits—especially during nights, weekends, and holidays. Victims in crisis may find themselves without a safe place to go or someone to accompany them during forensic exams, interviews, or court proceedings. It could also lead to

delays or gaps in restraining order assistance, legal advocacy, and case management.

- c. Community-wide, the absence of this member's services would likely result in increased pressure on already overburdened systems such as law enforcement, emergency rooms, and mental health providers—none of which are equipped to provide the specialized trauma-informed care that our organization offers. In short, without this funding, the safety net for victims of crime and abuse in the region would be severely compromised, leaving survivors without critical support at their most vulnerable moments and undermining the coordinated community response that is vital to public safety and justice.

33. Wisconsin SA Coalition Member Doe 4 receives HHS – FVPSA funding through the Wisconsin Department of Children and Families (DCF) as a DCF-Statewide grant in the amount of \$215,000 and a DCF-Children's grant in the amount of \$35,000.

- a. On 11/26/2024, HHS awarded Wisconsin SA Coalition Member Doe 4 a total of \$35,000 through the DCF Children's grant program in federal FY25. The grant has a performance and budget period of 01/01/2025 – 12/31/2025. They accepted this award on 12/02/2024. Wisconsin SA Coalition Member Doe 4 receives a yearly continuation grant and expects the grant to be renewed for the 01/01/2026 – 12/31/2026 funding cycle in late 2025 for federal FY26. They applied for this continuation funding on 07/09/2025.
- b. On 12/14/2024, HHS awarded Wisconsin SA Coalition Member Doe 4 a total of \$215,000 through its DCF Statewide grant program in federal FY25. The grant has a performance and budget period of 01/01/2025 through 12/31/2025. They

accepted this award on December 2, 2024. Wisconsin SA Coalition Member Doe 4 receives a yearly continuation grant and expects the grant to be renewed for the 01/01/2026 – 12/31/2026 funding cycle in late 2025 for federal FY26.

- c. Wisconsin SA Coalition Member Doe 4's active FVSPA awards total \$250,000. With an estimated operating budget for FY 2026 is approximately \$1.4M, these subgrants represent approximately 18% of their agency budget. The loss of DCF funding would have a significant detrimental impact on Wisconsin SA Coalition Member Doe 4's organization. Without these two grants, they would be forced to eliminate two full-time positions and two part-time positions that provide crisis and supportive services to 650-750 people in rural Wisconsin, including children's services, safety planning, crisis counseling, and outreach. Their service area has already experienced three intimate partner violence homicides in the first five months of 2025. As the only victim service agency and emergency shelter for victims of domestic violence in this rural area, the loss of this funding would be catastrophic to the agency and communities.
34. Wisconsin SA Coalition Member Doe 5 receives FVPSA funds as a passthrough from the Department of Children and Families. They sign awards with the State of Wisconsin, Department of Children and Families.
- a. On 01/01/2025, HHS awarded Wisconsin SA Coalition Member Doe 5 \$37,868 through the FVPSA in FY 2024. The grant has a period of performance of 10/01/2024 – 9/30/2025 and a budget period of 1/1/2025 through 12/31/2025. They accepted this award on 12/02/2024. FVPSA funds are part of a state grant received. The application for the continuation grant is due in October. When

Wisconsin SA Coalition Member Doe 5 receives the continuation award, it is expected that the HHS GPS will apply.

- b. Declining this funding would have a very significant detrimental impact on the organization. Without the funding for this grant, Wisconsin SA Coalition Member Doe 5 will have to reduce shelter capacity, meaning fewer victims of domestic violence will have safe shelter to come to. It is very likely that they will have to reduce staff. They only have 18 staff members total, including staff who staff shelter on evenings, weekends, overnights, and holidays. This would be a detriment to the community, who relies on the shelter for victims.
35. Wisconsin SA Coalition Member Doe 6 receives HHS grants, including grants: Teen Pregnancy Prevention (TPP), Personal Responsibility Education Program (PREP), Sexual Risk Avoidance Education (SRAE) and Title V Block Grant Funds. They have also been a recipient of Rape Prevention and Education (RPE). These grants are received as pass-through from the state department of health.
- a. Personal Responsibility Education Program (PREP) & Sexual Risk Avoidance Education (SRAE) Joint Contract: On 10/28/24, HHS awarded Wisconsin SA Coalition Member Doe 6 a total of \$180,000 through the PREP & SRAE Grant Programs in FY 2024. The grant has a performance and grant period of 10/01/24 – 9/30/25. They accepted this award on 10/28/24. They expect to see annual continuation awards through the length of the federal contract and will reapply when the grant expires.
 - b. Declining this funding would have a very significant detrimental impact on the organization. Without the funding for this grant, Wisconsin SA Coalition Member

Doe 6 would need to reduce staff and cut programming. Youth ages 14-19 statewide would no longer have access to positive youth development programming and would be denied positive impact from our framework for healthy, connected, and thriving youth.

- c. Title V Block Grant Funds: On 02/20/2025, HHS awarded Wisconsin SA Coalition Member Doe 6 a total of \$200,000 through the Title V Block Grant Programs in FY 2025. The grant has a performance and budget period of 1/1/25 – 12/31/25. They accepted this award on 02/20/25. They are in the process of applying for Title V Block Grant Funds for the next grant cycle and hope to be awarded funds by January 2026.
- d. Declining this funding would have a detrimental impact on Wisconsin SA Coalition Member Doe 6. Without the funding for this grant, they would need to reduce staff and cut programming. Youth ages 14-19 statewide would no longer have access to positive youth development programming and would be denied positive impact from our framework for healthy, connected, and thriving youth.
- e. Teen Pregnancy Prevention (TPP): HHS awarded Wisconsin SA Coalition Member Doe 6 a total of \$140,000 through the TPP funding in FY 2025. The grant has a performance and grant period of 7/1/2025 - 6/30/2026. Because this is a discretionary grant awarded after April 15, 2025, the new funding conditions in the HHS GPS apply to it. Wisconsin SA Coalition Member Doe 6 needs to accept this award by signing the formal contract from DHS once received, which should be any day now.

- f. Declining this funding would have a very significant detrimental impact on the organization. Without the funding for this grant, they would need to reduce staff and cut programming. Youth ages 14-19 statewide would no longer have access to positive youth development programming and would be denied positive impact from our framework for healthy, connected, and thriving youth.

HUD's and HHS's New Funding Conditions Place My Organization and its Members in an Untenable Position

36. Agreeing to the HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HHS. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.
37. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's

mission is to create social change to end sexual violence. The Wisconsin SA Coalition's Framework further describes the organization's vision as "a world without violence, oppression, and racism where all people honor bodily autonomy and social justice." It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

38. My organization is also unsure whether it can continue to operate programs that target underserved or marginalized communities. Healthy People 2030, the RPE NOFO, and other guiding documents prioritize addressing social and structural determinants of health to achieve health equity – including addressing inequities related to race. Now, it is unclear whether these programs would fall within the administration's interpretation of federal anti-discrimination law as prohibiting DEI and DEIA programs.
39. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."
40. My organization is also concerned about the HHS GPS condition requiring grantees to certify that they do not engage in, and will not during the term of this award engage in, a "discriminatory prohibited boycott." While none of our activities fall into this category, we are fearful how this condition has been used against organizations similar to ours for making public statements against war and genocide.
41. My member organizations are also concerned about the HUD condition that prohibits using grant funds to "promote" gender ideology. In providing direct client services and

technical assistance, we use partner and clients' preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing direct assistance, and accommodate the needs of the LGBTQ+ community. It is unclear whether my organization may continue these practices and activities while complying with the funding condition not to "promot[e] gender ideology."

42. My organization's members are concerned about the HUD conditions that prohibit using grant funds to "promote" "elective abortion." Our members do not provide abortion care, but they do not know what the government may consider to "promote" abortion. Members offer clients information about any healthcare services that they need. When pregnant survivors request abortion care, members provide them with resources on how to seek that care.
43. My organization's members are concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by "[a]ll current Executive Orders." They do not know what this condition's broad and vague language means for their organizations or how to comply with it, given the many new executive orders that it implicates.
44. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HHS grant awards and face the direct consequences to my organization's financial health and ongoing operations, and the health and operations of its member organizations, and to those who receive direct services. Or my organization could accept the funding with the conditions and jeopardize

its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

45. Additionally, my organization's members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. For example, member organizations would have to restrict activities targeting underserved populations in diverse categories, out of fear that those activities would be considered to violate prohibitions on DEI and DEIA. They would need to refrain from making appropriate referrals for healthcare where those referrals include abortion care. And they would need to restrict activities that recognize and respect transgender and nonbinary individuals' identities.
46. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values.

These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault

Victims and Survivors

47. These funding conditions threaten harm to survivors, programs, and communities throughout Wisconsin.
48. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on victims of sexual violence and communities.

49. My organization's operations are essential to supporting high quality programs and services that are essential in preventing sexual violence and building healthy communities. The Wisconsin SA Coalition's operations are essential to the network of direct service providers and prevention educators who rely on us for survivor-centered policies and practices, as well as evidence-based strategies for prevention. Without this funding, this prevention infrastructure that begins at the Coalition and permeates throughout the state would be irreparably harmed.

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

Executed on February 10, 2026.

/s/ Amanda Dotson

Amanda Dotson
Co-Executive Director
Wisconsin Coalition Against
Sexual Assault, Inc.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 1:25-cv-00342

DECLARATION OF KIRSTEN FAISAL

I, Kirsten Faisal, declare as follows:

I. Background

1. I am the Director of Training and Technical Assistance at the Iowa Coalition Against Domestic Violence (Iowa Coalition). Through a network of 23 statewide victim service programs, the Iowa Coalition provides comprehensive services to survivors of violent crimes, by taking a survivor-centered approach to victim services and supporting programs providing services to underserved populations, and providing member organizations with training, technical assistance, and other resources. The Iowa Coalition also serves as a direct service provider offering a legal program, financial literacy, educational scholarships, and emergency client assistance.

2. My organization was founded in 1985 and is headquartered in Des Moines, IA. The Iowa Coalition’s mission is “to engage all people in a movement to change the social and

political systems that perpetuate violence. We do this through education, advocacy, and quality services.” Its purpose includes addressing “the oppressive conditions and systems that perpetuate violence” and advancing “the needs of all people by shaping public policy, increasing civic engagement, and strengthening relationships to change the social and political systems that perpetuate violence.” The Iowa Coalition refers to our “plumbline” when referencing moving toward our purpose horizon. Our plumbline allows us to measure our course in service to our purpose. It allows for course correction and gathered momentum while staying centered and on course for the long arc of social/racial justice work toward a world that works for everyone, to the last girl.

3. The Iowa Coalition has a forty-year history of advancing best practices and engaging systems that respond to domestic violence, providing training and technical assistance, and lifting survivors' voices.

4. The Iowa Coalition first created statewide standards of service in the early 1990s. They have gone through several iterations since then, with the biggest overhaul taking place in 2012. They were recently updated with minor revisions and ratified by the Iowa Coalition’s member organizations in 2024. The standards of service are detailed and informative. It includes, for example evidence based best practices on emergency and long-term housing, non-judgmental victim-centered interventions and supports, and non-discriminatory and voluntary accessible services that meet the distinct needs of all people. They require that services to victims cannot be restricted based on: race, ethnicity, religion, gender, age, sexual orientation, substance use or abuse outside of shelter, disabilities, income, country of origin, immigration status, or English proficiency.

5. The Iowa Coalition plays a central and official role in Iowa's comprehensive response to domestic abuse. Under Iowa Law, courtroom victim counselors must be affiliated with either the Iowa Coalition or the state's sexual assault coalition. Similarly, victim counselors must receive at least twenty hours of training by the Iowa Coalition or one of two other organizations.

6. The Victims Assistance Section of the Iowa Attorney General's Office requires that all domestic abuse advocates who work in domestic violence shelters be certified by the Iowa Coalition and that all programs operate according to the standards of service developed by the Iowa Coalition in order to be eligible for funding.

7. The Iowa Coalition provides member organizations and the public with a variety of other resources to advance quality and necessary services to victims of domestic abuse. These include best practice documents to aid in: supporting immigrant victims of crime; providing affirming and safe services to LGBTQ+ identifying individuals; making decisions around child abuse reporting; and addressing confidentiality when law enforcement comes to a shelter. They also include direct resources for victims of crimes, including financial literacy classes, support groups for non-English speaking victims, outreach and engagement in rural communities, and housing and economic empowerment resources.

8. In fiscal year 2024, the Iowa Coalition responded to 1,075 technical assistance requests, providing critical support to advocates, organizations, and leaders serving victims across Iowa. The same year, the Iowa Coalition organized and completed 708 training, equipping 1,184 advocates and community members with tools to address domestic violence and foster prevention efforts. The Iowa Coalition held twenty-four community engagement events, including an annual Dia de los Muertos Tribute for Domestic Violence Awareness Month and

Advocacy Day, raising awareness of the root causes of violence and amplifying the voices of survivors of violence and the crime victim service providers that assist them. Fifty-two students were awarded scholarships through the Iowa Coalition's Alice Barton Scholarship Program, empowering survivors to pursue education and economic independence.

9. My organization receives grants from the Department of Health and Human Services (HHS). My organization has an annual budget of roughly \$1.3 million. Of that total amount, roughly \$490,670 comes from HHS grants, including subcontracts.

II. My Organization's Member Organizations

10. The Iowa Coalition Against Domestic Violence is a membership organization with 23 member agencies. To be a member, an organization must have, as its primary focus, crisis response services to crime victims and their families through crisis intervention, accompaniment during medical and legal proceedings, and follow-up counseling. Members must also provide only voluntary-based services, ensure confidentiality in services, and comply with our standards of service, our code of ethics, federal funding certified assurances of the Family Violence Prevention and Services Act, the Victims of Crime Act, and the Violence Against Women Act. Members pay a portion of their domestic violence services budget in dues.

11. The Iowa Coalition's membership includes a member, SafePlace, which provides services to victims of domestic abuse, sexual assault, stalking, human trafficking, homicide and other violent crimes in metro area and ten rural counties. SafePlace uses the funding for supportive services to survivors at risk or already homeless, provide intervention services to ensure housing stability, house victims of domestic and sexual violence in transitional housing and permanent housing models in rural and metro areas.

12. Members of my organization receive grants from HUD.

III. HUD's New Funding Conditions

8. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

9. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

IV. My Organization's Members' HUD Grants

10. My organization's members have received HUD grants, including grants under the CoC Grant Program and Emergency Solutions Grant Program. These funds are received directly from HUD. Awards are signed directly with HUD.

11. On January 29, 2025, HUD awarded SafePlace a total of \$115,775 through the CoC Grant in FY2025. The grant has a period of performance of January 1, 2025, through December 31, 2025, and a budget period of January 1, 2025, through December 31, 2025. SafePlace accepted this award on January 31, 2025. The NOFO and NOA did not include the

new HUD funding conditions described above, but SafePlace’s next award included those conditions. SafePlace also received funding for a domestic violence expansion project that began January 1, 2026, and increased the current project by \$298,382.

12. Declining this funding would have a catastrophic detrimental impact on my organization’s members. Without HUD funding, SafePlace would be forced to make devastating cuts to housing advocacy and support services. SafePlace would face the loss of trained staff who provide direct care to victims/survivors, including safety planning, emergency shelter access, housing navigation, and legal advocacy. Survivors fleeing violence would be left without critical housing support, increasing their risk of homelessness or returning to unsafe environments. The ripple effect would harm not only individual survivors, but also the broader community—including local law enforcement, healthcare providers, and child welfare systems—as the need for emergency response and crisis intervention surges. This funding is essential to keeping survivors safe and ensuring our communities continue to have a coordinated, trauma-informed response to domestic violence.

13. SafePlace has received HUD funding since 2016. They plan on applying for the Iowa Balance of State CoC to provide CoC Rapid Rehousing in other counties.

V. HHS’s New Funding Conditions

14. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal

funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹

15. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

16. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

17. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

18. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.

19. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.

20. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

VI. My Organization's and its Members' HHS Grants

21. My organization has applied for and received a grant from HHS's Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act ("FVPSA Coalition Grant") for the past 39 years.

22. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support training for mediators in family law cases that involve domestic abuse; victim counselor training for new advocates around the state; advance training and technical assistance on topics such as serving immigrant victims of crime, engaging men, best practice for serving LGBTQ+ survivors; technical assistance on HUD regulations, best practice and protocols for homeless and housing services; expert witness consultation and testimony in domestic abuse prosecutions; and crisis counseling, information, referrals, and support for victims of violent crime.

23. On July 8 and 9 2025, HHS awarded my organization a total of \$382,407 through the FVPSA Coalition Grant for FY 2026 and a supplemental award, respectively. The grant has a period of performance of October 1, 2024, through September 30, 2026, and a budget period of October 1, 2025, through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and ACF Standard Terms and Conditions, which contain the new funding conditions described above, apply to the award.

24. On August 1, 2024, HHS awarded my organization a total of \$350,670 through the FVPSA Coalition Grant in FY 2025. The grant has a period of performance and a budget period of October 1, 2023 through September 30, 2025. My organization accepted this award on October 1, 2024. While that NOFO and NOA did not include the new HHS funding conditions described above, the next award is subject to the HHS GPS and ACF Standard Terms and

Conditions. The Iowa Coalition receives yearly continuation for the FVPSA Coalition Grant and we received notice of the new award for this budget and project period on July 8 and 9, 2025.

25. Declining this funding would have a catastrophic detrimental impact on my organization. Without the funding for this grant, up to 5 FTE positions, which is equivalent to half the current staff, would be laid off. The Iowa Coalition is an essential part of the structure of victim services in Iowa. The Iowa Coalition provides consistency in services through training and maintenance and enforcement of standards of services. The Iowa Coalition strengthens the infrastructure of victim services by providing evidence-based training and specialized support to each member program and direct service provider to meet their technical needs. Without this funding, domestic violence service providers will no longer have a unified voice at the state and federal level to ensure policies and protocols are victim centered; this funding helps us monitor, advocate, and shape policies and proposals that affects survivors safety, housing, law enforcement response, and economic justice and it helps us push back on harmful policies and advance systemic solutions to end violence. Victims will be impacted too, particularly those from underserved communities, as they would experience greater barriers to receiving vital services due to lack of trauma-informed care training among service providers, especially for unhoused/homeless individuals. Further, the legal system would be less victim-friendly with victims entering into mediation and other processes without specialized knowledge of domestic violence. Without the Iowa Coalition's services, systems will become more fragmented, and survivors are left navigating unsafe, and inequitable conditions. Our work is a strategic investment in public-safety, survivor well-being, and a more just response to domestic violence victims across all sectors.

26. All of my organization's members receive HHS grants, including Family Violence Prevention and Services Act Grants (FVPSA). These grants are passed through the Iowa Attorney General's Office, Victim Assistance Section (VAS) through a competitive process. For example, on October 8, 2024, VAS awarded Iowa Coalition member SafePlace a total of \$140,800 from FVPSA monies awarded to the state on FY 2025. The grant had an initial performance period of and budget period of October 1, 2024 through September 30, 2025. SafePlace accepted this award on October 8, 2024. Many of our members, including SafePlace, as the region's dedicated victim services shelter received FVPSA funding for FY 2026 as well. SafePlace, like other members, submits a competitive application annually and awards are typically granted in October of every year to match the federal fiscal year. SafePlace received its new award in fall 2025 and it is our understanding that the HHS GPS apply.

27. Declining this funding would have a catastrophic detrimental impact on my organization's members. Without the funding, SafePlace would be forced to make devastating cuts to shelter operations, and other victim support services. HHS' FVPSA was designed to fund confidential domestic violence shelters and SafePlace serves 19-counties in Iowa who rely on its emergency housing services to keep survivors and their dependents safe. SafePlace would face the loss of trained trauma-informed staff with years of experience and who provide direct care to survivors, including safety planning, emergency shelter access, housing navigation, medical and legal advocacy. Survivors fleeing violence would be left without critical housing support, increasing their risk of homelessness or returning to unsafe environments. The ripple effect would extend beyond individual survivors—straining entire communities in rural and metro areas including local law enforcement, healthcare systems, and child welfare services—as demand for emergency response and crisis intervention intensifies. This funding is essential to

keeping survivors safe and ensuring our communities continue to have a coordinated, trauma-informed response to domestic violence.

VII. HUD’s and HHS’s New Funding Conditions Place My Organization and its Members in an Untenable Position

28. Agreeing to the new conditions would cause significant harm to my organization. The conditions are vague and appear to conflict with our core mission and long-standing activities—many of which have been carried out in good faith under prior HUD and HHS grants. These new terms would require us to abandon work that was previously supported and encouraged. Thus, my organization does not know how it may comply with the new funding conditions and contradicting terms, while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of domestic and sexual violence. It is an untenable position.

29. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws while compliance with those antidiscrimination laws may be material for False Claims Act purposes under these new conditions. While we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization’s mission is focused on serving victims down to the last person with the most barriers. This necessitates a focus on underserved communities and specialized strategies and tools to provide trauma-informed services. For example, from our direct services standards for member programs: *“Programs shall not inquire about immigration status as part of initial screening to determine*

eligibility for services. [...] On request, programs link women with immigration concerns to an attorney specializing in immigration. [...] Programs shall inform immigrant clients of their right to self-petition for immigration status under the Violence Against Women Act, or as crime victims under U-visa provisions, or as victims of trafficking under T-visa provisions. [...] Advocates will assist battered immigrant women with documenting and substantiating their claims of abuse as part of their petition for immigration status.” Also “Programs shall be sensitive to any additional privacy or safety needs of transgender clients and make accommodations as necessary to ensure they receive services. Accommodations needed are not a factor in determining eligibility for services. Staff maintains confidentiality about transgender status in the same way they would respect the privacy of other clients' medical information. Transgender clients needing assistance with maintaining hormonal treatment are connected to appropriate medical resources.” It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

30. My organization is also unsure whether it can continue to operate programs that target underserved or marginalized communities, including providing Victim Know Your Rights information and materials to the community, and training and technical assistance on immigrant populations to our member programs that serve them. Furthermore, addiction can often qualify as a disability under the Americans With Disabilities Act. One of the most common technical assistance requests the Iowa Coalition receives involves helping clients who are struggling with substance use and mental health issues, particularly anxiety disorders, depression, and post-traumatic stress disorder. Now, it is unclear whether these programs would fall within the

administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.

31. For the same reasons, my organization is concerned that it cannot comply with conditions that prohibit the operation of any programs that “advance or promote DEI, DEIA, or discriminatory equity ideology.” For example, the Iowa Coalition’s direct services standards for member programs includes: “*Domestic abuse programs shall strive to connect with and serve previously underserved women. This includes engaging women from these communities as volunteers, paid staff, board members, and resource providers.*” Another standard regarding disability access states: “*Advocates shall be knowledgeable about their clients’ rights to sign language interpreters, and other accommodations, and will advocate for these rights within medical, legal, educational, social service, and other systems.*”

32. Domestic violence programs and shelters have long built their services around accessibility mandates—ensuring inclusive support for LGBTQ+ individuals, immigrants, and survivors with disabilities. Yet, under the new DEI and DEIA restrictions, these life-saving accommodations are now being called into question, despite the fact that survivors with disabilities experience domestic and sexual violence and disproportionately high rates.

33. Iowa Coalition member organization SafePlace is also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. In providing direct client services and technical assistance, SafePlace staff use clients’ preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing direct assistance, and accommodate the needs of the LGBTQ+ community by referring survivors to LGBTQ+ services, discussing LGBTQ+ relationships in victim counselor training; and assisting local service providers to develop

protocol and practices that are victim-centered, which includes being an organization that affirms and validates the victim/survivor as a whole regardless of their gender identity or sexual orientation. It is unclear whether SafePlace may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”

34. The Iowa Coalition’s member organizations are concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” Neither the Iowa Coalition nor its member programs provide abortion care, however assisting clients to meet their healthcare needs is a common type of advocacy, this includes the full range of reproductive healthcare. When survivors request abortion care, SafePlace connects them with trusted resources and support them in navigating access to that care.

35. Members including SafePlace are concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” There have been an unprecedented number of Executive Orders so far during this administration and SafePlace does not know what this condition’s broad and vague language means for compliance. Many of these orders would not seem to be relevant to victim services but considering the lack of interpretation available, they do not know what they are being asked to comply with.

36. The new funding conditions present my organization and its members with an impossible choice. My organization and its members could forgo accepting HUD and HHS grant awards and face dire financial consequences and dramatically reduce programming and services, impacting crime victims/survivors directly. The other option is that my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or

regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

37. Additionally, my organization's members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. For example, when working with victims of domestic violence, SafePlace advocates may gather information about housing accommodation needs, the need for specific legal services, including immigration legal services, to facilitate proper care and access to available resources. When carrying out programs under the FVPSA Grant, SafePlace ensures that any accessibility, legal or medical needs are identified and addressed, including the use of preferred pronouns to ensure that care is respectful, compassionate, and appropriate. Under this new grant terms and conditions, SafePlace would have to fundamentally alter this programming in a way that undermines its ability to serve certain underserved populations and runs contrary to the organization's values.

38. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values and FVPSA statute.

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

39. These funding conditions threaten harm to victims of domestic abuse who face the greatest barriers to achieving safety and stability. Batterers weaponize social vulnerabilities such

as immigration status, LGBTQ+ identity, race, and disabilities to prevent their partners from leaving; for example: a U.S. citizen might dangle promises of completing immigration paperwork over an immigrant partners head to establish compliance; or a person might be threatened with being outed at work as transgender and then face possible termination in a state like Iowa with no workplace protections for transgender individuals. Without the ability for advocates to have honest open discussions about the full range of vulnerabilities victims face, including risk factors that impact them differently based on their race, gender, or LGBTQ+ status, safety plans have major gaps that can even prove fatal. All victims deserve the respect and dignity of receiving personalized advocacy that meets their needs.

40. Conversely, if my organization or its members turned down the funds because of the conditions, The reduction or outright termination of these services would have devastating effects on the community of survivors and victims of domestic and sexual violence.

41. My organization's operations are essential to creating and supporting comprehensive services for domestic abuse survivors. Through training, standards, technical assistance, and day to day assistance, the Iowa Coalition supports a trauma-informed culture of respect and personal service provision among our member programs. We link survivors and their loved ones who contact us to appropriate services including culturally-specific programming. And we give guidance to housing and homeless assistance, medical and legal system, and other allied professionals whose work intersects with the lives of victims of domestic violence. In the absence of fully funded services, the connection between national level best protocols and emerging practices to the direct services field would be broken, crisis responders would have nowhere to turn for assistance and support when they find themselves at a loss with a particular

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official capacity
as Secretary of the United States Department of Health
and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

DECLARATION OF CARIANNE FISHER

I, Carianne Fisher, declare as follows:

I. Background

1. I am the Executive Director at the North Carolina Coalition Against Domestic Violence (North Carolina Coalition), North Carolina's federally designated domestic violence coalition.

2. The North Carolina Coalition was founded in 1981 and is headquartered in Durham, North Carolina. The North Carolina Coalition has a goal of bridging gaps in domestic violence services and improving communication and collaboration between service providers.

3. The North Carolina Coalition provides training and technical assistance to its membership and convenes and participates in meetings across the State with membership and allied professionals.

4. My organization receives grants from the Department of Housing and Urban Development (HUD) and from the Department of Health and Human Services (HHS). My

organization currently has an annual budget of roughly \$6.2 million. Of that total amount, roughly \$3.8 million comes from HUD grants, including subcontracts; and another \$994,000 comes from HHS grants, including subcontracts and state passthrough funding.

II. My Organization's Member Organizations.

5. The North Carolina Coalition's membership is comprised of approximately 125 organizations across the state, including organizations singularly devoted to serving victims of domestic violence, educational institutions, and community partner organizations that serve victims of domestic violence in fields such as housing, legal services, and healthcare.

6. Members of my organization receive grants from HUD and HHS.

III. HUD's New Funding Conditions

7. In 2025, HUD began applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

8. The Notices Of Award (NOAs) for those HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also included requirements that the recipient: (1) "shall not use grant funds to promote 'gender ideology,'" as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the

Civil Rights Act of 1964;” and (4) “shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment.”

IV. My Organization’s and its Members’ HUD Grants

10. My organization has applied for and received a competitive grant from HUD for the Continuum of Care Grant Program (“CoC Grant”), for the past 2 1/2 years. The North Carolina Coalition signs an award letter with HUD and receives funds directly from them.

11. On February 26, 2024, HUD awarded my organization \$3,274,177 through the CoC Grant for FY 2023. The grant had a period of performance of 12 months and a budget period of January 1, 2025 through December 31, 2025. My organization accepted this award on February 26, 2024. The NOFO and NOA did not include the new HUD funding conditions described above. On September 29, 2025, we received an award letter for the budget period of January 1, 2026 through December 31, 2026, indicating we had been awarded \$3,760,266 for FY 2024. The grant agreement included the conditions listed above. My organization accepted the award and signed the grant agreement, striking through the above conditions, on December 19, 2025. .

12. My organization relies heavily on the CoC Grant to fund critical services to support individuals and families experiencing chronic homelessness. These funds support 20 “Safe at Home” subrecipient agencies across the Balance of State, a geographic designation that includes 72 counties in North Carolina. These agencies’ programs use CoC funds to provide rental assistance and supportive services to individuals and families who meet the Category IV HUD definition of homelessness related to domestic and sexual violence and stalking. *See* 24 CFR § 578.3. In 2025, our program will serve 164 households and 304 individuals through rapid rehousing. Losing this funding would eliminate one of the only housing programs dedicated to

survivors of domestic violence in the state, causing imminent evictions, increasing homelessness, or forcing families to remain in unsafe homes.

13. Declining the HUD CoC funding would have a very significant detrimental impact on my organization and its mission. Without this funding, we would likely be forced to cut staffing, as would the 20 subrecipient agencies of the Safe at Home program. Furthermore, survivors and their families across the Balance of State would be without a dedicated permanent housing program. Without this program, it is nearly impossible for many families to find affordable housing, particularly when navigating the physical, emotional, and financial fallout and trauma of violence. Other rental assistance and housing programs in the state are overburdened with long waiting lists and are not tailored to the safety and confidentiality needs of survivors.

14. My organization's members have received HUD grants, including grants under the CoC Grant Program, Emergency Solutions Grant (ESG), and Community Development Block Grant (CDBG). For example, Member Doe receives ESG funding and CDBG funding as passed through their local city government, who receives these funds directly from HUD.

15. My organization's members have also applied for the following upcoming HUD Grants: CoC Grant, ESG Grant, and CDBG Grant.

V. HHS's New Funding Conditions

16. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April

16, 2025.¹In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

17. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 . . . , including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore . . . is not eligible for funding . . . absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

18. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions the following new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws. That was replaced by the July GPS.

July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

19. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.

20. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.

21. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

VI. My Organization’s and its Members’ HHS Grants

22. My organization has applied for and received a grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (“FVPSA Coalition Grant”) for at least the past 22 years.

23. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support training and technical assistance for local domestic violence service providers; conducting statewide needs assessments gathering critical information on direct service needs for victims of domestic violence; assisting in planning and monitoring the distribution of FVPSA state subgrants; collaborating with service providers and community-based organizations to address the needs of domestic violence victims; collaborating with community entities in fields such as housing, healthcare, mental health, social welfare or business to develop effective policies, protocols, and programs to address domestic violence victims' needs; working with judicial and law enforcement agencies to ensure appropriate responses to cases of domestic violence and child custody and visitation cases involving child exposure to domestic violence; collaborating with Indian tribes and tribal organizations to address the need of Native American victims of domestic violence; supporting the development of policies, protocols, and procedures to enhance domestic violence prevention and intervention in North Carolina; serving as an information clearinghouse, primary point of contact, and resource center on domestic violence for North Carolina; and supporting trauma-informed programming to identify training, technical assistance, and supports needed for trauma-focused intervention strategies that address lifetime exposure to domestic violence.

24. On September 11, 2024, HHS awarded my organization \$363,657 through the FVPSA Coalition Grant for FY 2024. The grant had a period of performance of up to 24 months and a budget period from October 1, 2023 through September 30, 2025. My organization accepted this award on October 23, 2024. The NOFO and NOA did not include the new funding conditions described above, but we understand from FVPSA that the next award is subject to the ACF Standard Terms and Conditions.

25. On July 8, 2025, HHS awarded my organization a total of \$368,750 through the FVPSA Coalition Grant for FY 2025. On July 9, 2025, HHS awarded my organization an additional \$13,657 for this same grant, for a total of \$382,407. The grant has a period of performance of up to 24 months and a budget period of October 1, 2024 through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the ACF Standard Terms and Conditions, which contains the new funding conditions described above, apply to the award. My organization drew down on these funds on September 30, 2025.

26. Declining this funding would have had a very detrimental impact on my organization. Without the funding for this grant, we would likely need to lay off 2 to 5 staff members. We would be unable to maintain the staffing levels necessary to provide needed training and support to local domestic violence service providers who work directly with domestic violence victims every day. Without this funding, we would be unable to travel to other areas of the state and devote time to developing new training curricula based on topics identified by service providers and on emerging issues from the field.

27. My organization applied for and received a non-competitive grant supplement called the Family Violence Prevention and Services Act (FVPSA) Hurricanes Fiona and Ian Domestic Violence Services Disaster Assistance and Recovery Supplemental Funding Program (FVPSA DVDR Supplement) from the HHS's Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act in 2023.

28. My organization has used FVPSA DVDR Grant funds for many purposes. For instance, these funds have been used to provide technical assistance for disaster planning, to convene with other state coalitions to develop a domestic violence disaster response template,

and to promote the funding for repairs available through the FVPSA DVDR funding received by our state administrator.

29. On December 1, 2023, ACF awarded my organization a total of \$111,111 through the FVPSA DVDR Supplement in FY2023. The grant has a period of performance of 09/14/2022 through 09/30/2027 and a budget period of 09/14/2022 through 09/30/2027. My organization accepted this award on 12/13/2023. The Supplemental Funding Program Instruction issued by ACF and the NOA did not include the new HHS funding conditions described above. But we expect that any future similar grant, or grant renewal, would include the HHS Conditions.

30. Declining this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, we would not be able to move forward with our statewide disaster response plan and would not be able to provide assistance to those programs who have experienced hurricane-related destruction.

31. My organization has applied for and received a competitive grant from the Center for Disease Control (CDC) for the Domestic Violence Prevention Enhancement and Leadership Through Alliances program (“DELTA Grant”) for the past 23 years. The current iteration of this program is called DELTA AHEAD (Achieving Health Equity through Addressing Disparities).

32. My organization has used DELTA Grant funds for many purposes. For instance, these funds support implementation and evaluation of community and society-level primary prevention strategies that move North Carolina and communities served towards decreasing risk factors and increasing protective factors for intimate partner violence as well as towards more equitable health outcomes.

33. On March 21, 2025, CDC awarded my organization a total of \$500,000 through the DELTA Grant in FY 2025. The grant has a period of performance of 12 months and a budget

period of March 2, 2025 through March 1, 2026. My organization accepted this award on April 19, 2025. The NOFO and NOA did not include the new HHS and CDC funding conditions described above, but I expect that the next award will be subject to the HHS GPS and CDC Terms and Conditions. The CDC DELTA grant is a 5-year award, and we are currently in year 3 of the grant period. Every five years, CDC DELTA has a rigorous, competitive application. But in addition to that 5-year process, each year, NCCADV prepares and submits a comprehensive Annual Progress Report (APR) on grant goals. After the APR is accepted, CDC DELTA issues a technical review of that report. If our APR is accepted, then CDC DELTA will award the NOA each fiscal year. Accordingly, we expect that the next annual award we receive will be subject to the HHS GPS and CDC General Terms and Conditions.

34. Declining this funding would have a very significant detrimental impact on my organization, and more importantly, on the people of North Carolina. Without the funding from this grant, there would be no federally funded primary prevention of domestic violence in the state of North Carolina. Primary prevention efforts stop violence before it occurs. With this funding, my organization has led several efforts, including reviving and expanding a multi-sector Coordinated Community Response Team focused on violence prevention in New Hanover County, creating a Teen Advisory Council that will begin working on a social norms campaign this fall, training Executive Directors and other leadership about the importance of economically supportive policies and practices to support the wellbeing of advocates (preventing burnout, buffering against secondary trauma, and increasing economic stability) and improve the work that agencies do, creating other trainings for organizational leadership to better support advocate wellbeing (50% of whom are survivors themselves) based off of the findings from listening sessions we held with advocates, and supporting front line staff members in getting more support

from their organization that will benefit their mental and physical health – efforts which are vital to preventing abuse. Without this funding, we would be forced to lay off 2 to 4 staff members and close our prevention program.

35. My organization's members have received HHS grants, including grants through the CDC under the DELTA grant program. These funds are received from my organization as a subgrantee of my organization's DELTA funding.

36. For example, Member Doe currently receives a DELTA grant as a subgrantee of my organization. This funding is used to address prevention strategies and community collaborations to prevent domestic violence in Member Doe's multi-county service area and provides funding for one full time staff member and partial funding for another staff member's salary.

37. On March 2, 2025, HHS awarded Member Doe a total of \$ 116,735.77 through the DELTA Grant Program in FY26. The grant has a period of performance of March 2, 2025 through March 1, 2026, and a budget period of March 2, 2025 through March 1, 2026. Member Doe accepted this award in March 2025. When Member Doe receives the continuation award, the HHS GPS will apply to it.

38. Declining this funding would have a very significant detrimental impact on this member organization. Without the funding for this grant, Member Doe would struggle to operate ongoing prevention programming, including existing collaborations with schools, law enforcement entities, and community partners working to prevent future domestic violence in Member Doe's community, and would have to find new funding sources for multiple staffing positions or risk reducing staff size. This would have a detrimental impact on the community that

Member Doe serves. Without prevention programming, more sexual violence will occur, causing devastating impacts on individuals and the community at large.

VII. HUD's and HHS's New Funding Conditions Place My Organization and its Members in an Untenable Position

39. Agreeing to the HUD and HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

40. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws and agreeing that compliance with those antidiscrimination laws is material for False Claims Act purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission recognizes domestic violence as a pattern of behavior involving power and control dynamics, which often implicates systems of oppression including sexism, racism, and xenophobia. A guiding principle of our work is that organizations should be representative of the communities that they serve. It is unclear whether my organization's mission and guiding principles violate the certification, and

whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

41. My organization is also unsure whether it can continue to operate programs that target underserved or marginalized communities, including training and technical assistance tailored to culturally specific services or serving survivors with unique accessibility and tailored service needs. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.

42. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."

43. My organization is concerned about the conditions requiring a certification of compliance with the Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. My organization is concerned that this interpretation would require our organization to ignore federal law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services.

44. My organization is also concerned about the HUD condition that prohibits using grant funds to "promote" gender ideology. We believe in survivor-centered services, which require addressing survivors' individual needs—including needs based on their gender identity. In providing direct client services and technical assistance, many of my organization's staff use individuals' preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing training and technical

assistance, and accommodate the needs of the LGBTQ+ community in recognizing and addressing gaps in domestic violence service provision. It is unclear whether my organization may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”

45. My organization is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” We do not provide abortion care, but we do not know what the government may consider to “promote” abortion. Reproductive health access, including abortion, is part of my organization’s understanding of the diverse network of care options needed to address the needs of all victims of domestic violence. We recognize that reproductive coercion, which includes a range of behaviors that interferes with a person’s ability to control their reproductive health choices, is a common aspect of domestic violence. In recognizing that abusive partners often sabotage birth control, coerce someone to become pregnant, commit acts of rape, or use threats of violence to otherwise control their partner’s reproductive health services, my organization recognizes that access to all forms of reproductive healthcare is necessary to help victims address and heal from abuse on their own terms. It is unclear if this recognition of reproductive coercion and the services needed to effectively address the needs of all survivors experiencing reproductive coercion would be interpreted as “promoting” abortion under the current HUD conditions.

46. My organization is concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” Because executive orders currently only direct and prohibit conduct by federal agencies, which my organization is not, it is unclear how this language would be used to apply the content of executive orders to the work of my organization. Additionally, there are a

number of executive orders with vague language, making it difficult to discern the legal meaning and import of executive orders as related to my organization.

47. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HUD and HHS grant awards and face the direct consequences to my organization's financial health and ongoing operations and the health and operations of its member organizations, and to those who receive direct services. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements and face enormous risks of litigation and government investigations under the False Claims Act.

48. Additionally, when faced with these conditions, my organization's members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. For example, Member Doe is in the process of developing programming specifically for LGBTQ people and is uncertain whether creating this space in a trauma-informed way for trans survivors would run afoul of grant conditions. Member Doe also currently offers training for all staff on diversity, equity, and inclusion principles so that all staff are prepared to assist diverse survivor populations. Member Doe would have to cease this training under current grant conditions. Like my organization, Member Doe has also adopted an official definition of domestic violence that incorporates the following language, "[W]e believe that all oppressions play a central role at the individual, institutional, and cultural levels in creating and maintaining an environment which accepts domestic violence. We believe it is vital to understand and advocate for the elimination of all forms of oppression, including, but not limited to sexism, racism, and homophobia. Our principles embrace equality, diversity, and inclusion. We are committed to a vision of a just

society, and to changing the current beliefs and institutions which encourage domestic violence.”

This definitional language appears to be prohibited by current grant conditions, requiring Member Doe to fundamentally alter the language and philosophy of their work, interfering with their ability to provide services and programming for underserved populations across their community.

49. My organization’s members fear that if they agree to the new funding conditions, they could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization’s members would have to change its practices, in many cases contrary to its core values.

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

50. These funding conditions threaten harm to domestic violence service providers and the diverse cross section of victims of domestic violence that they serve in North Carolina. The lack of legal clarity of many of these conditions and the contradictory legal meaning of other conditions increases the risk that victims may be delayed in receiving services or denied services that may save their lives or the lives of their family members.

51. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of survivors and victims of domestic violence.

52. My organization's operations are essential to ensuring that domestic violence service providers have access to the resources and expertise they need to serve the growing constituencies of domestic violence victims across North Carolina. In the absence of fully funded services under both HUD Grants and HHS Grants, my organization would not be able to provide the staffing, expertise, and legal clarity that our members rely upon, which will reduce their capacity for service and inevitably lead to victims being denied or turned away from lifesaving resources.

53. Member Organization Doe's operations are also essential, and it would also harm survivors if they are not fully funded. Without the DELTA grant, Member Doe will not be able to provide critical domestic violence prevention services and community collaboration services to survivors in its service area. Member Doe would also lose funding for staff that provide these critical services.

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

Executed on February 09, 2026.

Carianne Fisher

Carianne Fisher (Feb 9, 2026 16:19:53 EST)

CARIANNE FISHER
EXECUTIVE DIRECTOR
The North Carolina Coalition
Against Domestic Violence

Fisher Decl._NC_2.9.26

Final Audit Report

2026-02-09

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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

DECLARATION OF LISA GUILLETTE

I, Lisa Guillette, declare as follows:

I. Background

1. I am the Executive Director at Foster Forward (“Foster Forward”), a direct service nonprofit organization in Rhode Island that supports youth transitioning out of foster care.

2. Foster Forward was founded in 1995 and is headquartered in East Providence, Rhode Island. Our mission is to empower lives impacted by foster care. We provide housing, workforce, financial capability, and permanency services to youth and young adults with foster care experience.

3. Foster Forward operates Your Way Home, which provides a Drop-In Center, transitional housing and rapid rehousing for youth experiencing homelessness; Works Wonders®, our nationally recognized workforce development program; Real Connections, a

mentoring program; ASPIRE, a financial capability program; on-site crisis intervention and well-being support. Foster Forward also provides free clothing, furniture and home supplies for the clients we serve.

4. Foster Forward receives grants from the Department of Housing and Urban Development (HUD). Our organization has an annual budget of approximately \$3.5 million. Of that total amount, approximately \$520,000 comes from HUD's Continuum of Care Grant Program ("CoC").

II. HUD's New Funding Conditions

5. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

6. The Notice of Awards ("NOAs") for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

III. Foster Forward's HUD Grants

7. Foster Forward has applied for and received a competitive CoC Grant for the past 7 years. We currently have 3 grants directly through HUD.

8. On May 28, 2025, Foster Forward received a Notice of Award (NOA) for a total of \$258,744 through the CoC Grant in FY2024. The grant has a performance period of January 1, 2026 through December 31, 2026 and a budget period of January 1, 2026 through December 31, 2026. The NOFO for this award did not include the new funding conditions described above, but the NOA did. After this Court issued a Preliminary Injunction on October 23, 2025, Foster Forward executed the grant award and is now actively drawing down the funds for this grant.

9. Foster Forward has been awarded a Youth Transitional Housing/Rapid Rehousing (YHDP CoC Award) for a total of \$183,780. This is a direct HUD grant with a start date of November 1, 2025, and it provides a hybrid housing model combining transitional housing and rapid rehousing to meet the unique needs of vulnerable youth. The NOFO for this award did not include the new HUD funding conditions described above, but the NOA did. After this Court issued a Preliminary Injunction on October 23, 2025, Foster Forward executed the grant award and is now actively drawing down the funds for this grant.

10. Foster Forward has been awarded a Drop-In Center for Youth Experiencing Homelessness (YHDP CoC Award) for a total of \$78,905. This is a direct HUD grant with a start date of December 1, 2025, and it offers low-barrier, trauma-informed services for youth experiencing homelessness, including access to basic needs, case management, and housing navigation. The NOFO for this award did not include the new HUD funding conditions described above, but I the NOA did. After this Court issued a Preliminary Injunction on October

23, 2025, Foster Forward executed the grant award and is now actively drawing down the funds for this grant.

11. Foster Forward relies heavily on the CoC Grants to fund critical housing stabilization services for youth experiencing homelessness. These funds support our Your Way Home program, which provides case management, housing navigation and rental assistance for homeless youth ages 18-24, including those exiting foster care, experiencing domestic violence, or aging out of residential placements.

12. Declining the HUD CoC funding would have a significant detrimental impact on our organization and mission. Without this funding, we would be forced to eliminate positions for housing case managers, reduce access to rapid rehousing rental assistance, and turn away young people in urgent need of shelter and support.

13. Declining these funding sources would result in increased homelessness among the youth we serve, exacerbate service gaps across Rhode Island, and force difficult staff layoffs in our housing team.

14. Foster Forward also intends to apply for future HUD CoC grants in the next application cycle, expected in early 2026.

IV. HUD's New Funding Conditions Place Foster Forward in an Untenable Position

15. Agreeing to HUD's new funding conditions would cause Foster Forward profound harm. The funding conditions are vague, and several could be read to conflict with our core values and the activities we have undertaken for years in furtherance of our mission and in reliance on HUD support. The new language requires us to interpret Executive Orders in legally uncertain ways, increasing risk and uncertainty.

16. Foster Forward is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and agreeing that compliance with those antidiscrimination laws is material for False Claims Act purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. Foster Forward's values are rooted in equity and inclusion, and we explicitly serve youth in need regardless of race, gender, sexual orientation, or immigration status. It is unclear whether Foster Forward's mission and guiding principles violate the certification, and whether we could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to our true beliefs.

17. Foster Forward is concerned about the HUD condition that prohibits using grant funds to "promote gender ideology." In providing direct services, our staff affirm youth identities, use preferred pronouns, and accommodate trans and nonbinary youth in our housing, workforce, and mentoring programs. It is unclear whether my organization may continue these practices and activities while complying with the funding condition not to "promot[e] gender ideology." Complying with this condition may force us to choose between federal funding and ethical obligations to the youth we serve.

18. We are also concerned about the condition prohibiting use of funds to "promote elective abortion." While we do not provide abortion care, our case managers and peer navigators provide youth with information about all available healthcare options, including reproductive care. The vagueness of this clause could criminalize or defund the act of informing youth about legal medical services.

19. We are concerned about the HUD condition that our use of funds and operation of projects must comply with “all current Executive Orders.” This language is sweeping and ambiguous. We do not know what specific requirements are implicated or how to assess compliance with a moving target.

20. These new funding conditions present Foster Forward with an impossible choice. We could forgo accepting the HUD grant award and face the direct consequences to our financial health and our ability to house vulnerable youth. Or we could accept the funding with conditions that may violate our values, conflict with state licensing and professional standards, and face enormous risks of litigation and government investigations under the False Claims Act.

21. Foster Forward fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate those risks, we may be forced to modify our services in ways that are harmful to youth and inconsistent with our trauma-informed, person-centered approach.

V. These Funding Conditions Threaten to Harm Youth Aging Out of Foster Care

22. These funding conditions threaten harm to youth with foster care experience, including those aging out of the system, LGBTQ+ youth, youth of color, and immigrant youth. These are the very populations most likely to be homeless and least likely to find housing in the private market. Our services help them stabilize, heal, and become self-sufficient.

23. Conversely, if Foster Forward turns down the funding due to the conditions, we will be forced to reduce or eliminate critical housing supports. The loss of services would push more youth into homelessness, survival sex, or unsafe conditions.

24. Foster Forward's programs have helped hundreds of youth find and sustain housing. We are one of the few providers in Rhode Island with deep experience serving this population. Without adequate funding and legal clarity, we cannot meet the demand or fulfill our mission.

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

Executed on February 4, 2026.

A handwritten signature in black ink, reading "Lisa Guillette", written in a cursive style. The signature is positioned above a horizontal line.

Lisa Guillette
Executive Director
Foster Forward

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

Case No. 25-cv-342

HOUSE OF HOPE COMMUNITY
DEVELOPMENT CORPORATION, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

DECLARATION OF SUSAN HIGGINBOTHAM

I, Susan Higginbotham, declare as follows:

I. Background

1. I am the Chief Executive Officer at the Pennsylvania Coalition Against Domestic Violence (PCADV, or Pennsylvania Coalition), a coalition of 59 domestic violence member programs providing direct services in all 67 PA counties. PCADV provides passthrough funding, training, and technical assistance to the local programs.

2. PCADV was founded in 1976 and is headquartered in Harrisburg, PA. PCADV serves as both a membership organization and a funder for Pennsylvania's domestic violence

service programs, making it the largest domestic violence coalition in the United States. It is the oldest statewide domestic violence coalition in the nation.

3. Each year, the Pennsylvania Coalitions' network of 59 local domestic violence programs provides free and confidential direct services to nearly 90,000 victims and survivors of domestic violence and their children in all 67 counties of the Commonwealth. Together, local programs and the statewide Coalition work in collaboration to deliver a continuum of services, support, and systems to help victims and survivors find safety, obtain justice, and build lives free from abuse.

4. Survivors served by the Pennsylvania Coalition have access to essential, life-saving interventions that enable them to live autonomous lives that are financially independent, free of violence, and sustainable. Intervention programming includes Domestic Violence Housing First, Civil Legal Representation, Lethality Assessment Screening, Medical Advocacy, and Economic Justice. The Pennsylvania Coalition has had great success in developing trauma-informed, survivor-centered supportive housing programs that meet otherwise unaddressed needs.

5. More than 3 million victims and their children have been served by the Pennsylvania Coalition and its member programs since 1976.

6. The Pennsylvania Coalition has an annual budget of roughly \$53 million, of which \$46.3 million passes through to other organizations. It has an internal annual budget of approximately \$6.8 million.

7. PCADV receives grants from the Department of Housing and Urban Development (HUD) and from the Department of Health and Human Services (HHS). PCADV has an annual budget of roughly \$53 million. Of that total amount, roughly \$24 million comes

from HUD grants, including subcontracts; and another \$6,254,101 comes from HHS grants, including subcontracts.

II. PCADV's Member Organizations

8. The Pennsylvania Coalition, or "PCADV," is a membership organization with 59 member agencies. Members fall into one of two categories. The first category of members encompasses Pennsylvania domestic violence programs. To be eligible for membership, a program must operate a direct services program in Pennsylvania; demonstrate mission-alignment with the Pennsylvania Coalition, including a commitment to racial and social justice and philosophy of empowerment; demonstrate a commitment to working cooperatively with other programs in their region; and pay applicable dues. The second category of members includes caucuses.

9. To receive funds through the Pennsylvania Coalition, service providers shall utilize a culturally-responsive, trauma-informed model.

10. Pennsylvania Coalition's membership includes Pennsylvania Member Doe 1¹, which provides core domestic violence services, housing supports, legal representation, and medical advocacy.

11. Members of PCADV receive grants from HUD and HHS.

III. HUD's New Funding Conditions

12. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

¹ Pennsylvania's member organizations request to proceed anonymously to protect against the risk of retaliation.

13. The NOAs for the HUD CoC grants provide that the recipient’s “use of funds provided under” the agreement and its “operation of projects assisted with” grant funds “are governed by ... [a]ll current Executive Orders.” The NOAs also include requirements that the recipient: (1) “shall not use grant funds to promote “gender ideology,” as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;” (2) “agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government’s payment decisions for purposes of [The False Claims Act];” (3) “certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;” and (4) “shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment.”

IV. PCADV’s and its Members’ HUD Grants

10. PCADV has applied for and received multiple competitive grants from HUD for the Continuum of Care Grant Program (“CoC Grant”), for the past 6 years. The funds include HUD Domestic Violence bonus funds intended for rapid rehousing for domestic violence survivors. These are competitive grants through Pennsylvania CoCs, the passthrough entities.

11. On June 18, 2025, PCADV received a Notice of Award (NOA) for a total of \$4.45 million through the CoC Grant in FY 26. The grant has a performance period of July 1, 2025, through June 30, 2026, and a budget period of July 1, 2025 through June 30, 2026. The NOFO for this award did not include the new funding conditions described above, but the NOA did. Awarded funds are not available for federal reimbursement until execution of the grant agreements. HUD requires that a recipient sign grant agreements within 45 days of receipt of the NOA, and PCADV is concerned HUD could attempt to cancel our grants and recapture funds if

the grant agreements are not signed within 45 days of the date the grant agreement was received. PCADV accepted the award in or around August 2025.

12. On August 16, 2024, HUD awarded PCADV \$3,821,473 through the Western PA CoC for FY 25. The grant has a period of performance of 7/1/2024 through 6/30/2025 and a budget period of 7/1/2024 through 6/30/2025. This is another, separate award for the same grant that is due to renew on 7/1/2025 that now includes conditions. This award is also subject to those conditions. For the same reasons, PCADV had to accept the award in Summer 2025.

13. On 1/1/2025, HUD awarded PCADV a total of \$8,365,048 through an Eastern Pennsylvania CoC Grant in FY 25/26. The grant has a period of performance of 1/1/2025 through 12/31/2025 and a budget period of 1/1/2025 through 12/31/2025 through. PCADV accepted this award on 1/6/2025. The NOFO and NOA did not include the new HUD funding conditions described above, but the current renewal grants do include those conditions.

14. PCADV relies heavily on the CoC Grants to fund critical services to support individuals and families experiencing chronic homelessness as a result of domestic violence throughout the state. For instance, these funds support “rapid rehousing” for survivors and their children, which provides short-term and medium-term rental assistance to survivors experiencing homelessness. As of April 2025, PCADV CoC Grant funds support around 380 households, including about 400 adults and about 350 children. Without PCADV CoC Grant funding, these families will not be able to pay the rent and will face imminent eviction from their homes. Widespread evictions will cause these families to rely on emergency shelters, and will risk overloading those shelters, causing longer waits for available beds. Given that there is limited space in emergency shelters, and the fact that lack of safe, affordable housing is what keeps

victims in abusive situations, this funding has been critical to domestic violence survivors in Pennsylvania.

15. Declining the HUD CoC funding would have an extremely detrimental impact on PCADV, its mission, and survivors of domestic violence. Without this funding, PA survivors and their children will be evicted with no safe place to go for assistance and may have to return to abusive situations just to access housing. Further, local programs will have to lay off staff, as will PCADV.

16. PCADV receives other grants from HUD as well. Currently, PCADV has additional HUD CoC grants, including: a YWCA Hanover York RRH Grant for \$466,823.00 for 10/1/25–9/30/26; a Lancaster County CoC RRH Grant for \$725,329.00 for 11/1/25-10/31/26; a Safe Berks RRH Grant for \$1,069,389.00 for 1/1/26-12/31/26; a CE Expansion Grant for \$331,027.00 for 7/1/25–6/30/26; a CE Transfer Grant – Transitions of PA for \$90,341.00 for 11/1/25–10/31/26; three West CoC RRH Grants for \$4,454,561.00 for 7/1/25–6/30/26, \$1,331,877 for 9/1/25-8/31/26, and \$2,419,041 for 10/1/25-9/30/26 totaling \$8,205,479.00; and two East CoC RRH Grants totaling \$12,597,375.00 for 1/1/26–12/31/26. PCADV currently receives a total of \$23,485,763 in HUD CoC funds. PCADV also receives a HUD ESG grant for \$500,000.00 for 7/1/25–6/30/26.

17. Declining this funding would have a detrimental impact on PCADV and its mission. Without this funding, PA survivors and their children will be evicted with no safe place to go for assistance and may have to return to abusive situations just to access housing. Further, local programs will have to lay off staff, as will PCADV. For instance, for just one PCADV CoC Grants pays for rental assistance for 130 families, salaries for 9 local programs, and salaries at PCADV.

18. PCADV's members have received HUD grants, including grants under the CoC Grant Program, and as pass-through funds from PCADV. Most local programs receive the HUD CoC funds through PCADV, while a few have HUD funds directly.

19. For example, Member Program Doe 1 receives CoC grants directly from HUD: On 1/1/2025, HUD awarded Member Doe 1 a total of \$480,644 through three HUD CoC Grants in FY 25/26. The grants have a period of performance of 1/1/2025 through 12/31/2025 and a budget period of 1/1/2025 through 12/31/2025. Member Doe 1 accepted these awards on 1/17/2025 and on July 17, 2025, Member Program Doe 1 received the renewal contract for this grant for a performance period that began on January 1, 2026, and it includes the HUD Conditions.

20. Being forced to decline this funding would have a detrimental impact on Member Doe 1, and it would be forced to rebrand, strategize, and fundamentally change its mission, values, and approach to serving survivors. But accepting the money and the conditions would also have a detrimental impact. These requirements not only conflict with Member Doe 1's mission and organizational identity—they are in direct violation of VAWA mandates, federal civil rights laws, HUD's Equal Access Rule, and constitutional protections essential to safe, ethical, survivor-centered care.

21. Member Doe 1 would be required to dismantle all of its efforts to advance diversity, equity, inclusion, and accessibility (DEI/DEIA)—including staff training, inclusive hiring practices, culturally specific programming, and public language that affirms its values. This is not a compliance tweak; it is a demand to erase foundational principles that define the organization's approach to survivor care and staff wellbeing.

22. Under HUD’s prohibition on promoting so-called “gender ideology,” Member Doe 1 would be compelled to remove gender-affirming practices—such as honoring pronouns, ensuring access to appropriate shelter accommodations, and acknowledging the lived experiences of transgender survivors. These practices are not optional; they are essential to safe, ethical, trauma-informed care.

23. Member Doe 1 would have to erase language related to racial equity, gender inclusion, reproductive justice, and anti-oppression from all internal and external materials—including training curricula, policies, website content, and public messaging. Staff would be silenced, partnerships severed, and critical learning stripped from the organization’s workforce.

24. Compliance with these certifications would require Member Doe 1 to knowingly violate ethical standards by denying services, suppressing identity, and avoiding referrals aligned with a survivor’s lived experience. This would compromise staff integrity, retraumatize survivors, and erode trust with the communities we exist to serve.

V. HHS’s New Funding Conditions

25. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.²

² In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

26. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

27. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 . . . , including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore . . . is not eligible for funding . . . absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

28. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications

made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

29. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.

30. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.

31. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

VI. PCADV and its Members’ HHS Grants

32. PCADV has applied for and received a formula grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (“FVPSA Grant”) for the past 23 years. The total budget for the FY 25 FVPSA state coalition grant is \$ 368,750.

33. PCADV has used the FVPSA Coalition Grant funds for many purposes. For instance, these funds support statewide domestic violence prevention efforts by providing pass-through funding to domestic violence programs to implement community-based prevention programming. In addition, these funds support domestic violence awareness through PCADV's Domestic Violence Awareness Month activities. Finally, these funds support the Online Learning Center which hosts the required training for domestic violence advocates in Pennsylvania. This training is critical for advocates to meet their statutory obligations under Pennsylvania law and to best serve survivors. These funds also support PCADV's training and technical assistance, and administrative staff.

34. PCADV has passed through FVPSA state formula grants from the Commonwealth of Pennsylvania to local member programs for 23 years. The total budget for FY 25 FVPSA pass through funds is \$4,082,149. Programs utilize these funds for prevention of domestic violence and core domestic violence services.

35. PCADV has also been awarded a total \$4,506,271 in FVPSA American Rescue Plan (ARP) pass through funds for member programs through the Commonwealth of PA, which did not include certifications in the NOFO. These funds are used to support short-term emergency housing and domestic violence services.

36. PCADV has been awarded a total of \$12,173,843 in FVPSA ARP Mobile pass-through funds for local programs. These funds can be used to partner with local healthcare and behavioral health providers to provide coordinated support and information, in addition to providing safe housing for survivors.

37. On July 9, 2025, HHS awarded PCADV a total of \$368,750 through the FVPSA Coalition Grant in FY26. The grant has a period of performance of 24 months starting in October

2024, through September 30, 2026, and a budget period of October 30, 2025 through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award. PCADV needs to accept this award by drawing down funds by October 30, 2025.

38. On September 20, 2023, HHS awarded PCADV a total of \$2,500,000 through the CDC DELTA AHEAD grant in FY24. The grant has a period of performance of five years and an annual budget period. The most recent budget period is March 2, 2025, through March 1, 2026. PCADV accepted this award on May 1, 2024. The NOFO and NOA did not include the new HHS funding conditions described above, but I expect that the next award will be subject to the HHS GPS and ACF Standard Terms and Conditions. PCADV receives an annual continuation of this grant with an annual budget of \$500,000. The continuation notice is anticipated to come around March 1, 2026.

39. PCADV has used DELTA Grant funds for many purposes. For instance, these funds support a statewide prevention committee tasked with analyzing community level trends in public health and prevention of violence. PCADV has also produced materials and trainings on issues such as economic justice, pay equity, increasing community level protective factors and decreasing harmful factors to prevent domestic violence.

40. PCADV has applied for and received a competitive grant from the Center for Disease Control (CDC) for the DELTA grant for the past 8 years.

41. The Commonwealth of PA has applied for FVPSA state formula core services and prevention grants totaling \$4,082,149. These funds are passed to 59 local programs from PCADV and together with state funding, make up the local programs' core services funding.

42. PCADV's members have received HHS grants, including FVPSA pass through funds from PCADV awarded to us by the Pennsylvania Department of Human Services.

43. FVPSA authorizes the funding of Culturally Specific Projects, and PCADV offering a Culturally Specific Project Grant as a pass-through grant to our members.

44. For instance, Pennsylvania Member Program Doe 2 applied to and received PCADV's Culturally Specific Project request for proposals for funding. This member's project assists undocumented survivors in a Pennsylvania county with creating safe space to receive tailored services they need and they trust confidentiality is maintained. The funding supports a staff member and an attorney at a partner agency who work closely to meet the needs of these survivors. Without this funding Member Program Doe 2 would have to terminate the project, and it would set back their progress in offering services and fray the partnership with a community collaborator. They would have to lay off staff and provide no more support for undocumented domestic violence survivors.

45. Declining HHS funding, including through FVPSA and DELTA AHEAD grants, would have a detrimental impact on PCADV and the members and survivors that it serves. Without the funding for this grant, PCADV core domestic violence services would cease to exist as we know it. Core functions like 24/7 hotline and shelter services would all but be eliminated or greatly reduced, causing additional shelter wait times and reducing access to life-saving services. Waitlists for critical services would expand, and in the meantime, impacts would be lethal for survivors who could not access critical services due to lack of staff, space, and shelter.

VII. The New Funding Conditions Place PCADV and its Members in an Untenable Position

46. Agreeing to the new conditions would cause PCADV profound harm. The funding conditions are vague, and several could be read to conflict with PCADV's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and HHS grants. The funding conditions may require PCADV to cease engaging in activities that it had previously understood the grants to plainly support. Thus, PCADV does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

47. PCADV is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and agreeing that compliance with those antidiscrimination laws is material for False Claims Act purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. For instance, the PCADV requires all members to maintain a "commitment to racial and social justice and a philosophy of empowerment." It is unclear whether PCADV's mission and guiding principles violate the certification, and whether PCADV could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

48. PCADV is also unsure whether it can continue to operate programs that target underserved or marginalized communities, including developing materials and educational

opportunities for direct service staff at local programs regarding difficult to reach populations and those that require additional support such as immigrants, transgender survivors, racial/ethnic minorities, and men. Now, it is unclear whether these programs would fall within the administration's interpretation of federal anti-discrimination law as prohibiting DEI and DEIA programs.

49. For the same reasons, PCADV is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that “advance or promote DEI, DEIA, or discriminatory equity ideology.”

50. PCADV is concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of 1972. PCADV has always complied with Title IX, but recent executive orders have made clear that the government is advancing a new interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. PCADV is concerned, for instance, that this condition would prohibit us from accommodating the needs of our transgender and nonbinary survivors that we serve, including by allowing them to use the bathroom that aligns with their gender identity.

51. PCADV is also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. In providing direct client services and technical assistance using HUD funds, many of PCADV's staff and staff at local programs funded by PCADV would be compelled to remove gender-affirming practices such as honoring pronouns, ensuring access to appropriate shelter accommodations, and acknowledging the lived experiences of transgender survivors. It is unclear whether PCADV may continue these practices and activities using HUD Funds while complying with the funding condition not to “promot[e] gender ideology.”

52. PCADV is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” PCADV follows a “Housing First” model, meaning that we provide wrap-around supportive services for survivors. Additionally, the HUD funds come with funding for supportive services. Therefore, if any client receiving rental assistance informed an advocate that she needed an abortion referral, we would make that referral. PCADV and our funded local programs do not promote abortion services, yet we are concerned that HUD would consider referrals for healthcare to be “promoting” abortion. Reproductive health access, including abortion, is part of our organization framework, and we offer clients information about any healthcare services that they need. When pregnant survivors request abortion care, we provide them with resources on how to seek that care. The reason this issue is essential to providing services to survivors is because reproductive and sexual coercion are common features in abusive situations.

53. PCADV is concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” We do not know how to interpret and comply with the numerous conditions in those orders, many of which are vague.

54. The new funding conditions present PCADV and its members with an impossible choice. PCADV could forgo accepting HUD and HHS grant awards and face the direct consequences to PCADV’s financial health and ongoing operations. Local programs and the nearly 90,000 individuals who seek services in Pennsylvania each year would also suffer serious financial and operational issues. Or PCADV could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements and face enormous risks of litigation and government investigations under the False Claims Act.

55. Additionally, PCADV's members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. For instance: during its client intake process, Member Doe 1 gathers information about gender identity and the need for legal services, including immigration legal services, to facilitate proper care and access to available resources. When carrying out programs under the HUD CoC Grant, Member Doe 1 includes in its medical assessment process questions about gender identity and preferred pronouns to ensure that care is respectful, compassionate, and appropriate for each individual. Member Doe 1 is concerned that it would have to fundamentally alter this programming in a way that undermines its ability to serve certain underserved populations and runs contrary to the organization's values.

56. PCADV fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make PCADV concerned about applying or accepting an award. To mitigate these risks, PCADV would have to change its practices, in many cases contrary to its core values.

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

57. Conversely, if PCADV or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual violence.

58. Statewide, around 500 families benefit from HUD CoC-funded shelters provided by PCADV and local member programs. This will create long waiting lists within a matter of

weeks, people we serve would lose their housing, would be evicted, and would return to or stay with their abusers. Victims of abuse cannot wait six months for housing in abusive situations, and this kind of wait could be lethal.

59. Additionally, without FVPSA pass-through funds to local programs, member programs would lose funding for core services. Losing access to these funds will increase waiting lists for counseling, therapy, support groups, civil legal assistance, and emergency housing—programs that are critically important and when people experience trauma, they cannot wait multiple months for counseling, legal assistance, and emergency housing.

60. Declining the DELTA AHEAD funding would have a detrimental impact on PCADV. Without the funding from this grant, PCADV would have to eliminate or significantly reduce our prevention staff, reduce community-based prevention programming, and change the way we do prevention work. Violence is a behavior learned from parents, caregivers, schools, friends, communities, media, local, state, and national policies—all reflect how people treat others. In order to prevent these learned behaviors from occurring in relationships, violent behaviors need to essentially be unlearned and replaced with healthier behaviors, or even better, youth can start with healthy, non-violent behaviors. Not receiving prevention dedicated funding for this programming would dramatically restrict our ability to help reduce instances of intimate partner violence.

61. Both sets of funding conditions threaten harm to survivors of domestic violence in Pennsylvania who need intervention services, as the reduced funding would reduce access to services and create long waiting lists that survivors in emergency situations cannot accommodate with any sense of safety and empowerment. If PCADV and our programs must sign certifications to access funds needed to provide services, we will be forced to fundamentally rebrand our

organizations, change our missions, values, and approach. Further, these conditions are in direct opposition to the FVPSA statute and the HUD Equal Access Rule, creating an impossible situation for us to navigate.

62. Declining the FVPSA Coalition award would cause PCADV severe harm. PCADV's operations are essential to local programs in Pennsylvania and the almost 90,000 survivors they service each year because we provide training, resources, and financial support for the local programs. In the absence of fully funded services, programs will significantly reduce their services, they will lay off staff, many will have to end operations, and survivors will not get the comprehensive, timely interventions to stop lethality that are needed. Lives will tragically end, and survivors will suffer additional harm.

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

Executed on February 10, 2026.



Susan Higginbotham

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

DECLARATION OF KATIE KRAMER

I, Katie Kramer, declare as follows:

I. Background

1. I am a Co-Executive Director of Violence Free Minnesota, Minnesota's federally designated domestic violence coalition.
2. Violence Free Minnesota was founded in 1978 and is based in Saint Paul, Minnesota. Violence Free Minnesota is composed of over 90 member programs across the State that are aimed at ending relationship abuse. The coalition represents victims and survivors of relationship abuse; leads public policy advocacy and social change efforts; and offers support, education, and opportunities for connection for members.
3. Violence Free Minnesota's mission is to represent victim/survivors of relationship abuse and member programs; challenge systems and institutions; promote social change to

prevent domestic violence; and support, educate, and connect member programs. Our vision is to end relationship abuse, create safety, and achieve social justice for all.

4. Violence Free Minnesota is the state's primary resource for information, training, and technical assistance around domestic violence. As the state's domestic violence coalition, we are made up of 91 member programs providing direct services to victim/survivors in all 87 counties in Minnesota. Over the last decade, our work to end domestic violence in Minnesota has centered racial justice. Violence Free Minnesota has a statement, developed by staff and board, that we use both internally and externally to describe the ways in which we center racial justice work in all of our programming. Violence Free Minnesota is also the only agency in the state that tracks and reports on all intimate partner violence homicides that occur in our state, and we have been doing this for over 35 years, culminating in an intimate partner violence ("IPV") homicide report each year and a memorial each year to honor the victims and their families.
5. Violence Free Minnesota also has a policy and legal systems program area that works with member programs, criminalized survivors, and systems personnel in order to both improve system responses to domestic violence and to work to build alternative responses to domestic violence that are outside traditional systems, like restorative justice circles that are driven by the victim's needs in response to the violence, and community-based responses that individual communities determine. This program area also provides training to systems personnel around the lived experiences of marginalized and underserved victim/survivors, including BIPOC communities, the LGBTQ+ community, people with disabilities, rural communities, and more. These trainings include truth telling around historical trauma and social and system inequities rooted in colonialism

and white supremacy and patriarchy, and the way these systems have and continue to harm victims/survivors. Violence Free Minnesota also has a strong policy program that informs and educates policymakers on the needs of victim/survivors, and on creating policies and practices that are responsive to the needs of survivors, trauma-informed, and based in best practices.

6. My organization receives grants from the Department of Health and Human Services (HHS). My organization has an annual budget of roughly \$1.3 million. Of that total amount, roughly \$382,407 comes from HHS grants.

II. My Organization's Member Organizations

7. Violence Free Minnesota is a membership organization with 91 member agencies. Members fall into one of two categories: (1) voting members; and (2) "supportive non-voting" organizational memberships. Voting members of the coalition must be incorporated as a Minnesota non-profit organization or tribal organization; be a program designed primarily to serve victims/survivors of relationship abuse and their children; be an organization that provides crisis intervention, advocacy, protective housing, referrals, peer support, and/or children's services; or be an organization that supports and promotes the mission statement and core values of Violence Free Minnesota. Supportive non-voting members are nonprofit; health and education organizations; tribal, state, and local governments; and other organizations that pay dues and support and actively promote the mission statement and core values of Violence Free Minnesota.
8. Violence Free Minnesota's 91 member programs provide a variety of essential services to victim//survivors and their families who are in crisis and have experienced trauma. Violence Free Minnesota has a large number of members that provide culturally-specific

victim services programs that respond to the direct needs of communities in a way that is culturally responsive, leading to better outcomes, holistic support, and healing for underserved communities. Other programs provide much needed support in rural and small town communities that are often isolated from easily accessible resources and support. For example, one member program covers a 9 county area with only 2 advocates in that region of the state. Other programs provide immediate shelter for victim/survivors—sometimes including hotel or motel stays —while others provide transitional housing support. Others provide legal assistance, including assistance in filing orders for protection, support in custody cases for victim/survivors, and more. Finally, some member programs provide restorative justice and domestic abuse transformation programming to provide a pathway both for accountability and to change the behavior of those that have caused harm, and to prevent future harm and violence from occurring again. These are just a few small examples of some of the services member programs provide that are essential for public safety in our state.

9. Members of my organization receive grants from HUD and HHS.

III. HUD's New Funding Conditions

10. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

11. The Notice of Awards (NOAs) for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to

promote “gender ideology,” as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;” (2) “agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government’s payment decisions for purposes of [The False Claims Act];” (3) “certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;” and (4) “shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment.”

IV. Member Organizations’ HUD Grants

12. Violence Free Minnesota does not receive HUD grants directly. However, Violence Free Minnesota’s Member Program Domestic Abuse Project has received a competitive grant from HUD for the Continuum of Care Grant Program (“CoC Grant”). The County CoC through HUD awarded Domestic Abuse Project a total of \$179,471 through the CoC Grant in FY 25-26. The grant has a period of performance of November 1, 2024 to October 31, 2025. Domestic Abuse Project has received this grant award since 2019 for permanent housing, has been selected by the competitive CoC process, and received a new contract for the period from November 1, 2025 through October 31, 2026 on or about September 2025.
13. Domestic Abuse Project relies heavily on the CoC Grant to coordinate entry screenings for victims of domestic violence, identify alternative forms of housing security for individuals who are not eligible for CoC services, and providing support services for needs that impact safe and secure housing, such as employment, budgeting, ending prior leases, changing locks, and filing for orders of protection.

14. Declining HUD CoC funding would have a significantly detrimental impact on Domestic Abuse Project and its mission. Without this support, Domestic Abuse Project would lose the ability to provide safety and stability for clients, including those needing mental health services and support. Moreover, the organization would no longer serve on committees within the CoC, which allows it to advocate for domestic violence victims within the homelessness continuum.

V. HHS's New Funding Conditions

15. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹

16. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

17. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.”

This condition also requires covered recipients to “certify” that this requirement is a

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

“material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

18. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.
19. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.
20. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its

General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.

21. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

VI. My Organization’s HHS Grant

22. My organization has applied for and received a grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (“FVPSA Grant”) for the past 30 years.
23. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support the core work of the coalition, including membership engagement, training and technical assistance, systems change work with the courts, law enforcement, housing, healthcare, and more in order to improve responses to domestic violence. This funding also allows us to track and document intimate partner homicides in the state of Minnesota. Our coalition is the only agency in the state to do this tracking. This funding also allows the coalition to engage in public awareness around domestic violence as a means of education and prevention in communities and with systems and other

stakeholders. FVPSA grant funding is the only federal funding source that allows for prevention work.

24. On July 8, 2025, HHS awarded my organization a total of \$382,407 through the FVPSA Coalition Grant in FY 2026. The grant has a period of performance and a budget period of October 1, 2024 through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award. My organization accepted this award on July 8, 2025.
25. Our organization receives a yearly continuation of the FVPSA Coalition Grant at the beginning of each new year. This funding is core, critical funding for our coalition.
26. Declining this funding would have a detrimental impact on our organization. FVPSA is the largest funding source for our coalition. Without the funding for this grant, our coalition would have to eliminate at least 2.5 FTEs of staff positions, eliminate prevention and awareness programming, and be extremely limited in the amount of technical assistance (which increases member program capacity to serve survivors) we could provide to member programs. Violence Free Minnesota is the go-to resource for direct service programs, systems personnel, and the general public on domestic violence issues in Minnesota. Without this funding, we would be unable to provide capacity building activities to our 91 member programs, which include providing training and technical assistance; convening of meetings for networking, strategizing and partnering; making online trainings more accessible to member programs; and increasing accessibility for underserved populations. The work to increase the capacity of service providers has a specific focus to assure that appropriate services are available across the

full spectrum of people living in communities in Minnesota, including underserved communities, which include rural, small town, and Tribal Nation communities. These activities would be extremely limited without FVPSA funding.

VII. HUD and HHS's New Funding Conditions Place My Organization and its

Members in an Untenable Position

27. Agreeing to the HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

28. My organization and our members are concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization recognizes that racism exacerbates violence in communities of color. While each racial and ethnic community faces different challenges, women of

color and Native women experience higher rates of violence. They also encounter more barriers when attempting to access supportive services. We recognize that racism and systemic racism are tools created to oppress people of color, and we work to dismantle racist systems and policies in order to achieve racial justice and end violence—including in our training and other programs that we provide for our members.

29. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.
30. My organization is specifically unsure whether it can continue to operate programs that focus on underserved or marginalized communities, including communications, training, and other programs that emphasize that communities may have different needs because of their status as, for instance, LGBTQ+ or as a member of a racial or ethnic minority group. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs. We would need to change our communications materials, training materials, and foundational racial equity and racial justice framework to attempt to comply with these conditions.
31. My organization's member, Domestic Abuse Project, provides services to the only indigenous urban housing community in the country and is concerned that it would not be able to continue to provide services in a culturally rooted manner. It is also concerned that it will no longer be able to take into account experiences that marginalized

communities go through that impact their experience of violence and challenge in living a violence free life.

32. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that “advance or promote DEI, DEIA, or discriminatory equity ideology.”
33. My organization is also concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. My organization is concerned that this interpretation could require organizations to ignore federal law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services.
34. My organization’s member, Domestic Abuse Project, is also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology, which it understands to be at direct odds with its core values and requirements of staff members.
35. My organization’s member, Domestic Abuse Project, is also concerned about the HUD condition that prohibits using grant funds to “promote” “elective abortions.” Domestic Abuse Project is concerned that, under the condition, it would no longer be able to provide victims with referrals, coordinate appointments, provide transportation or childcare, or otherwise coordinate services for clients in need or who may be facing reproductive violence as a form of coercion and control.

36. My organization's member, Domestic Abuse Project is also concerned about the HUD condition providing that the use of grant funds and operation of projects assisted with grant funds are governed by "[a]ll current Executive Orders." Domestic Abuse Project is concerned that this requirement would leave the organization open to having to adhere to Executive Orders without knowing what to expect or how they may impact its work.
37. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HHS grant awards and face the direct consequences to my organization's financial health and ongoing operations. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.
38. Not having access to funds from the grants would severely undermine Violence Free Minnesota's ability to function as a state coalition. Without these funds, Violence Free Minnesota would have to reduce the size of its staff and, therefore, its services to members.
39. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core.
40. The organization would have to shut down at least some of its programming, including providing training to programs and advocates on best practices around serving survivors,

as well as training to legal systems providers around appropriate responses to victims who have experienced domestic violence. These are just some of the ways Violence Free Minnesota's programming and its beneficiaries would suffer.

These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault

Victims and Survivors

41. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of survivors and victims of domestic violence.
42. In the absence of fully funded Violence Free Minnesota services, domestic violence victims will be confronted with more barriers when trying to access services following their assault, including discriminatory treatment from medical, law enforcement or courtroom personnel, hotline operators, and therapists who have not received anti-bias and other core victim services training. This will immediately lead to more survivors choosing not to participate in the criminal justice system and fewer being linked to and receiving appropriate medical, therapy, and other critical services. Direct service providers will be unable to maintain high quality services that follow best practice guidance or even that are fully compliant with the myriad federal, state, and local requirements they would now have to navigate on their own, without the critical assistance of coalitions, while desperately trying to keep up with the already increasing demand for services.
43. Violence Free Minnesota's operations are essential to permitting the network of direct service providers to focus on providing the highest-quality services to the survivors they serve and ensuring that the systems that contribute to addressing and responding to the

epidemic of domestic violence are operating with evidence-based, trauma-informed, survivor-centered policies and practices.

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

Executed on February 10, 2026.

/s/Katie Kramer
Katie Kramer

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., *et al.*

Defendants.

Case No. 1:25-cv-342

DECLARATION OF DAVID LEE

I, David Lee, declare as follows:

I. Background

1. I am the Deputy Director at ValorUS (VALOR), a non-profit organization serving as California's sexual assault coalition.

2. VALOR was founded in 1980 and is headquartered in Sacramento, California. It is both a state sexual assault coalition and a direct service provider committed to advancing equity and ending sexual violence. Through leadership, prevention, and advocacy, VALOR pursues a world free from violence where the dignity of every person is valued and respected.

3. VALOR provides training and technical assistance to California's 65 rape crisis centers and other organizations addressing the needs of sexual assault survivors and working to prevent sexual violence. In California, VALOR also supports programs to address sexual

violence for people with developmental disabilities, supporting implementation of Prison Rape Elimination Action (PREA) in prisons, and providing legal services to sexual assault survivors. In addition, VALOR is a national technical assistance provider on violence prevention, restorative practices and leadership development.

4. My organization receives grants from the Department of Health and Human Services (HHS). My organization has an annual budget of roughly \$4.2 million. Of that total amount approximately \$780,000 comes from HHS grants, including subcontracts.

II. My Organization's Member Organizations

5. VALOR is a membership organization with approximately 100 member agencies. Members fall into one of two categories. The first category of member encompasses 66 California Rape Crisis Centers, which provide services funded by the California Office of Emergency Services Rape Crisis Program. Rape Crisis Centers are voting members of VALOR. The second category of member includes any other agency addressing issues of sexual assault and individuals who are interested in, sensitive to, and supportive of VALOR's work and the needs of sexual assault victims. These members are not voting members, but they are encouraged to engage in the business of the organization and are eligible for nomination to the Board of Directors.

6. VALOR's membership includes a member that is being identified for purposes of this lawsuit as "VALOR Member Doe 1," which supports survivors of Domestic Violence, Sexual Assault, and Human Trafficking in one California county; another member identified for purposes of this lawsuit as "VALOR Member Doe 2," which provides services that support survivors of sexual assault and intimate partner violence in one California county; a member that is being identified for purposes of this lawsuit as "VALOR Member Doe 3," which offers

healing-centered services, education, and community engagement to prevent and respond to domestic and sexual violence in two California counties.

7. Members of my organization receive grants from HHS and HUD.

III. HUD's New Funding Conditions

8. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

9. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

10. I understand that HUD has a general, agency-wide policy of requiring compliance with these Executive Orders, has updated its standard Applicant and Recipient Assurances and Certifications to require applicants grantees to certify that they "[w]ill not use Federal funding to promote diversity, equity, and inclusion (DEI) mandates, policies, programs, or activities that violate any applicable Federal antidiscrimination laws," and that HUD's Office of Community

Planning and Development (CPD), which administers the Continuum of Care (CoC) CoC, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), HOME Investment Partnership Program (HOME), and Housing Opportunities for Persons With AIDS (HOPWA) programs, among others, issued guidance announcing that it will attach new conditions substantially identical to the CoC Grant Conditions to Fiscal Year 2025 agreements governing all CPD-administered grants.

IV. My Organization's and its Members' HUD Grants

10. My organization's members have received HUD grants, including grants under the CoC Grant Program, the ESG program, and the CDBG Program. Our members receive HUD funding through pass-through organizations, such as local county governments.

11. For example, Doe 1 receives ESG and CDBG program grants. Member Doe 3 receives CoC grants.

12. On July 1, 2024, HUD awarded Member Doe 1 a total of \$26,830 through the Emergency Solution Grants (ESG) as a pass through from their county government. The grant has a period of performance of July 1, 2024 through June 30, 2026 and a budget period of July 1, 2024 through June 30, 2026. Member Doe 1 accepted this award on June 10, 2024. The NOFO and agreement with the agency did not include new HUD funding conditions but, as described above, I am aware that HUD enforces the CoC funding conditions for ESG grants.

13. On May 13, 2025, HUD awarded Member Doe 1 a total of \$10,000 through the Community Development Block Grant (CDBG) program, as a pass through from a City in their county. The grant has a period of performance of July 1, 2025 through June 30, 2026 and a budget period of July 1, 2025 through June 30, 2026. Member Doe 1 accepted this award on May 23, 2025. The NOFO and agreement with the City did not include new HUD funding conditions

but, as described above, I am aware that HUD enforces the CoC funding conditions for CDBG grants.

14. Doe Member 1 applied for ESG and CDBG grant funding in response to two NOFOs that closed on July 8, 2025. Those grants were conditionally awarded in fall 2025 and fully contracted for a period beginning in fall 2025. I am aware that HUD will enforce the CoC funding conditions for these grants.

15. Declining this funding would have a very significant detrimental impact on my organization's members. Without HUD funding, Doe Member 1 would need to cut staff hours for two employees. The ESG grant funds an employee who supervises staff and answers the 24 hour crisis phone line. The CDBG grant funds a second employee who manages Doe Member 1's satellite office and provides direct services to clients, including restraining order assistance. Reducing hours for these employees would result in a reduction of quality of service at Doe Member 1's domestic violence shelter and longer wait times for service at Doe Member 1's satellite office, potentially eliminating restraining order assistance at that location entirely. When someone needs an emergency restraining order, the wait time matters.

16. On June 27, 2025, HUD awarded Doe Member 3 a total of \$125,151 in grants under the CoC Grant program. The NOA included the new HUD CoC grant conditions. The grant has a period of performance of October 1, 2025 through September 30, 2026 and a budget period of October 1, 2025 through September 30, 2026. Member Doe 3 had no choice but to accept the award.

17. Doe Member 3 relies on the CoC Grant program to support its rapid rehousing and transitional housing programs. Doe Member 3 serves 49 individuals through their rapid rehousing program. An additional 6 survivors receive support through their transitional housing

program. Without CoC funding, these 55 survivors would likely lose access to safe, stable housing, with no clear alternative source of support to replace what HUD currently provides. Many of these individuals would face an increased risk of homelessness or be forced to return to (or stay in) abusive situations. Additionally, these funds not only cover rental assistance but also the advocacy services necessary to support survivors on their path to independence and recovery. Without the HUD CoC funds, survivors of violence likely will be homeless and at risk of addiction relapse.

18. My organization's members also intend to apply for the following upcoming HUD Grants: CDBG, CoC and ESG within their respective counties.

V. HHS's New Funding Conditions

19. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹

20. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

21. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

22. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

23. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.

24. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.

25. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

My Organization’s and its Members’ HHS Grants

26. My organization has applied for and received a competitive grant from the Center for Disease Control (CDC) for the Rape Prevention and Education program for the past 2 years.

27. On June 27, 2025, HHS awarded my organization a total of \$135,000 through the Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention by State Sexual Assault Coalition grant (“RPE Coalition Grant”) in FY2025. The grant has a period of performance of June 30, 2025 through June 29, 2026 and a budget period of June 30, 2025 through June 29, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and CDC Terms and Conditions, which contains the new funding

conditions described above, apply to the award. My organization had no choice but to draw down these funds. CDC sent a new NOFO to continue funding, due March 23, 2026.

28. My organization has used RPE Coalition Grant funds for many purposes. For instance, these funds support VALOR collaboration with the state sexual assault prevention action plan, disseminating materials about prevention and collaborate with the state health department in statewide sexual violence prevention efforts.

29. Declining the RPE Coalition Grant funding would have a very significant detrimental impact on my organization. The loss of the RPE Coalition grant would result in a loss of \$135,000 and result in reducing staff. VALOR would no longer be able to fund its participation as the only sexual violence prevention program in California. The RPE Coalition Grant funds support VALOR to provide training and technical assistance to organizations in California providing sexual assault services.

30. On March 7, 2025, CDC awarded my organization a total of \$345,000 through the E-Learning Collaborative for Sexual Violence and Intimate Partner Violence Prevention in FY2025. The grant has a period of performance of February 1, 2025 through January 31, 2031 and a budget period of February 1, 2025 through January 31, 2031. My organization accepted this award upon the first draw down of funds on April 25, 2025. The NOFO and NOA did not include the new HHS and CDC funding conditions described above, but I expect that the next award will be subject to the HHS GPS and CDC Terms and Conditions. VALOR was awarded for a 5 year cooperative agreement where we submit non-competitive continuation each year. We completed that continuation application in late 2025 and received a new NOA on February 4, 2026.

31. Declining or limiting this funding would have a very significant detrimental impact on my organization. The loss of the CDC E-Learning Collaborative for Integrated Violence Prevention, would result in a loss of \$345,00 requiring a reduction of over 2.0 FTE of staffing and discontinuing our national prevention activities. Each year, with this grant VALOR provides web conferences, podcasts, blogs and social media to advance violence prevention efforts. The eLearning collaborative disseminates new research and provides violence prevention practitioners with strategies to support implementation throughout the country. Without the funding for this grant, VALOR will cease to provide CDC violence prevention grantees and other violence prevention practitioners the training and technical assistance to strengthen violence prevention efforts.

32. My organization's members have received HHS grants, including grants through the CDC under the RPE Program and FVPSA through the Domestic Violence Assistance Program (DVAP). Members receive CDC RPE Program funding as passed through the California Department of Public Health (CDPH). 15 VALOR members received RPE funding from CDPH with 5 year awards for the period of February 1, 2024 to January 31, 2029. Members received HHS funding as passed through the California Governor Office of Emergency Services (Cal OES). Approximately 39 VALOR members receive Cal OES Domestic Violence Assistance Program (DVAP) using HHS FVPS funds each year. Recipients must submit a continuation application each year in the summer.

33. For example, Cal OES awarded VALOR Doe Member 1 a total of \$100,398 through the Cal OES Domestic Violence Assistance Program (DVAP) using HHS FVPS funds in FY2024-2025. The grant had a period of performance of October 1, 2024 to September 30, 2025 and a budget period for the HHS FVPS portion of the funds from October 1, 2024 through July

31, 2025. VALOR Doe Member 1 accepted this award on August 26, 2024. VALOR Doe Member 1 submits its yearly continuation grant application each year during the summer and received the continuation award starting October 1, 2025. Additionally, VALOR Doe Member 1 received \$ 208,942 through its county government's Domestic Violence Welfare to Work program using HHS Temporary Assistance for Needy Families funds in FY2024-2025. The grant has a period of performance of July 1, 2025 to June 30, 2026 and a budget period of July 1, 2025 through June 30, 2026. VALOR Doe Member 1 accepted this award on April 9, 2025. VALOR Doe Member 1 renews its contract with the county for these funds each year.

34. Finally, CalOES awarded VALOR Doe Member 1 a total of \$ 94,445 through the Cal OES Intimate Partner Violence Prevention Program using HHS FVPS funds in FY2024-2025. The grant had a period of performance of January 1, 2025 to December 31, 2025 and the HHS FVPS funds had a budget period of January 1, 2025 - July 31, 2025. VALOR Doe Member 1 accepted this award on November 4, 2024. VALOR Doe Member 1 submitted a yearly continuation grant application and is now in the fourth year of a five-year grant, through the funding period of January 1, 2026 through December 31, 2026.

35. Declining any of these funds would have a very significant detrimental impact on VALOR Doe Member 1. The organization has already lost over 200 planned staffing hours from July 2024 to present, impacting its ability to serve the needs of our community. Losing any HHS grant would mean eliminating more positions or whole departments, impacting shelter clients, crisis line coverage, and crisis intervention and advocacy services at multiple offices. VALOR Doe Member 1 would not survive without the DVAP grants. without the DVAP grants.

36. VALOR Doe Member 1 received HHS Community-Based Child Abuse Prevention Grants (CB-Cap) for \$89,708 from their county for the grant period of July 1, 2025 to

June 30, 2027 and the budget period of July 1, 2025 to June 30, 2027. The grant was accepted on May 12, 2025. CB Cap provides school-based prevention programming at elementary school level, mostly through after school programs, and intervention programming with known child survivors. Without this funding, VALOR Doe Member 1 would have to eliminate this program.

37. VALOR Member Doe 2 received a total of \$850,00 through the Rape Prevention Education program from California Department of Public Health using HHS RPE funds in FY24-25. The grant has a period of performance of February 1, 2024 to January 31, 2029 and a budget period of February 1, 2024 through January 31, 2029. Member Doe 2 accepted this award on April 29, 2024. Without this funding, Member Doe 2 will be unable to provide sexual assault prevention services in their county. Member Doe 2 implements a community based sexual violence prevention program that includes youth and adult community leaders meetings, hosting sexual violence prevention orientation training for organizations and their leaders, and in partnership with community based organizations, provides multiple workshops about various sexual violence prevention topics and implementations of sexual violence prevention such as community-led campaigns, policies, practices, protocols designed to prevent sexual violence. If VALOR Doe Member 2 loses this funding, over 1.2 FTE staff positions would be eliminated as would support for other community organizations.

38. Cal OES awarded VALOR Member Doe 2 \$97,392 in HHS FVPS funds as a portion of their Cal OES Domestic Violence Assistance Program total grant award for FY2024-2025. The grant had a period of performance of October 1, 2024 to September 30, 2025 and a budget period of October 1, 2024 through September 30, 2025. Member Doe 2 submits yearly continuation grant applications each year during the summer and Member Doe 2 started its next continuation of this award in the fall 2025.

39. Services provided under DVAP include the following: 24-Hour Crisis Hotline, individual and peer counseling, operating business centers, emergency shelters for survivors and their children, providing emergency food and clothing, emergency response to calls from law enforcement, medical advocacy and emergency response, transportation for survivors, children counseling, criminal justice and social service advocacy, legal assistance [referrals], court accompaniment, community resource and referral, household establishment assistance, children's programs, and transitional housing assistance. These are all things required by the grant to operate under this funding and are the large majority of VALOR Doe Member 2's offered services. DVAP is one of our single largest funding sources.

40. Cal OES awarded VALOR Member Doe 3 a total of \$97,392 in HHS FVPS funds as a portion of their Cal OES Domestic Violence Assistance Program total grant award for FY2024-2025. The grant had a period of performance of October 1, 2024 to September 30, 2025 and a budget period of October 1, 2024 through September 30, 2025. VALOR Doe Member 3 submits yearly continuation grant applications each year during the summer and Member Doe 3 started its next continuation award in the fall 2025.

41. Services provided under DVAP include the following: 24-Hour Crisis Hotline, individual and peer counseling, operating business centers, emergency shelters for survivors and their children, providing emergency food and clothing, emergency response to calls from law enforcement, medical advocacy and emergency response, transportation for survivors, children counseling, criminal justice and social service advocacy, legal assistance (referrals), court accompaniment, community resource and referral, household establishment assistance, children's programs, and transitional housing assistance. These are all things required by the grant to operate under this funding. DVAP is one of VALOR Doe Member 3's primary funding sources.

42. Declining any of these funds would have a very significant detrimental impact on Partnership Doe Member 3. Losing any of this funding could impact emergency shelter services, crisis line coverage, and crisis intervention and advocacy services.

HUD's and HHS's New Funding Conditions Place My Organization and its Members in an Untenable Position

43. Agreeing to the HUD and HHS conditions would cause my organization and its members profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

44. My organization and our members are concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission is "Preventing and ending sexual violence by advancing equity and eradicating oppression." It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's

interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

45. My organization and our members are also unsure whether it can continue to operate programs that target underserved or marginalized communities. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs

46. For the same reasons, my organization and our members are concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."

47. The new funding conditions present my organization and its members with an impossible choice. We could forgo accepting HHS grant awards and face the direct consequences to my organization's financial health and ongoing operations, and the health and operations of its member organizations including possible closure, and to those who receive direct services. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

48. Additionally, my organization's members may have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants.

49. My organization and our members fear that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my

organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values.

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

Executed on February 10, 2026

A handwritten signature in black ink, appearing to read "DL", is enclosed in a thin black rectangular border. Below the signature is a solid horizontal line.

David Lee
Deputy Director
ValorUS

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

Case No. 25-cv-342

ROBERT F. KENNEDY, JR., in his official capacity
as Secretary of the United States Department of Health
and Human Services, *et al.*

Defendants.

DECLARATION OF BENEDICT F. LESSING, JR.

I, Benedict F. Lessing, Jr., MSW declare as follows:

I. Background

1. I am the CEO at Community Care Alliance (CCA), a Certified Community Behavioral Health Center, Community Action Program, and Family Service nonprofit organization in Rhode Island.
2. My organization was founded in 1891 and is headquartered in Woonsocket, RI. CCA's mission is to support individuals and families of all cultural backgrounds in their efforts to meet economic, social and emotional challenges and enhance their well-being.
3. CCA provides an array of supportive services that address the social determinants of health, serving over 11,000 individuals annually, across the lifespan. Services include behavioral health treatment across multiple levels of care, basic needs assistance, and family supportive services. We operate the 988 suicide and crisis line for the State of Rhode Island, as well as the BH Link, which is the behavioral health triage system that connects individuals to the appropriate level of

care. Emergency Shelter, HIV supports, youth employment/education, and peer recovery supports are integral to the work that we do.

4. As described below, my organization receives grants from the Department of Housing and Urban Development (HUD) and from the Department of Health and Human Services (HHS).

II. HUD's New Funding Conditions

5. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
6. The Notice of Awards (NOAs) for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

III. Community Care Alliance's HUD Grants

7. My organization has applied for and received a competitive grant from HUD for the Continuum of Care Grant Program ("CoC Grant"), for the past 13 years. These funds are awarded by the RI Continuum of Care for the administration of two Rapid Rehousing Grants: Adult and Youth. On June 10, 2024, Community Care Alliance received a NOA for \$229,447 for adult and youth rapid-rehousing directly from HUD CoC funding.
8. On March 11, 2025, HUD awarded Community Care Alliance \$207,732 for Adult Rapid Re-Housing and \$50,432 for Youth Rapid Re-Housing Projects. My organization received the Grant

Agreement on July 31, 2025, which included the new HUD funding conditions described above, despite the fact that the NOFO did not include these new HUD funding conditions. The period of performance for this award is March 1, 2025 through March 31, 2026, and my organization needed to accept the award by drawing down funds as soon as possible for cashflow reasons.

9. After this Court issued a Temporary Restraining Order that included Community Care Alliance, my organization executed the grant award, and is now actively drawing down the funds for this grant.
10. My organization relies heavily on the CoC Grant to fund critical services to support individuals and families experiencing chronic homelessness. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. Services include housing identification, rent and move-in assistance, case management and support services. This is accomplished via assessment and service planning, housing search and placement, financial assistance, and case management and supportive services.
11. Declining the HUD CoC funding would have a significant detrimental impact on my organization and its mission. Without this funding, we will have to lay off one staff member and will lose housing/rental assistance that we provide for nearly 20 adults and youth. The loss in services and rental assistance cannot be understated - multiple households in Rhode Island will be at imminent risk of homelessness.

IV. HHS's New Funding Conditions

12. The April 2025 HHS Grants Policy Statement (GPS) imposed the following new conditions on grantees: (1) it required that all grant recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and (2) it provided that by accepting the grant award, recipients certify that: (i) “they do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws”; and (ii) “they do not engage in, and will not during the term of this

award engage in, a discriminatory prohibited boycott.” HHS stated that it “reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discrimination laws or engages in prohibited boycott.” *Id.* at 19. The April HHS GPS stated that it applied to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.

13. In July 2025, HHS changed the GPS to remove replace this language with the following language: “By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams.” The July HHS GPS also states that it applies to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.
14. In August 2025, HHS changed the GPS again, effective October 1, 2025 (August GPS). This new version of the GPS includes a Discrimination Certification and also adopts a Title IX certification that requires grantees to certify that they are compliant with Title IX of the Education Amendments Act, including the requirements set forth in the Gender Ideology Executive Order.
15. The Center for Disease Control and Prevention (“CDC”) has updated their policies to impose new conditions on certain new awards and award modifications by incorporating the HHS GPS.
16. The Substance Abuse and Mental Health Services Administration (“SAMHSA”) has updated their policies to impose new conditions on certain new awards and award modifications and by incorporating the HHS GPS into its Fiscal Year (FY) 2025 Standard Terms and Conditions.
17. SAMHSA has also issued new Fiscal Year 2025 Standard Terms and Conditions for discretionary grants, including all active awards that did not reach their project period end date by October 1,

2024, and which superseded any previous terms and conditions. These new Terms and Conditions impose the following new conditions on grantees: (1) requires grantees to “certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding; (2) require that grantees certify that they are “compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government”; and (3) requires grantees to “comply with all applicable Executive Orders.”

V. Community Care Alliance’s HHS Grants

18. My organization has applied for and received a competitive grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for the past 30 years.
19. On June 30, 2025, HHS’s SAMHSA awarded Community Care Alliance \$545,000 for the Community Care Alliance Youth and Family Tree. This grant has a period of performance of June 30, 2023 - June 29, 2028, a budget period of June 30, 2025 through June 29, 2026. While the NOFO and the most recent NOA, dated June 30, 2025, did not include the new SAMHSA or HHS funding conditions, the new HHS GPS and the new SAMHSA FY 2025 Terms and Conditions would apply, as of October 1, 2025, absent the Court’s current Preliminary Injunction.
20. My organization has used SAMHSA Alliance Youth and Family Tree funds for many purposes. For instance, these funds enhance and expand comprehensive treatment, early intervention and recovery support for adolescents (ages 12-18) and transition-age youth (ages 16-25) who have substance use disorders (SUD) and/or co-occurring substance use and mental health disorders, as well as their families and primary caregivers. A minimum of 100 youth are served annually.
21. Declining the SAMHSA Youth and Family Tree Funding would have a significant detrimental impact on Community Care Alliance and its mission. Without this funding, we will have to lay

off several staff and lose the ability to provide life-saving prevention and treatment services to well over 100 youth and their families.

22. On October 7, 2022, SAMHSA awarded Community Care Alliance a total of \$1,000,000 through the Certified Community Behavioral Health Clinic (CCBHC) Infrastructure Grant. This grant has a period of performance of October 7, 2022 through September 9, 2027, and a budget period of October 7, 2022 through September 29, 2027. My organization accepted this award on October 7, 2022, and we have received a continuation grant. While the NOFO and NOA did not include the new funding conditions described above, my understanding is that the most recent continuation award is subject to those new HHS and SAMHSA funding conditions as of October 1, 2025.
23. This SAMHSA CCBC Infrastructure grant funds multiple services: 1) the delivery of peer recovery support services for individuals challenged by active substance use; 2) complex care - primary care coordination for individuals with severe and persistent mental illness; 3) enhancement of emergency services to expedite speedy response to psychiatrist crises in the community; 4) timely access to assessment and medication through an expanded adult and child psychiatry team.
24. Declining the SAMHSA CCBHC Infrastructure grant would have a significant detrimental impact on hundreds of clients. Failure to provide these funds would leave individuals with active substance use without peer support to assist with navigating a pathway to recovery. Loss of funds will also eliminate primary care coordination for individuals with severe and persistent mental illness, and reduce access to emergency response for individuals experiencing psychiatric crises, as well as reduced access to psychiatry assessment and medication management.
25. In addition to the direct HHS grants listed above, Community Care Alliance receives multiple HHS grants, passed through by the State of Rhode Island. These grants include CCBHC Medicaid State Demonstration, CSBG, Early Intervention, LIHEAP, PASSR, Ryan White, SUD Emergency Respite Block Grant, SUD Residential Uninsured Block Grant, and Title XX/Social Services Block Grant, among others. These subawards lead to more than \$4,000,000 of funding

that serve thousands of northern Rhode Islanders every year. Most of these subawards are multi-year grants, with the CCBHC Medicaid State Demonstration, CSBG, LIHEAP, and Ryan White grants last re-awarded on October 1, 2025, subject to the HHS new conditions, absent the Court's Preliminary Injunction.

26. Declining this funding would have a significant detrimental impact on my organization. Without the funding for these grants, the impact would be felt in multiple areas. For clients, the loss of this level of service would likely increase psychiatric hospitalizations, and the need to place these clients in more restrictive settings for longer periods of time. Both of these effects would have a fiscal impact on the state through their Medicaid budget. These programs filled the previous gap in the continuum of care for youth at high risk. For the agency, staff would lose their jobs. The budgetary impact on the agency would necessitate job loss for multiple staff and would lower the overall support for the infrastructure. As one example, declining the funding for the Ryan White award, administered by HRSA and passed through by the State of Rhode Island, would have a detrimental impact on my organization and the many clients we serve with that funding. Annually, our organization serves over 70 individuals living with HIV/AIDS, providing them with non-medical case management, nutrition support, transportation, food pantry/served meals, rehabilitative services, and emergency financial assistance. Declining this funding, due to the new funding conditions, would result in over 70 individuals living with HIV/AIDS unable to receive the multiple supportive services they need.

VI. HUD's and HHS's New Funding Conditions Place Community Care Alliance in an Untenable Position

27. Agreeing to the HUD and HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and/or HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my

organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable citizens of our community.

28. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and agreeing or implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission is to support individuals and families of all cultural backgrounds in their efforts to meet economic, social and emotional challenges and enhance their well-being. Our vision is that "through programs, advocacy and collaboration, people are empowered to discover their potential and live as engaged citizens, free of stigma, within a thriving *diverse, inclusive* community." (Emphasis added.) It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.
29. My organization is also unsure whether it can continue to operate programs that target underserved or marginalized communities, which is central to our mission and to our programming. For example, we offer ESL classes and classes for adults with disabilities. We also offer Housing Opportunities for Persons with AIDS, as well as a number of programs exclusively designed for individuals with substance use disorder and/or mental health disabilities. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.

30. For the same reasons, my organization is concerned that it cannot comply with any HHS conditions that prohibit the operation of any programs that “advance or promote DEI, DEIA, or discriminatory equity ideology.”
31. My organization is also concerned about the HUD, HHS and SAMHSA conditions that prohibit using grant funds to “promote” gender ideology. In providing direct client services and technical assistance, our organization uses clients’ preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognizes gender identity in providing direct assistance, and accommodating the needs of the LGBTQ+ community. We offer a LGBTQIA Support Group, and a Queer Community Space, with monthly meetings. It is unclear whether my organization may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”
32. My organization is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion,” since we are a healthcare agency and we do not know what the government may deem “promotion” of abortion. For instance, we serve females of child-bearing age who may become pregnant and who seek the support of one of our staff for assistance with making a decision about whether or not to terminate their pregnancy. For those who choose termination, staff could assist them with finding an appropriate provider and scheduling an appointment, as staff would with any other medical issue, and now we are not sure if this would be prohibited.
33. My organization is concerned about the HUD and SAMHSA new conditions providing that use of grant funds and operation of projects assisted with grant funds are governed by all “current” or “applicable” Executive Orders.
- We do not know what these conditions’ broad and vague language means for Community Care Alliance or how to comply with it, given the many new executive orders that it implicates.
34. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HUD and HHS grant awards and face the direct

consequences to my organization's financial health and ongoing operations, and more importantly, the direct consequences to the health and safety of the thousands of individuals, youth and families we serve. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

35. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values

VII. These Funding Conditions Threaten to Harm Individuals, Families and Communities in Rhode Island.

36. Community Care Alliance creates a safety net for at-risk individuals and families in Rhode Island, many of whom live with serious behavioral health issues and substance use disorders. Every day, my staff is confronted with complex situations that could be the difference between life and death for individuals with serious healthcare needs. With funds from HHS and HUD, Community Care Alliance improves the lives of over 12,000 people each year by addressing financial insecurity, connecting people with education and employment opportunities, preserving housing and helping others access it, decreasing substance use and improving mental health and emotional wellbeing. At Community Care Alliance, we understand that there is a larger context in which the populations we serve experience social inequities that contribute to trauma, poor health outcomes and their overall well-being. These include racism, lack of access to affordable housing, and LGBTQIA related stigma. Populations are often permanently placed in and remain in a lower strata within our society as a result of their perceived value. These funding conditions now imposed by HUD and HHS threaten harm our organization's mission, program design and service

delivery, which will negatively impact thousands of individuals and families in Northern Rhode Island that are served by Community Care Alliance, and who rely on our staff and services. To comply with these conditions, we would need to fundamentally change our mission, staff training, and programming, including by ignoring important risk factors to our clients caused by social inequities.

37. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the thousands of individuals, youth and families we serve in Woonsocket and Northern Rhode Island every year.

38. My organization's operations are essential to the health and wellbeing of individuals, families and the community of Rhode Island. In the face of growing mental health and behavioral health challenges, Community Care Alliance uses evidence-based programs to improve access to integrated care, housing stability, education and employment opportunities, and decreased substance use and improved mental health and emotional well-being. In the absence of fully funded services, Community Care Alliance would not be able to support Rhode Islanders in crisis, particularly with housing and other basic needs. Turning down the HUD funds would put multiple families at risk of eviction, and would leave people with behavioral health issues and substance use disorders without the care that they need, including in situations that are a matter of life and death for people with serious healthcare needs.

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

Executed on February 5, 2026.

A handwritten signature in blue ink, appearing to read "Benedict F. Lessing, Jr.", with a stylized flourish at the end.

Benedict F. Lessing, Jr., MSW, CEO

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

DECLARATION OF MICHELLE MCCORMICK

I, Michelle McCormick, declare as follows:

I. Background

1. I am the Executive Director at the Kansas Coalition against Sexual and Domestic Violence (“Kansas Coalition”), a nonprofit organization that is Kansas’s federally designated dual sexual assault and domestic violence coalition.

2. My organization was founded in 1990 and is headquartered in Topeka, KS. The Kansas Coalition is dedicated to preventing and ending sexual and domestic violence, dating violence and stalking in Kansas. It supports survivors and the people who serve them by promoting safety, healing, justice, and lasting change.

3. The Kansas Coalition’s work includes providing statewide support for domestic violence and sexual assault programs by offering technical assistance, resources, and guidance to agencies that serve survivors. The coalition also offers expert training and individualized support for advocates, counselors, medical staff, law enforcement, and other personnel working with

survivors. It raises awareness about sexual assault and domestic violence issues to promote prevention across the state. And it uplifts survivor voices by centering the needs and experiences of victims and survivors in everything it does. Additionally, the Kansas Coalition serves an accrediting function for domestic violence and sexual assault service organizations in the state. The coalition creates service standards in coordination with a committee made up of member programs. These standards ensure that member programs provide quality shelter and non-shelter services, and the accreditation process provides a formal mechanism for ensuring the standards are met. Any domestic violence or sexual assault service provider that wishes to receive state general fund grants or sales tax exemptions must receive accreditation of their programs from the Kansas Coalition.

4. The Kansas Coalition operates a housing and economic justice program by directly serving survivors who qualify for rapid rehousing assistance.

5. My organization receives grants from: the Department of Housing and Urban Development (HUD) and from the Department of Health and Human Services (HHS). My organization has an annual budget of roughly \$4,237,655. Of that total amount, roughly \$908,012 comes from HUD grants, including subcontracts; and another \$789,426 comes from HHS grants, including subcontracts.

II. My Organization's Member Organizations .

6. My organization is a membership organization with approximately 25 member agencies that fall into three types of membership. There are: (1) an individual membership open to any person, (2) an organizational membership, open to any organization that supports or is engaged in providing services to victims and survivors of domestic violence, sexual assault, dating violence, or stalking, including non-accredited organizations, allied professional

organizations, companies, and other organizations aligned with the Kansas Coalition; and (3) Program Council Membership, open to any private, 501(c)(3) non-profit organization providing services in Kansas with a program established primarily for the purpose of providing advocacy and services to victims of sexual and/or domestic violence, dating violence, and/or stalking and is accredited. All members pay dues to the Kansas Coalition and the Organizational and Program Council Members are eligible to representation on the Board of Directors..

Additionally, accredited Program Council members are eligible for designated funding from the state of Kansas and receive a state tax exemption as a benefit of their membership. All members have access to training, technical assistance, and public awareness and education resources provided by the Kansas Coalition.

7. The Kansas Coalition's membership includes three members that are being identified for purposes of this lawsuit as "Kansas Member Doe 1", "Kansas Member Doe 2", and Kansas Member Doe 3". All of the Kansas Members are accredited Program Council member programs serving survivors of sexual and domestic violence, stalking, human trafficking, and teen dating violence in Kansas. The services provided by the agencies include a 24-hour helpline, 24-hour crisis intervention, support for survivors engaging with the medical system (including accompaniment during a forensic exam), support through law enforcement and court processes, emergency shelter, supportive counseling, support groups, children and youth services, community education and awareness about these issues.

8. Members of my organization receive grants from the Department of Housing and Urban Development (HUD) and from the Department of Health and Human Services (HHS), most commonly through subcontracts passed through the State of Kansas or other governmental entities, such as their City or County government.

III. HUD's New Funding Conditions

8. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

9. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

IV. My Organization's and its Members' HUD Grants

10. My organization has applied for and received a competitive grant from HUD for the Continuum of Care Grant Program ("CoC Grant"), for the past 4 years. The Kansas Coalition receives this grant directly from HUD as part of the CoC program. The Kansas Coalition signs grant agreements directly with HUD for both past awards and the current award.

11. On 8/6/2025, HUD awarded my organization a total of \$922,844 through the CoC Grant Number KS0157L7P072403 for FY 25. The grant has a period of performance of January 1, 2026 through December 31, 2026 and a budget period of January 1, 2026 through December

31, 2026. My organization accepted this award on 8/20/2025. The grant agreement included the conditions listed above. My organization signed the grant agreement but with a letter notifying HUD of the temporary restraining order. On 8/21/2025 HUD accepted the grant agreements and confirmed receipt of the TRO notification.

12. My organization relies heavily on the CoC Grant to fund critical services to support individuals and families experiencing chronic homelessness in the Kansas Balance of State Continuum of Care region. For instance, these funds support rapid rehousing needs for survivors of domestic and sexual violence who are homeless and seeking permanent housing. This part of the program provides rental assistance, housing relocation and stabilization services including supportive case management including support for financial literacy and economic empowerment. The goal is to rapidly connect survivors to permanent housing while supporting them to resolve the barriers they face to improve safety, stability, and overall well-being. Additionally, our CoC project expanded in FY 23 to include emergency transfer facilitation as required in the re-authorization of the Violence Against Women Act (VAWA). This includes supporting all the steps needed to implement a survivor's emergency transfer to other safe housing, if their current housing situation is compromised due to a threat to their immediate safety. Under the expanded project, we also now provide subject matter expertise to ensure VAWA confidentiality requirements are complied with by providing staff to monitor and evaluate compliance, developing and implementing strategies for corrective actions and providing training on compliance with VAWA confidentiality.

13. Declining the HUD CoC funding would have a detrimental impact on my organization and its mission. Without this funding, nearly 40 households in rural Kansas would immediately lose their access to the housing assistance described above, which could result in

their immediate homelessness. Additionally, our organization would have to reduce 5 full-time staff positions who provide direct supportive services to qualifying homeless survivors fleeing domestic or sexual violence. These supportive services include housing relocation, supportive case management, financial literacy, safety planning, and other assistance to improve safety, stability, and overall health. The result of this program is that the survivors who are served achieve permanent, safe, and stable housing to prevent a return to homelessness and to achieve self-sufficiency. These staff members average 60 client contacts per month, helping not only those survivors, but their dependents who benefit from the stabilization services as well. This housing program is the only dedicated HUD CoC funded rapid rehousing program for survivors of domestic and sexual violence in 101 of the most rural Kansas Counties, where barriers to safety and access to resources are much more limited than for the urban centers of the state. It is very likely the Kansas Coalition would have to terminate the housing program altogether without the HUD CoC funding. Another impact would be the loss of subject matter expertise at the State level, as Kansas Coalition staff actively participate in and chair committees for the Kansas Balance of State CoC and are an integral part of ensuring HUD funded partners provide a trauma-informed response to homeless survivors of domestic and sexual violence in Kansas.

14. My organization also intends to apply for continued HUD CoC funding for future fiscal years.

15. My organization's members have received HUD grants, including grants under the HUD HOME ARP program, and the Emergency Solutions Grant (ESG) program. Kansas Coalition member programs receive grants passed through either from their local unit of government, or as passed through the Kansas Housing Resources Corporation. The Kansas Housing Resources Corporation (KHRC) is a nonprofit public corporation that is the primary

administrator of federal housing programs for the State of Kansas. For Kansas Coalition member programs who receive HOME ARP funds, KHRC implements the grants, grant agreements, and grant conditions on behalf of HUD. For ESG funding, Kansas Coalition member programs sign agreements, receive conditions and funding from a local unit of government, such as their City or County, who have the direct engagement with HUD and ensure member programs are in compliance with HUD requirements and conditions..

16. Kansas Member Program Doe 1 (“Doe 1”), receives an Emergency Shelter Grant from their City, which acts as the primary contractor with the Kansas Housing Resource Corporation, which is the pass-through entity for this HUD ESG grant. Doe 1 uses these funds to provide the majority of food that is needed for shelter clients and their children and to cover the costs for other basic necessities for the emergency shelter, including household supplies and hygiene products.

17. Kansas Member Program Doe 2 (“Doe 2”), receives a HUD Emergency Shelter Grant and HUD HOME ARP grant funds passed through the Kansas Housing Resource Corporation . Doe 2 uses these ESG funds for the operational costs of the emergency shelter which operates 365 days a year, including the salary for a hotline advocate, and to pay emergency relocation expenses for survivors who have to flee from violence. Doe 2 also received HUD HOME ARP funds to expand their existing shelter to meet the demand for additional shelter beds for the large region they serve in rural Kansas.

18. Kansas Member Program Doe 3 (“Doe 3”), receives an Emergency Shelter Grant (ESG) from the Kansas Housing Resource Corporation, which is the pass-through entity for this HUD grant. Doe 3 uses these funds for the emergency shelter operations costs, including a

portion of the residential manager's salary and for facility maintenance costs for the emergency shelter, which operates 365 days a year.

V. HHS's New Funding Conditions

19. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹

20. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

21. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions the following new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” [note re stip that this does not apply]

recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.” : (1) it requires that all grant recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and (2) it provides that by accepting the grant award, recipients certify that: (i) “they do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws”; and (ii) “they do not engage in, and will not during the term of this award engage in, a discriminatory prohibited boycott.” HHS states that it “reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discrimination laws or engages in prohibited boycott.” *Id.* at 19.

22. The HHS GPS applies to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.

23. In addition to the GPS conditions, In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF HHS’s Administration for Children and Families (ACF) also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification.

The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients. is now imposing new funding conditions on ACF nondiscretionary and discretionary grants, including the Domestic Violence Coalitions Grant, that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

24. The new ACF Standard Terms and Conditions document provides that a “Civil Rights Assurance” applies to new awards made on or after May 8, 2025, which requires that recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and provides that, “[b]y accepting the grant award, recipients are certifying that: (i) They do not, and will not during the term of this financial assistance award, operate any programs that advance or promote the following in violation of Federal anti-discrimination laws: DEI, DEIA, or discriminatory equity ideology.”

25. In addition, the version of the ACF Standard Terms and Conditions document published on July 29, 2025, and effective for grants made “on or after” that date provided that, for new awards made on or after March 28, 2025, recipients whose programs are covered by Title IX certify to the following: (1) that the recipient “is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement; (2) that those “requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement”; (3) that

“[p]ayments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements”; (4) that the “[r]ecipient acknowledges that this certification reflects a change in the government’s position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement”; and (5) that “[r]ecipient acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”²

26. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements. The Center for Disease Control and Prevention (“CDC”) has updated their policies to impose new conditions on certain new awards and award modifications by incorporating the HHS GPS, including the HHS Discrimination Certification.

27. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination

² A new version of the ACF terms and conditions effective on January 30, 2026, for awards and funded modifications made on or after that date replaces this Title IX provision with an Assurance of Compliance paragraph providing that “[b]y accepting federal funds from HHS, the recipient is providing its assurance of adherence to applicable nondiscrimination laws as indicated in the GPS. Recipients are also responsible for ensuring that their subrecipients, contractors, and HHS-funded partners that are bound by any of those nondiscrimination laws are operating in compliance with them.”

Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients. .

28. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

VI. My Organization’s and its Members’ HHS Grants

29. My organization has applied for and received a grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (“FVPSA Grant”) since at least 1993.

30. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support education, support, and technical assistance to domestic violence, family violence, and dating violence service providers to enable the providers to establish and maintain shelter and supportive services for victims of domestic violence and their dependents; to serve as an information clearinghouse, primary point of contact, and resource center on domestic violence, family violence, and dating violence for the State of Kansas; and to support the development of policies, protocols, and procedures to enhance intervention and prevention of these issues in Kansas. The Kansas Coalition works in partnership with the State of Kansas administrator of FVPSA funds to conduct a needs assessment to inform comprehensive

responses to domestic violence, family violence, and dating violence as well as participate in the planning and monitoring of the distribution of the State of Kansas formula FVPSA funds. The Kansas Coalition also collaborates to provide training and technical assistance to allied professionals in such fields as housing, health care, social welfare, or business to support the development and implementation of effective policies or programs that address the safety and support needs of adult and youth victims of family violence, domestic violence, or dating violence. Additionally, the Kansas Coalition works with family law judges, criminal court judges, child protective services, and children's advocates to develop appropriate responses to children's issues related to domestic violence. The focus of all of this work is to support trauma-informed programming and intervention strategies that address lifetime exposure to family, domestic, and dating violence.

31. On July 8, 2025, HHS awarded my organization a total of \$368,750 through the FVPSA Coalition Grant Number 2501KSSDVC in FY 25. The grant has a period of performance of 10/01/2024 through 09/30/2026 and a budget period of October 1, 2025 through September 30, 2026. The NOA indicates that the HHS GPS and ACF Standard Terms and Conditions, which contains the new funding conditions, applies to the award. My organization accepted this award by drawing down funds on 12/1/2025.

32. Declining this funding would have a significant detrimental impact on my organization. Without this funding, the Kansas Coalition would have great difficulty in fulfilling our responsibilities to provide training, technical assistance, or in acting as a primary resource for professionals and service providers on the topics of domestic, family, or dating violence and effective responses. If this funding were to be declined, it would require a reduction in staff and cutting programs to adjust for this, as the FVPSA Coalitions grant provides primary operational

funding for my agency, including for the salaries of executive leadership and administrative support staff. These operational costs, often difficult to get covered by other funding sources, provide the critical funding needed to support the core functions of the Kansas Coalition.

Ultimately, if the Kansas Coalition no longer has access to FVPSA funding, victims and survivors of domestic, family, and dating violence in Kansas would see a decline in a trauma-informed and victim-centered approaches by direct victim service providers and allied professionals who respond to these issues, due to the impact on the reduction of core Kansas Coalition programming.

33. My organization has applied for and received a competitive grant from the Center for Disease Control (CDC) for the Rape Prevention and Education program (“RPE Grant”) for the past 2 years.

34. My organization has used RPE Grant funds for many purposes. For instance, these funds support the Kansas Coalition’s capacity building to advance primary prevention of sexual violence in Kansas by funding a specific employee dedicated to primary prevention. On behalf of the Kansas Coalition, this employee collaborates with the Kansas Department of Health and Environment (the state health department or SHD) to enhance the state action plan for sexual violence prevention, including to implement sexual violence prevention approaches in Kansas that build upon partnerships and create new partnerships with those engaged in primary prevention. As a result of this collaboration, the State completed the update to the state action plan, which will guide sexual violence prevention actions for 2025-2030. These efforts included identifying data collection and evaluation methods to determine the effectiveness of the prevention efforts. This employee also began capacity building efforts with victim service providers to assess their current prevention efforts, to identify gaps and to inform the work plan

for building local capacity to implement prevention activities. The CDC RPE funding requires the Kansas Coalition to collaborate with the SHD and other applicable federal, state, tribal, and local entities engaged in sexual violence prevention to address the social and structural determinants of health at the community and societal levels to achieve health equity in Kansas. The Kansas Coalition sexual violence prevention activities are focused on two areas for sexual violence prevention by addressing barriers to affordable childcare and by supporting proactive sexual harassment prevention policies and procedures. Both strategies are community and societal level sexual violence prevention approaches that are effective to reduce disparities in specific social determinants of health.

35. On June 27, 2025, HHS awarded my organization a total of \$135,000 through the RPE Grant 5 NVF1CE002308-02-00 in FY 25. The grant has a period of performance of June 30, 2024 through June 29, 2028 and a budget period of June 30, 2025 through June 29, 2026. The NOA indicates that the HHS GPS and CDC Terms and Conditions, which contain the new funding conditions described above, apply to the award. My organization accepted this award by drawing down funds on July 30th, 2025.

36. Declining this funding would have a detrimental impact on my organization. Without this grant, the Kansas Coalition would have limited capacity to engage in sexual violence primary prevention activities in collaboration with our State Health Department. The Kansas Coalition would be required to eliminate the full-time prevention coordinator position and would have difficulty engaging in and maintaining collaboration with federal, state, and local partners who are focused on sexual violence prevention in Kansas. Without this full-time employee able to coordinate with our government partners, the Coalition's ability to contribute to the prevention of the widespread problem of sexual violence in Kansas would be significantly

diminished. According to the 2025 Kansas Coalition sexual violence census, 23 of the 24 coalition member programs who completed the survey reported serving 301 victims during the week of the survey. Retaining the RPE funding would allow the Coalition to build the capacity of our Members to put into place programming and policies in their local communities to help prevent victimization.

37. My organization's members have received HHS grants, including CDC RPE grants. Member programs primarily receive HHS grants as passed through to them from the State agencies that pass through the funds through subgrants. RPE funds are passed through to a few Member Programs through subgrants from the state health department. Member Programs sign award agreements and accept grant conditions, from the State pass through agencies, who are required to implement the conditions as directed from HHS (ACF and CDC).

38. Kansas Member Program Doe 2 receives HHS CDC RPE funding as passed through from the Kansas Department of Health and Environment (state health department) to fund a sexual assault prevention advocate. This advocate works with the State and locally to implement sexual violence prevention programming in their service area. This prevention coordinator is one of the only dedicated sexual violence prevention staff for a large part of rural Kansas.

39. In February 2026, HHS awarded Member Doe a total of \$20,561 in collaboration with a partner nonprofit acting as the fiscal agent and lead subgrantee, and as passed through the Kansas Department of Health and Environment through a subcontract through the CDC RPE Program in FY 25. The grant has a period of performance and a budget period of February 1, 2026 through January 31, 2027. Member Doe and the partner agency accepted this award on 2/4/2026. The State of Kansas receives this award every 4 years, with the budget awarded

yearly. The state health department confirmed that the HHS GPS will apply as well as a condition that the grantee and subgrantees will need to adhere to all executive orders..

40. Declining this funding would have a detrimental impact on the members of my organization. Without the funding for this grant, our members would have to reduce staffing including shelter staff positions that are funded or partially funded by these grants, which could result in an increase of victims requesting crisis services, but being turned away due to a lack of staff. Additionally, declining RPE funding would have limited capacity to engage in sexual violence primary prevention activities in collaboration with our State Health Department. Member Doe 2 would be required to reduce the full-time prevention coordinator position and would have difficulty engaging in and maintaining collaboration with state and local partners who are implementing sexual violence prevention in Kansas. While it is difficult to assess the full impact of losing this funding on rural Kansas, it is known that Members would not be able to contribute to the prevention of the widespread problem of sexual violence.

VII. HUD's HHS's New Funding Conditions Place My Organization and its Members in an Untenable Position

41. Agreeing to the HUD and HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and/HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

42. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission may be related to diversity, equity, and inclusion, as many of the services provided adopt the public health model approach for addressing domestic and sexual violence through addressing root cause issues, including but not limited to acknowledging the disproportionate violence that is experienced by different races, genders, people with different sexual orientations, or people with disabilities, as an example. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

43. My organization is also unsure whether it can continue to operate programs or services that target underserved or marginalized communities, including our sexual violence prevention program, in which the CDC requires a focus on health equity. The CDC NOFO states, "achieving health equity also requires addressing root causes that disproportionately disadvantage people and communities based on characteristics such as race, ethnicity, gender, and ability. These causes can include racism and biases in societal values and public policy." Additionally, the Kansas Coalition frequently responds to technical assistance requests regarding serving both legal immigrant survivors and undocumented survivors, given the increased vulnerability that these survivors face by those who exploit their immigration status. This

includes training and technical assistance for advocates on best ways to conduct outreach to those who speak English as a second language, providing training to interpreters to be trauma informed, providing informational products on legal reliefs to survivors such as U-VISA or T-VISA processes, or related concerns affecting victims and survivors of immigrant communities. Now, it is unclear whether these programs would fall within the administration's interpretation of federal anti-discrimination law as prohibiting DEI and DEIA programs.

44. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."

45. My organization is concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of 1972. My organization has always complied with Title IX, but recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting people to participate in single-sex programs based on their gender identity. My organization is concerned as it has been previously understood that VAWA and FVPSA prohibit discrimination against an individual based on their gender identity and therefore the Coalition has assisted Member Programs to understand their obligations to serve transgender survivors to comply, through our training and technical assistance on how to serve the underserved population of LGBTQ+ victims and survivors, including in shelter services. Our concern is that this condition would prohibit us from accommodating the needs of the transgender and nonbinary survivors that we serve, including by allowing them to be recognized and served in ways that aligns with their gender identity.

46. My organization is also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. In providing direct client services and technical assistance, many of my organization’s staff: use clients identified pronouns for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing direct assistance, and accommodate the needs of the LGBTQ+ community in by using inclusive language in our training, in guidance documents, and in our published materials, including public awareness materials. It is unclear whether my organization may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”

47. My organization is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” The Kansas Coalition does not provide abortion care, but we do not know what the government may consider “promoting” abortion. Given the high occurrence of reproductive coercion in domestic or dating violence situations, as well as the possibility that an unwanted pregnancy can be a result of rape, the Coalition offers training and technical assistance to healthcare providers, advocates, and other professionals about reproductive coercion. It is unclear if the government would consider these activities as promoting elective abortion.

48. My organization is concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” This broad and vague language lacks a clear connection to HUD grants and our programming, particularly given the many new executive orders that it implicates.

49. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HUD and HHS grant awards and face the direct consequences to my organization’s financial health and ongoing operations, including

on the health and operations of its member organizations, and to those who receive direct services. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements and face enormous risks of litigation and government investigations under the False Claims Act.

50. Additionally, my organization's members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. For example, if members no longer have access to this funding, victims and survivors of domestic, sexual, family, and dating violence in Kansas would see a decline in trauma-informed services due to the impact on the reduction of core programming. Member organizations are concerned if they accept the funding, that the conditions would require devastating, fundamental changes to their programs. For example, in providing direct client services member organization staff: use clients' identified pronouns for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing direct assistance, and recognizing the needs of the LGBTQ+ community by using inclusive intake forms, presentations that recognize the diversity of people who are victimized, and creating brochures and outreach materials for underserved population, displaying and providing LGBTQ specific support group information within the community, providing clients with local gender affirming care resources, providing gender neutral bathrooms amongst the entire facility, and celebrating Pride Month within the facility amongst staff and residents. Member organizations are concerned, as it has been previously understood that VAWA and FVPSA prohibit discrimination against an individual based on their gender, that this condition would prohibit them from accommodating the needs of the transgender and nonbinary survivors that we serve, including by allowing them to be recognized and served in ways that align with their gender

identity. It is unclear whether my organization may continue these practices and activities while complying with funding conditions related to “gender ideology.” Members also provide services and provide outreach to underserved communities which may be misconstrued as promoting DEI. For example, member organizations use grant funds to translate materials into languages other than English, create public awareness and outreach campaigns that appeal to Hispanic individuals or other ethnic groups that may underutilize services, and use funds to support the creation of materials that increase the accessibility of information to survivors with disabilities.

51. Member organizations would be harmed as members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. My organization and our members fear that if we agree to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values or jeopardize our compliance with VAWA.

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors and the Professionals Who Provide Services to Them.

52. These funding conditions threaten harm to our mission of providing essential support for member organizations, advocates, and vulnerable victims and survivors of domestic abuse and sexual violence. The Kansas Coalition’s training and technical assistance frames domestic violence and sexual assault as not only criminal offenses but also includes additional

context about root causes and social drivers behind instances of domestic violence and sexual assault. This includes providing services that take a public health model approach to preventing domestic violence and sexual assault which is evidence-based and includes components addressing the intersection of violence and oppression, including: racism, classism, homophobia, and ableism. The Kansas Coalition and our Members do not discriminate against anyone, but the broad terms associated with DEI makes it impossible for the Kansas Coalition to know if its training would be considered an out-of-scope activity as provided by this funding condition.

53. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual violence.

54. My organization's operations are essential to coordinated efforts to reduce and eliminate domestic and sexual violence in Kansas. Cuts to staff or reduction in programming, would limit our ability to ensure that services provided to survivors in Kansas are high quality, follow best practices, and meet standards. Our member programs would lose access to core, comprehensive training for their staff necessary to provide ethically compliant services to clients in addition to regular training on emergent issues that ensure front-line staff are able to provide quality services to all survivors. The state would lose critical technical assistance in systemic response improvements that reduce domestic violence and sexual assault, increase effectiveness of legal responses, and dramatically improve survivor response and support efforts. These losses would make the Kansas Coalition less effective as a coalition and undermine its role as the state authority on domestic violence and sexual assault prevention, intervention, and response. In the absence of fully funded Kansas Coalition services, sexual assault victims will be confronted with more barriers when trying to access services following their assault, including discriminatory

treatment from medical, law enforcement or courtroom personnel, hotline operators, and therapists who have not received anti-bias and other core victim services training. This will immediately lead to more survivors choosing not to participate in the criminal justice system and fewer being linked to and receiving appropriate medical and therapy services. Direct service providers will be unable to maintain high quality services that follow best practice guidance or even that are fully compliant with the myriad federal, state, and local requirements they would now have to navigate on their own, without the critical assistance of coalitions, while desperately trying to keep up with the already increasing demand for services. The Kansas Coalition's operations are essential to permitting the network of direct service providers to focus on providing the highest-quality services to the survivors they serve and ensuring that the systems that contribute to addressing and responding to the epidemic of sexual violence are operating with evidence-based, trauma-informed, survivor-centered policies and practices. In the absence of fully funded services, for my organization and the members of my organization, victims and survivors in Kansas would be at continued and increased risk of violence, injury, or death. Without this funding, we would have difficulty providing services to our community's most vulnerable.

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

Executed on February 9, 2026.

/s/_____

Michelle McCormick, LMSW
Executive Director
Kansas Coalition against
Sexual and Domestic Violence

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-00342

DECLARATION OF MONIQUE MINKENS

I, Monique Minkens, declare as follows:

I. Background

1. I am the Executive Director of End Domestic Abuse Wisconsin: the Wisconsin Coalition Against Domestic Violence (“End Domestic Abuse WI” or “Coalition”), which is Wisconsin’s federally designated domestic violence coalition.
2. End Domestic Abuse WI was founded in 1985 and is headquartered in Madison, Wisconsin. The Coalition works to create social change to end domestic violence by supporting and centering survivors, advocating for systemic and legislative change, and strengthening the capacity of domestic violence service providers across the state of Wisconsin. The Coalition provides its members with individualized training and technical assistance opportunities, access to support and resources, and invitations to coalition-hosted events.

3. My organization receives grants from the Department of Health and Human Services (HHS). My organization has an annual budget of roughly \$6.08 million. Of that total amount, roughly \$2,623,767 comes from HHS grants, including subcontracts.

I. My Organization's Member Organizations

4. End Domestic Abuse WI is a statewide coalition of approximately 53 anti-violence Program Members, Allied Partners, and Supporting Members working in partnership to address the root causes of violence, create a safer world, and end domestic violence. All Coalition members must agree to adhere to the mission, vision, and values of End Domestic Abuse WI. See <https://www.endabusewi.org/mission-vision-values/>. Any Wisconsin domestic violence program or program with work related to domestic violence is eligible to apply to be a Program Member in the Coalition. Although Wisconsin domestic violence programs are not required to join End Domestic Abuse WI, the Coalition must have at least half of the state's domestic violence programs as members to qualify as the State's federally designated domestic violence coalition, as it has done. Non-profit organizations and government agencies whose work intersects with, but is not primarily focused on, the issues of domestic violence and interpersonal violence are eligible to apply to be Allied Partners of the Coalition. Any individual who supports the Coalition's mission, vision, and values may apply to be a Supporting Individual Member of the Coalition.
5. Members of my organization receive grants from HUD and HHS.

II. HUD's New Funding Conditions

6. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
7. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

III. My Organization's and its Members' HUD Grants

8. My organization's members have received HUD grants, including grants under the CoC Grant Program. Member Doe 1 has received HUD grants, including grants under the CoC Grant Program. Member Doe 1 receives the grant as pass-through from the Wisconsin Balance of State Continuum of Care (WISBOSCOC) and another through Brown County Homeless and Housing Coalition Member Agency grant holder for WISBOSCOC regional distributions. Member Doe 1 signs awards as subgrantee through WISBOSCOC.

9. For example, on October 1, 2024, HUD awarded Member Doe 1 a total of \$257,513.00 through the CoC Grant in FY 2024. The grant has a performance period of 3 years and a budget period of October 1, 2024 through September 30, 2025. Member Doe accepted this award on October 28, 2024. The NOFO and NOA did not include the new HUD funding conditions described above, but Member Doe current award does include the conditions. This is a yearly continuation grant. Member Doe began another non-competitive budget cycle, starting on October 1, 2025 through September 30, 2026. HUD notified Member Doe that it may instead be a competitive grant cycle the following year.
10. Declining this funding would have a very detrimental impact to Member Doe 1. Without HUD funding, Member Doe would not be able to house up to nine individuals and/or families who are homeless because of domestic violence. These nine households would be in jeopardy of returning to unsheltered homelessness on the streets, or needing to rely on family, friends, and other connections for temporary housing. Unstable housing conditions threaten already vulnerable people with the risk for further abuses from individuals who allowed a place to stay with ulterior expectations. Member Doe 1 will have to reduce two staff members and cut their Domestic Violence Rapid ReHousing Program.
11. Member Doe 1, as a newer grantee, has invested their organization and staff to incorporate extensive additional policies, and build infrastructure for the tracking and reporting procedures necessary to comply with the grant. The organization put a lot of thought and time into designing a program that meets the needs of community members and meets the grant program's requirements for implementation, documentation, and compliance. Member Doe 1 took great care to implement the grant properly. To cut this

funding or implement an abrupt redesign of the program's requirements will undo years of building capacity within the organization and the agency and funders. It will disrupt and remove services aiding very vulnerable populations.

12. My organization's members also receive HUD CoC Street Outreach funds to support their Safe Place Parking Program, which provides safe, designated parking spaces for individuals living in their vehicles, with 35-42 cars a night on the lot. It is a victory for us when someone at Safe Place Parking Program can be placed in a HUD COC funded units to provide them the essential supportive services for their successful transition to long term housing stability. Without funding—or with funding but with restrictive and vague limitations—this program would not exist.

IV. HHS's New Funding Conditions

13. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹
14. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

15. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”
16. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

17. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.
18. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.
19. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

V. **My Organization’s and its Members’ HHS Grants**

20. My organization received a grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (“FVPSA Grant”).
21. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support training and technical assistance.
22. On July 9, 2025, HHS awarded my organization a total of \$382,407 through the FVPSA Coalition Grant in FY25. The grant has a period of performance of 2 years and a budget

period of October 1, 2024 through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award.

23. On September 11, 2024, HHS awarded my organization a total of \$363,657 through the FVPSA Coalition Grant in FY24. The grant has a performance period of 2 years and a budget period of October 1, 2023 through September 30, 2025. My organization accepted this award on September 11, 2024 and is now on a new award for the October 1, 2024 through September 30, 2026 cycle. The NOFO and NOA did not include the new HHS funding conditions described above, but I understand our current award is subject to the HHS GPS and ACF Standard Terms and Conditions. We expect to apply every year around January for the grant for the following year.

24. Declining this funding would have a very significant, detrimental impact on my organization. Without the funding for this grant, we would have to limit important training and lay off three to five staff members. As a state-wide coalition, our work and influence stretches across the state. Declining the funding and discontinuing key training and technical assistance would have a negative impact on our ability to serve all of Wisconsin. The grant allows us to think creatively and offer training and technical assistance that keeps the public informed and focused on the goal of liberation of victims and survivors.

25. My organization's members have received HHS grants, including FVPSA. For example, one member organization, Member Doe 2, received FVPSA funds as a passthrough underneath the State's Department of Children and Families (DCF), through Domestic

Violence Services, Shelter Stabilization and Domestic Violence Housing First. Member Doe 2 signs their awards directly through the State of Wisconsin, Department of Children and Families.

26. For example, on January 1, 2025, HHS awarded Member Doe 2 a total of \$351,539 through the State of Wisconsin's DCF in FY 2025. The grant has a period of performance of 12 months and a budget period of January through December. Member Doe 2 has this award as a yearly continuation grant that will expire in 2026. When that expires, Member Doe 2 plans to continue to apply for the available funds. Member Doe 2 expects the HHS GPS certifications will apply to any continued funds.
27. Declining this funding would have a very significant impact on Member Doe 2. Without funding from this grant, they may be forced to consider staff reductions and cutbacks to the services and shelter programs that operate 24 hours a day, seven days a week. This would have a direct and harmful effect on the essential services that the county and community partners rely on, as they are the only victim services organization of their kind within the county.
28. This could mean no helpline available for victims seeking immediate safety planning, no trained advocates to respond to law enforcement calls, court hearings, or hospital visits—especially during nights, weekends, and holidays. Victims in crisis may find themselves without a safer place to go or someone to accompany them during forensic exams, interviews, or court proceedings. It could also lead to delays or gaps in restraining order assistance, legal advocacy, and case management.

29. Community-wide, the absence of our services would likely result in increased pressure on already overburdened systems such as law enforcement, emergency rooms, and mental health providers—none of which are equipped to provide the specialized trauma-informed care that our organization offers.
30. In short, without this funding, or with restrictions on the funding, the safety net for victims of crime and abuse in the region would be severely compromised, leaving survivors without critical support at their most vulnerable moments and undermining the coordinated community response that is vital to public safety and justice.

VI. **HUD’s and/or HHS’s New Funding Conditions Place My Organization and its Members in an Untenable Position**

31. Agreeing to the HUD and/or HHS conditions would cause my organization and its members profound harm. The funding conditions are vague, and several could be read to conflict with my organization’s core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and/or HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.
32. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws,

the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization envisions communities fully engaged to provide safety and to give a voice to all affected by domestic abuse, while creating the social change necessary to address its root causes. We honor the wisdom and strength of domestic abuse survivors across the lifespan. Our mission is achievable through survivor-centered work that includes strategic partnerships and collaboration. As advocates for social justice, we embrace the voices of diverse communities. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

33. In the view of the Coalition, education on issues related to domestic and sexual violence necessarily includes a recognition of the structural and cultural factors that perpetuate violence, silence survivors, and limit access to safety—especially for women, LGBTQ+ people, and other marginalized genders. In its training and public education work, the Coalition frequently frames domestic violence as an issue of social justice, because doing so prioritizes the safety of all victims. Relatedly, the Coalition's training and public education includes information about what victims with the most barriers need to attain freedom from violence, and typically includes information, based on the findings of its own homicide report, research by the U.S. Centers for Disease Control and Prevention (CDC), and a Columbia University study of homicides between 2019 and 2020, establishing that Black women and girls are the victims facing the most barriers to safety

in Wisconsin. Indeed, inspired in part by research findings that Black women aged 25 to 44 in Wisconsin are 20 times more likely to die by homicide than white women in the same age group, a Missing Murdered Indigenous Family Member task force was created in the state – a factor that the Coalition considers to be a public acknowledgment of the existence of the problem and of the inextricable connections between race and gender-based violence in Wisconsin.

34. My organization is also unsure whether it can continue to operate programs that target underserved or marginalized communities, as we aim to do and support our members in doing. Now, it is unclear whether these programs would fall within the administration’s interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.
35. For the same reasons, my organization is concerned that it cannot comply with any conditions that prohibit the operation of any programs that “advance or promote DEI, DEIA, or discriminatory equity ideology.”
36. My organization is also concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. My organization is concerned that this interpretation could require organizations to ignore federal law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services.
37. Member Doe is also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. It is unclear whether Member Doe may continue these

practices and activities while complying with the funding condition not to “promot[e] gender ideology” or “DEI.”

38. For Member Doe 1, providing trauma-informed, inclusive care to all survivors—including LGBTQI+ individuals and those who are transgender or nonbinary—is essential to its mission to support and bring healing and safety for survivors and their families. Excluding or ignoring aspects of a survivor’s identity, such as gender identity, would cause harm and reduce the effectiveness of their services.
39. Member Doe 1 is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” Member Doe 1 does not know what the government may consider to “promote” abortion, and whether referrals for abortion care that it provides would fall within this prohibition
40. Member Doe 1 is concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.”

Member Doe 1 does not know what this condition’s broad and vague language means for our organization or how to comply with it, given the many new executive orders that it implicates.
41. The new funding conditions present my organization and its members with an impossible choice. My organization and members could forgo accepting HUD and/or HHS grant awards and face the direct consequences to my organization’s and our members’ financial health and ongoing operations. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory

requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

42. Additionally, Member Doe 1 would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. For example, during its client intake process, members including Member Doe 1 gather information about gender identity and the need for legal services, including immigration legal services, to facilitate proper care and access to available resources. Member Doe 1 assesses preferred pronouns to ensure that care is respectful, compassionate, and appropriate for each individual. Members like Member Doe 1 would have to fundamentally alter this programming in a way that undermines its ability to serve certain underserved populations and runs contrary to the organization's values.
43. The Coalition fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make the Coalition concerned about applying or accepting an award. To mitigate these risks, the Coalition would have to change its practices, in many cases contrary to its core values.
44. Not agreeing to the certifications would result in equally grave harm. Not having access to funds from the Coalition Grant and other competitive grants would severely undermine the Coalition's ability to function as a state coalition and to provide direct services. Without these funds, the Coalition would have to reduce the size of its staff and frequency and scope of its training, therefore, its services to members.

45. Our member programs would lose access to core, comprehensive training for their staff necessary to provide legally and ethically compliant advocacy services to clients in addition to regular training on emergent issues that ensure front-line staff are able to provide quality services to all survivors. The state would lose critical technical assistance in systemic response improvements that reduce domestic violence, increase effectiveness of legal responses, and dramatically improve survivor response and support efforts. These losses would make End Domestic Abuse WI less effective as a coalition and undermine its role as the state authority on sexual violence prevention, intervention, and response.

VII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual

Assault Victims and Survivors

46. The reduction or outright termination of these services would have devastating effects on the community of survivors and victims of domestic violence.

47. In the absence of fully funded End Domestic Abuse WI services, domestic violence victims will be confronted with more barriers when trying to access services following the harm they've experienced, including discriminatory treatment from medical, law enforcement or courtroom personnel, hotline operators, and therapists who have not received anti-bias and other core victim services training. This will immediately lead to more survivors choosing not to participate in the criminal justice system and fewer being linked to and receiving appropriate medical and therapy services. Direct service providers will be unable to maintain high quality services that follow best practice guidance or even that are fully compliant with the myriad federal, state, and local requirements they would now have to navigate on their own, without the critical assistance of coalitions, while desperately trying to keep up with the already increasing demand for services.

48. The Coalition's operations are essential to permitting the network of direct service providers to focus on providing the highest-quality services to the survivors they serve and ensuring that the systems that contribute to addressing and responding to the epidemic of domestic violence are operating with evidence-based, trauma-informed, survivor-centered policies and practices.

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

Executed on February 11, 2026.

/s/ Monique Minkens
Monique Minkens
Executive Director
End Domestic Abuse Wisconsin:
the Wisconsin Coalition Against Domestic Violence

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

DECLARATION OF KERI MORAN-KUHN

I, Keri Moran-Kuhn, declare as follows:

I. Background

1. I am the Executive Director at Oregon Coalition Against Domestic and Sexual Violence (“Oregon Coalition” or “OCADSV”), Oregon’s federally designated domestic and sexual violence coalition.
2. Oregon Coalition is a dual domestic violence and sexual assault coalition membership organization composed of rural and urban members, founded in 1978 and headquartered in Portland, Oregon. Oregon Coalition provides statewide leadership, technical assistance, and support to member programs that serve survivors, the public, friends, family, and all whose lives are affected by domestic and sexual violence. We believe reaching our goal of a violence- and oppression-free society is most effectively done through grassroots efforts, communities that hold abusers accountable, and networking along with coalition building at the local, state and national levels.

3. My organization receives grants from the Department of Health and Human Services (HHS). My organization has an annual budget of roughly \$1,301,158. Of that total amount, roughly \$665,071 comes from HHS grants, including subcontracts.

II. My Organization's Member Organizations

4. Oregon Coalition is a membership organization with the majority of the community-based direct-service domestic and sexual violence organizations in Oregon as our core members. Members fall into one of two categories. (1) Coalition member programs are local nonprofit organizations and Tribal Nation domestic and sexual violence service programs which provide shelter and community-based advocacy services primarily to survivors of domestic violence, sexual assault, stalking, and human trafficking throughout the state of Oregon. Affiliate and public service supporting members are community organizations and governmental entities (respectively) that support the Coalition's mission and values and are committed to supporting survivors of domestic violence, sexual assault, stalking, and human trafficking.
5. Members of my organization receive grants from HHS and HUD.

III. HUD's New Funding Conditions

6. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
7. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined

in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;” (2) “agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government’s payment decisions for purposes of [The False Claims Act];” (3) “certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;” and (4) “shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment.”

IV. My Organization’s Members’ HUD Grants

10. My organization’s members have received HUD grants, including grants under the CoC Grant Program. Member Doe 1 receives the grant money as a pass-through from the state and they sign awards directly with HUD.
11. On May 6, 2025, HUD awarded Member Doe 1 an award letter for total of six awards totaling \$2,000,204 through the CoC Grant Program, including for a new Permanent Housing-Rapid Rehousing project funded by Domestic Violence Bonus Funds (PH-RRH DV Bonus Project) and renewals for projects including an RHH project, a Permanent Supportive Housing (PSH) project, the Domestic Violence Bonus Award (DV Bonus), and more. The NOFO and NOA did not include the new HUD funding conditions described above, but the contract received in September, 2025 includes the HUD Conditions. The grant performance and budget periods vary, with the soonest from June 2025-May 31, 2026 for Permanent Supportive Housing (PSH) project, another from August 1, 2025-July 31, 2026 for a Supportive Services Only (SSO) grant, and others from October 1, 2025-September 30, 2026.

12. Through Member Doe 1's HUD contracts, they directly house a minimum of 55 households of victims of domestic violence or trafficking annually. They have also served more than that consistently for the past five years. Many of these households are already in the program and would at once lose the house they are currently in. HUD funding is a cornerstone of Member Doe 1's housing program and the loss would cause a reduction in program infrastructure, including the loss of 6 full time staffers. Additionally, one of Member Doe's HUD grants is an SSO grant, which funds their work in operating a coordinated entry program. Through this project, they conduct an average of 200 housing assessments a year, manage this waitlist, and help these households navigate into housing. Losing these funds would be devastating and so would agreeing to the conditions, which may require us to revamp the program, reallocate resources, or entirely cancel it.

V. HHS's New Funding Conditions

13. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, "[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams," and applies to awards and modifications adding funding made on or after April 16, 2025.¹

14. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions the following new conditions on grantees prohibiting the operation of "DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws." [note re stip that this does not apply]

15. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.” : (1) it requires that all grant recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and (2) it provides that by accepting the grant award, recipients certify that: (i) “they do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws”; and (ii) “they do not engage in, and will not during the term of this award engage in, a discriminatory prohibited boycott.” HHS states that it “reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of

this award, operate any program in violation of Federal anti-discrimination laws or engages in prohibited boycott.” *Id.* at 19.

16. The HHS GPS applies to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.
17. In addition to the GPS conditions, In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF HHS’s Administration for Children and Families (ACF) also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients. is now imposing new funding conditions on ACF nondiscretionary and discretionary grants, including the Domestic Violence Coalitions Grant, that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
18. The new ACF Standard Terms and Conditions document provides that a “Civil Rights Assurance” applies to new awards made on or after May 8, 2025, which requires that recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and provides

that, “[b]y accepting the grant award, recipients are certifying that: (i) They do not, and will not during the term of this financial assistance award, operate any programs that advance or promote the following in violation of Federal anti-discrimination laws: DEI, DEIA, or discriminatory equity ideology.”

19. In addition, the version of the ACF Standard Terms and Conditions document published on July 29, 2025, and effective for grants made “on or after” that date provides that, for new awards made on or after March 28, 2025, recipients whose programs are covered by Title IX certify to the following: (1) that the recipient “is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement; (2) that those “requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement”; (3) that “[p]ayments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements”; (4) that the “[r]ecipient acknowledges that this certification reflects a change in the government’s position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement”; and (5) that “[r]ecipient acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability

under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”²

20. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements. The Center for Disease Control and Prevention (“CDC”) has updated their policies to impose new conditions on certain new awards and award modifications by incorporating the HHS GPS, including the HHS Discrimination Certification.
21. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients. .
22. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all

² A new version of the ACF terms and conditions effective on January 30, 2026, for awards and funded modifications made on or after that date replaces this Title IX provision with an Assurance of Compliance paragraph providing that “[b]y accepting federal funds from HHS, the recipient is providing its assurance of adherence to applicable nondiscrimination laws as indicated in the GPS. Recipients are also responsible for ensuring that their subrecipients, contractors, and HHS-funded partners that are bound by any of those nondiscrimination laws are operating in compliance with them.”

discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

VI. My Organization's and its Members' HHS Grants

23. My organization has applied for and received a grant from HHS's Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act ("FVPSA Coalition Grant") for the past 33 years.
24. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support training and technical assistance to local family violence, domestic violence, and dating violence service programs and to providers of direct services to encourage appropriate and comprehensive responses to family violence, domestic violence and dating violence against adults or youth in Oregon. These include training and technical assistance to ensure programs are welcoming and accessible to underserved populations, conducting Statewide Needs Assessments that include member and non-member programs that provide direct services to encourage appropriate and comprehensive responses to family violence, domestic violence, and dating violence against adults or youth in Oregon; collaborating with service providers and community-based organizations to address the needs of family violence, domestic violence, and dating violence victims, and their dependents, who are members of racial and ethnic minority populations and underserved populations; working with judicial and law enforcement agencies to encourage appropriate responses to cases of family violence, domestic violence, or dating violence against adults or youth; providing information to the public about prevention of family violence, domestic violence and dating violence; and supporting the development of policies, protocols, and procedures to enhance domestic

violence intervention and prevention in the state including those related to maintaining the shelter and supportive services for victims of domestic violence and their dependents.

25. HHS awarded my organization a total of \$367,750.00 through the FVPSA Violence Prevention and Services / State Domestic Violence Coalition Grant in FY 26 (FVPSA Coalition Grant). The grant has a period of performance starting in October 1, 2024 through September 30th, 2026, and a budget period of October 1, 2024, through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award. My organization needs to accept this award as soon as possible, but no later than August 1, 2025, for financial reasons.
26. Declining this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, the Oregon Coalition would have to cut staffing FTE, would not be able to provide the supports and technical assistance to local communities across Oregon. In addition we would not be able to provide local service organizations training, policy and education for leadership and staff of those service providers.
27. My organization has applied for and received a competitive grant from the Center for Disease Control (CDC) for the Rape Prevention and Education program (“RPE Grant”) for the past 2 years.
28. My organization has used RPE Grant funds for many purposes. For instance, these funds support the goal to prevent sexual violence among communities in Oregon, through a framework, which addresses ACEs and toxic stress, and incorporates the nine principles of

primary prevention. The Oregon Coalition works with the state health department regarding program development, strategic planning and messaging efforts to deepen primary prevention understanding across the state . Oregon Coalition staff promotes social norms that protect against violence.

29. On June 30th, 2025, HHS awarded my organization a total of 135,000 through the RPE Grant in FY26. The grant has a period of performance start date was 06/30/2024 and the end date of the grant is 06/29/2028 and a current budget period of 06/30/2025 through 06/29/2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and CDC Terms and Conditions, which contains the new funding conditions described above, apply to the award. My organization needs to accept this award either by drawing down funds or otherwise communicating acceptance 30 days upon receipt of the notice of award, by July 30th, 2025.
30. We also receive the Preventative Health & Health Services grant and have every year since 1997. This past year we received \$85,600 from this grant. Our PHHS grant funds a staff person who provides consistent technical assistance and training focused on sexual violence primary prevention based on models and practices that reflect an anti-oppression and trauma informed framework. The Oregon Coalition passes some of the funding to local organizations to build capacity for sexual violence prevention through supporting agencies primary prevention knowledge and skillsets to support future implementation of primary prevention strategies, and we measure and monitor capacity building grantees performance through reviews and workplans. This funding allows the Oregon Coalition to work towards the goal of preventing violence in communities throughout the state.

31. Without this money, or with this money but with limiting conditions, we would have to either cancel this program, fire this staff person, or completely alter the model of the work.
32. My organization's members have received HHS grants, under the RPE Program.
33. On February 1, 2025, HHS awarded Member Doe 2 a total of \$ 35,000 through the RPE in FY25. The grant has a period of performance of 1 year and a budget period of 2024 through 2029. Member Doe 2 accepted this award on February 1, 2024. When Member Doe 2 receives the continuation award, which goes through 2029, Member Doe 2 believes HHS GPS will apply to that.
34. Declining this funding would have a very significant detrimental impact on Member Doe 2. Without the funding for this grant, they would no longer offer domestic and sexual violence prevention services in their county in Oregon. Because Member Doe 2 is the only Confidential Domestic and Sexual Violence Provider offering such services, it would result in extinction of services countywide.
35. Without prevention services, Member Doe 2's community is at a risk of experiencing greater rates of violence in our community and the violence escalates and leads to more dire outcomes like death. Also, this grant funds trauma informed violence prevention parenting classes. These classes would no longer be offered and there could be higher rates and more severe child abuse in our community.

VII. HUD's and/or HHS's New Funding Conditions Place My Organization and its Members in an Untenable Position

36. Agreeing to the HHS conditions would cause my organization profound harm, as would the HUD conditions for my members. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken

for years in furtherance of that mission and in reliance on HUD and/or HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

37. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission is to provide culturally specific programming and support to all who come through our doors. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

38. My organization is also unsure whether it can continue to operate programs that target underserved or marginalized communities. For instance, Oregon Coalition's mission statement begins: "[Oregon Coalition] promotes equity and social change in order to end violence for all communities. We seek to transform society by engaging diverse voices, supporting the self-determination of survivors and providing leadership for advocacy

efforts." It also contains an express Statement of Equity and Inclusion that states, in part, "We engage in an ongoing process of analysis that sees all systems of oppression as interrelated and work to challenge the power structures that legitimize them and perpetuate injustices. We conduct education about the impact of the various oppressions. We examine and improve practices, policies and protocols, on an ongoing basis, to ensure compliance with this statement and encourage and enable member programs in their equity and inclusion efforts." Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.

39. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."
40. Oregon Coalition is unsure whether it may undertake its day-to-day activities reflecting its mission and guiding principles, which reference "equity," without running afoul of the condition not to "promot[e] or facilitat[e] discriminatory programs or ideology, including illegal DEI" as HHS might interpret those terms. It is also unclear whether Oregon Coalition's mission and guiding principles, which recognize that the criminal offenses of sexual assault and domestic violence carry a systematic social justice element, violate the anti-social justice part of the certification, and whether Oregon Coalition could comply with the anti-social justice condition without adopting a view antithetical to its true beliefs.
41. Oregon Coalition is also concerned that it cannot continue to engage in certain practices that respect the dignity of all victims of sexual violence, regardless of gender and sexual

orientation, and are consistent with the VAWA mandate not to discriminate on the basis of gender or sexual orientation. As Oregon Coalition's Philosophy Statement provides, in relevant part, "Collectively, we support the rights of all people to have access to information, advocacy, crisis intervention, treatment, education and prevention services. We support the right of survivors to make choices about reporting, prosecution, pregnancy, future safety and other issues created by their experience. We believe in self-determination, empowerment and the right of all persons to live without fear of interpersonal violence regardless of race, gender, national origin, age, ability, religion or sexual orientation." It is unclear whether Oregon Coalition may continue its practices and activities while complying with the funding condition not to "inculcat[e] or promot[e] gender ideology."

42. My organization is also concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. My organization is concerned that this interpretation could require organizations to ignore federal law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services.
43. My organization's members are also concerned about the HUD condition that prohibits using grant funds to "promote" gender ideology. In providing direct client services and technical assistance, many member organizations' staff use clients' preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at

birth, recognize gender identity in providing direct assistance, and accommodate the needs of the LGBTQ+ community in providing housing services using HUD grants. It is unclear whether members may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”

44. Members are also concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” Members do not provide abortion care, but they do not know what the government may consider to “promote” abortion. Members offer clients information about any healthcare services that they need. When pregnant survivors request abortion care, members provide them with resources on how to seek that care.
45. Member organizations are also concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.”
46. Members do not know what this condition’s broad and vague language means for their organization or how to comply with it, given the many new executive orders that it implicates.” The new funding conditions present my organization and its members with an impossible choice. My organization and its members could forgo accepting HUD and/or HHS grant awards and face the direct consequences to organizational financial health and ongoing operations and the health and operations of its member organizations, and to those who receive direct services. Or my organization and its members could accept the funding with the conditions and jeopardize our organizations’ missions and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

47. Additionally, my organization's members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants.
48. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values.
49. Agreeing to the conditions would cause Member Doe 1 and 2 profound harm. The funding conditions are vague, and several could be read to conflict with Member Does' organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on the grants. The funding conditions may require Member Does to cease engaging in activities that it had previously understood the grants to plainly support. Thus, Member Does do not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for other organizations, advocates, and vulnerable victims and survivors of sexual violence.
50. Member Doe 1 and 2 are concerned about conditions requiring that they certify that it does not operate any programs that violate any applicable Federal antidiscrimination laws, implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although they have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination

law as prohibiting all aspects of programs focused on DEI and DEIA. For example, Member Doe 2's mission is "to provide culturally aware outreach, education, and services for survivors of domestic and sexual violence through leadership, hope, and respect for families." It is unclear whether Member Doe 2's mission and guiding principles violate the certification, and whether Member Doe 2 could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

51. Member Doe 1 and 2 are also unsure whether it can continue to operate programs that target underserved or marginalized communities. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.

52. For the same reasons, Member Doe 2 is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

53. The reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual violence in Oregon.

54. In the absence of fully funded Oregon Coalition services, sexual assault and domestic violence victims will be confronted with more barriers when trying to access services following their assault, including discriminatory treatment from medical, law enforcement or courtroom personnel, hotline operators, and therapists who have not received anti-bias

and other core victim services training. This will immediately lead to more survivors choosing not to participate in the criminal justice system and fewer being connected to and receiving appropriate medical and therapy services. Direct service providers will be left without the critical assistance they need to navigate compliance with myriad federal, state, and local requirements, all the while desperately trying to keep up with the already-increasing demand for services. Ultimately, the quality of their services will inevitably suffer.

55. Conversely, if my organization or its members turned down the funds because of the conditions, The reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual violence.

56. Oregon Coalition's operations are essential to permitting the network of direct service providers to focus on providing the highest-quality services to survivors and ensuring that the systems that contribute to addressing and responding to the epidemic of sexual violence are operating with evidence-based, trauma-informed, and survivor-centered policies and practices.

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

Executed February 9, 2026.

/s/Keri Moran-Kuhn
Keri Moran-Kuhn
Executive Director
Oregon Coalition Against Domestic
and Sexual Violence

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

Case No. 25-cv-342

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

DECLARATION OF COLBY J. O'BRIEN

I, Colby J. O'Brien, declare as follows:

I. Background

1. I am the Executive Director at The Rhode Island Coalition to End Homeless (RICEH), a coalition that represents the full homelessness response system, including the Coordinated Entry System in RI.
2. My organization was founded in 1988 and is headquartered in Providence, Rhode Island. The Rhode Island Coalition to End Homelessness works collaboratively with advocates, providers, and faith-based organizations to create and advance lasting solutions to prevent and end homelessness. We ensure that all the experiences of homelessness are included in what we do. We also provide supportive services coordination to partner organizations.
3. My organization connects families and individuals who are living outdoors with shelters through our 365 day a year hotline. We manage the statewide database that tracks all persons experiencing homelessness in the state of Rhode Island. We analyze trends in

homelessness to achieve better outcomes, meaning that people are no longer at risk of homelessness or are at least sheltered and out of the elements. We run the SSDI SSI Outreach Access and Recovery (SOAR) program for the state of Rhode Island. SOAR increases access to disability benefits for individual adults, parents, and children who are experiencing homelessness or are at risk of homelessness. We provide the Voices of Homelessness (VOH) speakers bureau, which empowers people who have lived experience with homelessness to learn to tell their story, both in public presentations and public testimony during the legislative session. We also facilitate the monthly meeting of the Constituent Advocacy Committee (CAC), which is one of the standing committees of the Continuum of Care Alliance (CoC), which serves to inform the CoC policy and program development.

4. My organization receives grants from the Department of Housing and Urban Development (HUD). My organization has an annual budget of roughly \$4,113,010.25. Of that total amount, roughly \$1,275,159 comes from HUD grants and \$1,150,220 comes from Continuum of Care HUD grants.

II. HUD's New Funding Conditions

5. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
6. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined

in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;” (2) “agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government’s payment decisions for purposes of [The False Claims Act];” (3) “certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;” and (4) “shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment.”

III. Rhode Island Coalition to End Homelessness’s HUD Grants

7. My organization has applied for and received competitive grants from HUD for the Continuum of Care Grant Program (“CoC Grant”), for the past 22 years. We are a direct recipient of these grants which provide funding for a variety of our programs and services. We have received CoC grants to support the Homeless Management Information Services program since 2003. We have received CoC grants to support our work in administrating the Coordinated Entry System since 2018. We have received CoC grants to support our Statewide Street Outreach Coordination program since 2021. Finally, we have received CoC grants to implement a new system of coordinating supportive services for victims of domestic violence since 2021.
8. Currently, my organization receives the following HUD grants:
 - a. The HUD COC Coordinated Entry System Grant, which provides a total of \$156,203 for the period July 1, 2024 through June 30, 2025 to support the maintenance of the Coordinated Entry System, which provides a hotline people experiencing homelessness can call to receive our support and guidance to

connect those individuals to supportive services to get them off the street and get back on their feet. The current award was awarded on June 11, 2024, and does not include the new HUD funding conditions described above, but HUD asked RICEH to sign an NOA for the period of July 1, 2025, through June 30, 2026, and this NOA includes the new HUD funding conditions.

- b. The HUD COC HMIS Grant, which provides a total of \$167,697 for the period July 1, 2024, through June 30, 2025, to support the maintenance of the Homeless Management Information System, which is a system RICEH uses to collect, track, and analyze data about the population of unhoused and unsheltered people in Rhode Island. That data is used to report to various stakeholders and policymakers in the state to steer data driven policy solutions to end homelessness in the state. The current award was awarded on June 11, 2024, and does not include the new HUD funding conditions described above, but HUD asked RICEH to sign an NOA for the period of July 1, 2025, through June 30, 2026, that does include the new HUD funding conditions.
- c. The HUD COC DV Bonus Grant, which provides a total of \$826,320 for the period January 1, 2025, through December 31, 2025, to support programming that allows RICEH to incorporate victims of domestic violence into the population it serves, with the aim of helping those victims find safe housing and other supportive services to get their lives back on track, known as the DV Bonus program. The current award was awarded on June 17, 2024, and does not include the new HUD funding conditions described above, but HUD asked RICEH to sign

an NOA for the period of January 1, 2026, through December 31, 2026, that does include the new HUD funding conditions.

- d. The HUD YHDP SOAR Grant, which provides a total of \$32,820 for the period October 1, 2024, through September 30, 2025, to support the SSDI SSI Outreach Access and Recovery (SOAR) program for the state of Rhode Island. SOAR increases access to disability benefits for individual adults, parents, and children who are experiencing homelessness or are at risk of homelessness. The current award does not include the new HUD funding conditions described above, but HUD asked RICEH to sign an NOA for the period of October 1, 2025, through September 30, 2026, that does include the new HUD funding conditions.
 - e. The HUD YHDP HMIS Grant, which provides a total of \$92,119 for the period November 1, 2025, through October 31, 2026, to support the maintenance of the Homeless Management Information System, which is a system RICEH uses to collect, track, and analyze data about the population of unhoused and unsheltered people in Rhode Island. That data is used to report to various stakeholders and policymakers in the state to steer data driven policy solutions to end homelessness in the state. The current award does not include the new HUD funding conditions described above, but HUD asked RICEH to sign the NOA for the period of November 1, 2025, through October 31, 2026, that does include the new HUD
9. On May 28, 2025, my organization received requests for certification for the renewal of all the grants listed above. The NOFO for this award did not include the new funding conditions described above, but the NOAs that HUD asked us to sign did. On July 1, 2025, we sent back the NOAs with the new funding conditions stricken, but we do not

know whether HUD will accept the NOAs with the alterations we made. In fact, on July 14, 2025, HUD sent RICEH another NOA for a YHDP Renewal and Replacement Project that had the new funding conditions, which leads me to believe that HUD will not accept the NOAs with the alterations we made, removing those funding conditions. After this Court issued a Temporary Restraining Order that included RICEH, RICEH executed the grant awards and is now actively drawing down the funds for these grants.

10. Because the HMIS and the CES grants were needed for work performed starting July 1, 2025, my organization needed to accept the award by drawing down funds as soon as July 30, 2025 for cashflow reasons. My organization relies heavily on the CoC Grant to fund critical services to support individuals and families experiencing chronic homelessness. For instance, these funds support all the programs mentioned above, which comprise the bulk of the services we provide. Our programs and services are focused on ending homelessness in the state of Rhode Island. Thousands of people in the state are unsheltered; many of those people have intense medical needs brought about by disabilities that they cannot effectively treat without our services. It is not an overstatement to say that our organization uses these funds to save lives. The people we help are too often overlooked by most people and organizations in our state, living largely invisible lives full of danger and uncertainty. We rely on our grant funding to provide supportive services to these people to provide them with shelter, housing, safety, and stability.

11. Declining the HUD CoC funding would have a devastating impact on my organization and its mission and on the most vulnerable Rhode Islanders. We would see a tremendous rise in the homeless population, including among the very sick and disabled. We work

with a number of people who would not be able to keep their insulin cold or connect with health care providers to provide treatment for kidney disease and cancer. To put it bluntly, we would see a rash of people dying out on the street. Without this funding, about 105,000 people would no longer be able to rely on and benefit from our services. We would no longer be able to provide data to HUD about homelessness in Rhode Island. There would be no vehicle for coordinated entry to determine who needs what service and connect those individuals with the right organizations. All these shortfalls would lead to more people living unhoused on the street, unable to access opportunities for housing, employment, social services, and benefits. Veterans would be disproportionately impacted by these shortfalls, as would the BIPOC community. We would also have to undergo severe layoffs without the CoC funding. We currently employ 28 people, and we would probably have to cut down to about 7 staff. We would not have the ability to function as we do now.

12. There are no other HUD grants that we have identified that would support our current mission with or without the new funding conditions described above.

IV. HUD's New Funding Conditions Place My Organization in an Untenable Position

13. Agreeing to the HUD conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support

the most vulnerable members of our community, the thousands of unhoused and unsheltered seniors, veterans, families, runaway youth, and victims and survivors of domestic violence who rely on us and our support services to get off the street and back into safe and stable housing.

14. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and agreeing that compliance with those antidiscrimination laws is material for False Claims Act purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA.

15. RICEH's mission is to serve the poorest and most vulnerable population, the unsheltered across 39 cities and towns in Rhode Island. Those communities do not all look alike or have the same lived experiences and we cannot do the work with a one size fits all mentality. We need to meet people where they are at, so to speak, which means considering the various aspects of a person's identity to best help them through a frightful and dangerous period of their life. The population we serve tends to be overrepresented by African Americans and Spanish speakers. We have recently seen more families and seniors become unhoused. We serve a lot of runaway homeless youth aged 18-24, a disproportionate number of whom are LGBTQ. We need our staff to be representative of the people we serve, meaning that we need to staff people of color, people with disabilities, members of the LGBTQ community to accurately and compassionately serve the population of unhoused Rhode Islanders. It is unclear whether my organization's

mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

16. My organization is also unsure whether it can continue to operate programs that target underserved or marginalized communities, including the CES, HMIS, SSOC, SOAR and DV Bonus programs. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.
17. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."
18. My organization is also concerned about the HUD condition that prohibits using grant funds to "promote" gender ideology. In providing direct client services and technical assistance, many of my organization's staff are engaged in and integrate policies that are informed by including and respecting gender diversity. This is crucial in establishing trust between our staff and the people we serve. It is also crucial in developing and maintaining trust within our staff that we adopt policies that recognize and respect all forms of gender identity and sexual orientation. It is unclear whether my organization may continue these practices and activities while complying with the funding condition not to "promot[e] gender ideology."
19. My organization is concerned about the HUD conditions that prohibit using grant funds to "promote" "elective abortion." We don't know whether the work we do would be considered as promoting elective abortion. We are routinely referring people to

healthcare services through our Street Outreach program and are concerned that by referring people to those services we may be considered to have violated that condition.

20. My organization is concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” We do not know what this condition’s broad and vague language means for our organization or how to comply with it, given the many new executive orders that it implicates.

21. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HUD grant awards and face the direct consequences to my organization’s financial health and ongoing operations and to those who receive direct services. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements and face enormous risks of litigation and government investigations under the False Claims Act.

22. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying for or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values.


V. **These Funding Conditions Threaten to Harm the Most Vulnerable People in our State**

23. These funding conditions threaten harm to the thousands of unsheltered and unhoused people in Rhode Island and the many more who are victims of domestic violence. As mentioned above, a core element of our work is to meet people where they are at in order to connect them to supportive services to help them out of the worst moments of their lives. It is crucial that we develop trust between our staff and the people we serve, many of whom are justifiably distrusting and cynical towards institutional actors. We need staff who are representative of the people we serve in order to create that rapport. To reiterate, the people we serve typically have a complicated intersection of obstacles in their lives, many of which are rooted in core aspects of their identity and the impact it has had on their lived experience. It could be an African American Veteran with physical disabilities, an LGBTQ teenager who fled home and is now on the street and struggling to manage and maintain their mental health, or an elderly person with diabetes who cannot reliably obtain insulin or keep it cold when they do. The permutations are endless, but one core truth remains the same; we cannot effectively connect with any of these people and help them get the safe housing and social services they need and are entitled to unless we first develop a relationship grounded in trust and empathy. We are gravely concerned that the new funding requirements are anathema to our existing model, the only model that we have found successful in achieving our mission, and that by agreeing to those conditions the changes it would require in our strategy would fundamentally undermine our operations to the detriment of thousands.

24. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the people we currently serve. As I describe above, without the funding that we have relied upon for years, and in some instances decades, we would have to discontinue core aspects of our organization and would no longer be able to effectively serve thousands of people across the state. We would lose the ability to collect data to inform sound policy proposals and, most importantly, we would abandon far too many people to a dangerous and unstable existence.
25. My organization's operations are essential to improving people's lives and making Rhode Island a safer state for everyone to live in. There is no other organization in the state that does this work. If we were forced to discontinue our work, either because we do not receive the grant funding we have been awarded and relied upon for years, or because the work cannot be done while complying with HUD's new funding requirements, unsheltered and unhoused people and victims of domestic abuse would have a tremendously difficult time trying to access the services they need to get their lives back on track. This has a reverberating effect throughout the entire state and on the lives of everyone who lives here. Improving the lives of the people we serve improves the lives of everyone who shares a community with them. We need to maintain our ability to carry out our mission because no one else will.

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

Executed on February 4, 2026.

Signed by:

553E4388014C4AE...

Colby J. O'Brien

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

DECLARATION OF LUCY RIOS

I, LUCY RIOS, declare as follows:

I. Background

1. I am the Executive Director at the Rhode Island Coalition Against Domestic Violence or “Rhode Island Coalition,” Rhode Island’s federally designated domestic violence coalition.

2. The Rhode Island Coalition was founded in 1979 and is headquartered in Warwick, Rhode Island. The Rhode Island Coalition is an organization dedicated to ending domestic violence made up of ten member agencies. Originally, we were formed to support and assist domestic violence shelters in Rhode Island. Today, in addition to supporting domestic violence shelters, we provide statewide leadership on the issue of domestic violence, enhance the

work of our member agencies, and strive to create justice for victims and survivors through our systems and policy advocacy. We raise awareness on the issue and the prevention of domestic violence in Rhode Island through our training, technical assistance, communications and primary prevention strategies.

3. The Rhode Island Coalition and its member agencies have a recognized track record of successfully administering and implementing effective programs for victims and survivors of domestic violence, reaching an average of 10,000 victims every year. We are currently involved in various statewide collaborative projects with law enforcement, prosecution, and community-based organizations. As a coalition, we have the strength, unity, and statewide vision necessary to effect changes in services, policies, laws, and public attitudes.

4. My organization receives grants from the Department of Housing and Urban Development (HUD) and from the Department of Health and Human Services (HHS). The Rhode Island Coalition has an annual budget of roughly \$5.3 million, and approximately \$3.4 million of that total is passed through to member agencies. Of that total amount, roughly \$2.8 million comes from HHS grants, including subcontracts; and another \$27,500 comes from HUD grants, including subcontracts.

II. Rhode Island Coalition's Member Organizations

5. Rhode Island Coalition is a membership organization with 10 member agencies. Members fall into one of two categories. The first category of members is composed of primary purpose domestic violence agencies whose missions focus on domestic violence, and these organizations provide emergency shelter for survivors of abuse.

6. In 2017, Rhode Island Coalition expanded its membership to include multi-service community-based organizations that have an established program that focuses on

addressing domestic violence. Through the addition of these affiliate members, Rhode Island Coalition is better able to support organizations that reach traditionally underserved communities and build stronger collaborations with effective community-based organizations. Each of these organizations brings their own area of expertise and specialized experience to the work of our coalition to help achieve our collective mission and vision, a world without domestic violence. These members are not voting members on the Rhode Island Coalition Board of Directors, but they are encouraged to engage in the business of the organization and actively serve on the statewide committees the Rhode Island Coalition convenes with equal voting power. Currently, we have six affiliate members. Each affiliate member has at least one specialized domestic violence program for victims and their children statewide.

7. Our network of member agencies provide comprehensive emergency services and support to victims of domestic violence, dating violence, sexual violence, and stalking. Services include 24-hour helpline support, emergency shelter, transitional housing, permanent supportive housing, support groups, counseling services, children who witness services, prevention programs, and assistance with navigating the legal system.

8. The Rhode Island Coalition's membership includes a member, which is being identified for the purposes of this lawsuit as "Rhode Island Member Doe." Rhode Island Member Doe is a provider of services for domestic violence victims and survivors and people experiencing homelessness in the state of Rhode Island, with a range of services, including housing, basic needs, shelter, case management, referrals, education and employment services.

9. In 2024 alone, five of the Rhode Island Coalition's member agencies, including Rhode Island Member Doe, provided the following services:

- 9,661 individual victims of domestic violence received help;

- 296 adults and children stayed in shelters/safe homes;
- 63 adults and children lived in transitional housing;
- 2,738 victims were assisted by a Court Advocate in obtaining a restraining order;
- 158 victims participated in a support or educational group;
- 480 victims of domestic violence received clinical/counseling services;
- 303 children who witnessed domestic violence received services;
- 46,318 individual services provided by advocates; and
- 12,716 helpline/hotline calls were answered.

10. For nearly 50 years, the Rhode Island Coalition has established itself as a bedrock of survivor services and advocacy in the state of Rhode Island. The Rhode Island Coalition has helped increase safety options for survivors and increase offender accountability in Rhode Island. We identify systemic gaps that compromise survivor safety and advocate for policy and legislative changes to address those gaps.

11. The Rhode Island Coalition works to build the public's knowledge about domestic violence in order to help make resources more accessible to victims and empower communities to intervene. The Rhode Island Coalition collects and maintains statewide data on the occurrence of domestic violence using a Rhode Island Data Dashboard which contains data points that describe the problem of domestic violence in Rhode Island and related factors that increase the risk of domestic violence, such as economic insecurity, or that help protect against it, such as access to safe, affordable housing. The Rhode Island Coalition also executes statewide public awareness campaigns at least three times a year. The Rhode Island Coalition responds to domestic violence homicides and high-profile cases in the news, in order to raise up the voices

and experiences of survivors, honor the lives lost, identify system failures and policy solutions, and ensure media coverage is accurate, sensitive and well-informed.

12. Building a world where we can prevent domestic violence before it starts is central to the Rhode Island Coalition's mission. Our primary prevention work focuses on creating protective environments, engaging influential adults and peers, and strengthening economic supports for families. The Rhode Island Coalition applies a public health approach to domestic violence prevention and works with our member agencies and community partners, including youth-serving organizations, on these strategies. Examples include signature programs like Ten Men, where participants educate themselves and others about men's role in ending domestic violence, bring visibility to men engaged in this work, and mobilize men to find community solutions for preventing domestic violence.

13. Every aspect of our work is informed by Rhode Island Coalition's nationally-recognized survivor task force, Sisters Overcoming Abusive Relationships (SOAR). Since 1989, SOAR promotes, advocates for, and works towards the elimination of domestic violence by embodying and giving visibility to the voices of abused women. SOAR members share their stories of survival to affect systems change and educate the public about the dynamics of abuse and community resources.

14. The Rhode Island Coalition and our membership receive grants from HHS and HUD in order to meet the complex needs of victims and survivors of domestic and sexual violence. These HHS grants include: Family Violence Prevention and Services Act (FVPSA) Coalition Grant; FVPSA Discretionary Grants Specialized Services for Abused Parents and Their Children Demonstration Projects (SSAPC) and the CDC DELTA AHEAD Grant; Family Violence Prevention & Services Act Grant; Family Violence Option Advocacy Program

(FVOAP) Grant; Title XX Social Services Block Grant (SSBG) and Culturally Specific Services Grant; and the Safe Families Program Grant. The HUD grants to the Rhode Island Coalition and its members include: Continuum of Care grants for DV Bonus Funds; Permanent Supportive Housing; Rapid Rehousing Program; Housing Problem Solving; Coordinated Entry; Emergency Solutions; and RI Housing Rental Assistance Program.

III. HUD's New Funding Conditions

15. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

16. The Notice of Awards (NOAs) for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

IV. The Rhode Island Coalition's and its Members' HUD Grants

17. The Rhode Island Coalition received a competitive grant from HUD for the Continuum of Care Grant Program ("CoC Grant"), beginning in 2022. The Rhode Island

Coalition is the subrecipient of a HUD CoC Grant, and the Program Agreement is sent from the pass through entity, Rhode Island Coalition to End Homelessness, for signature.

18. For the past four years, Rhode Island Coalition and four of its members, including WRC, have received HUD CoC Program DV Bonus Funds subawards through the Rhode Island Coalition to End Homelessness (RICEH) totaling over \$400,000. These funds are being used to increase communication and collaboration among Rhode Island's Coordinated Entry System (CES) and domestic violence advocacy organizations and service providers. The goal is to improve referral coordination for victims and survivors of domestic violence who are seeking shelter through CES and reduce barriers to obtaining shelter/housing in our state.

19. On January 13, 2026, RICEH awarded the Rhode Island Coalition a total of \$35,500 of HUD funding for DV Bonus Funds through the CoC Grant. The grant has a period of performance and budget period of January 1, 2026 – December 31, 2026 and includes the new HUD funding conditions described above.

20. With this subaward, the homeless provider system and domestic violence providers system are still building relationships and trust with one another and identifying the ways in which these two systems work well together and where they need to improve to better support domestic violence survivors in need of housing and emergency shelter. Without this funding, it is unlikely that our systems would be engaged in cross trainings, monthly meetings, developing products together like domestic violence assessments that include lethality risks for victims of abuse and a workflow chart, sharing data and resources, all with the goal of eliminating barriers for survivors of abuse in accessing housing.

21. The Rhode Island Coalition's members have received HUD grants, including grants under the CoC Grant Program, since approximately 2012 and prior to that, Supportive

Housing Program grants since the early 1990's. Rhode Island Member Doe is the direct recipient of four grants from HUD CoC. Upon funding approval, HUD sends contracts directly to Rhode Island Member Doe for signature. Rhode Island Member Doe is the subrecipient of an additional contract and the subrecipient Program Agreement is sent from the pass through entity, Rhode Island Housing, to Rhode Island Member Doe for signature.

22. On June 4, 2025, Rhode Island Member Doe signed the grant agreement for four direct CoC grants. On June 30, 2025, Rhode Island Member Doe sent correspondence to HUD to rescind its agreement and request that the agreement be modified to remove the certifications. The total award under this contract is over \$2 million for CoC FY 2024. The grant has a performance period for one grant from November 1, 2025 through October 31, 2026. The remaining three have performance budgets and budget periods of January 1, 2026 through December 31, 2026. The NOFO for this award did not include the new funding conditions described above, but the NOA did. Rhode Island Member Doe accepted the awards after this Court entered a Preliminary Injunction.

23. Rhode Island Coalition membership relies heavily on the CoC Grant to fund critical services to support individuals and families experiencing chronic homelessness, including victims of domestic violence. For instance, these funds support rental assistance and/or operating costs for properties that Rhode Island Member Doe owns and manages, as well as rental units in the private market. Funds also pay for case management supportive services for the individuals and families enrolled, which is critical in maintaining housing stability. There are hundreds of families and individuals here in Rhode Island who participate in these programs each year.

24. Declining this funding would have a very significant and detrimental impact on Rhode Island Member Doe and its mission. Without this funding, the most vulnerable people who have experienced homelessness will lose their housing and associated supportive services. This will lead to an increase in homelessness. Also, apartments supported with rental assistance or operating funds will lose those funds. Because many of these properties are deed restricted, there will be an increased vacancy and not enough rent to support operations. Additionally, private landlords will no longer receive rental subsidy payments. They will bear a financial burden of loss of rent and increased costs of eviction when tenants can no longer afford the full rent. And last, staff associated with these programs will lose employment contributing to an increased number of unemployed people.

25. Additionally, Rhode Island Member Doe is a subrecipient of two awards from HUD, one passed through from Rhode Island Housing and the other is passed through from the City of Providence. While currently, neither subaward has the unlawful conditions, we anticipate that the next awards will include those conditions that are in the most recent CoC grants, and we anticipate that Rhode Island Member Doe will be invited to continue as subgrantees on both awards.

26. On December 23, 2025, Rhode Island Housing awarded a subgrant to Rhode Island Member Doe in the amount of \$253,875 through the CoC Grant FY24. The grant has a period of performance and budget period of January 1, 2026 through December 31, 2026. Rhode Island Member Doe accepted this subaward on December 23, 2025. The subaward between Rhode Island Housing and Rhode Island Member Doe for the HUD funds did not include the new funding conditions described above, but the renewal application did.

27. Rhode Island Member Doe also receives an Emergency Solutions Grant from HUD, passed through the City of Providence, for a total of \$423,613 for the period December 1, 2024 through June 20, 2025, and was amended in June 2025 to extend the period of performance through November 30, 2025. This subgrant is to support rental assistance for 90 homeless and at-risk households enrolled in the Rapid Rehousing program. This program provides rental assistance for approximately 90 households in 36 units of housing. The current subgrant was awarded on January 8, 2025 and does not include the new HUD funding conditions, but Rhode Island Member Doe expects that the next award will include those conditions. Rhode Island Member Doe has received another Emergency Solutions Grant for \$440,410.08 and is in the process of reviewing the contract.

28. Declining this funding would have a serious impact on Rhode Island Member Doe and the many people in Rhode Island it serves. Without this HUD finding, Rhode Island Member Doe would have to stop rental payments to landlords, and participants/tenants would have to pay the full rental amounts. Because these households are very low income, paying the full rent will be impossible and people will be evicted. This will increase homelessness. In addition, staff associated with the program will lose their employment, resulting in increased unemployment.

V. HHS's New Funding Conditions

29. The April 2025 HHS Grants Policy Statement (GPS) imposed the following new conditions on grantees: (1) it required that all grant recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and (2) it provided that by accepting the grant award, recipients certify that: (i) “they do not, and will not during the term of this financial assistance award, operate any

programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws”; and (ii) “they do not engage in, and will not during the term of this award engage in, a discriminatory prohibited boycott.” HHS stated that it “reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discrimination laws or engages in prohibited boycott.” *Id.* at 19. The HHS GPS applies to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.

30. In July 2025, HHS changed the GPS to remove replace this language with the following language: “By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams.” The July HHS GPS also states that it applies to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.

31. In August 2025, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

32. The October HHS GPS also includes a requirement that grantees “certif[y] that they are “compliance with Title IX of the Education Amendments of 1972 . . . , including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of

1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore . . . is not eligible for funding . . . absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that “it acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

33. In addition to the GPS conditions, HHS’s Administration for Children and Families (ACF) is now imposing new funding conditions on ACF nondiscretionary and discretionary grants, including FVPSA Coalition Grant, FVPSA Discretionary SSAPC Demonstration Grant, Rhode Island DHS Family Violence Prevention & Services Act Grant, Rhode Island DHS FVOAP Grant, Rhode Island DHS Title XX (SSBG) and Culturally Specific Grants, Rhode Island Department of Children, and Youth and Families Safe Families Program Grant, that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

34. The new ACF Standard Terms and Conditions document provides that a “Civil Rights Assurance” applies to new awards made on or after May 8, 2025, which requires that recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and provides that, “[b]y accepting the grant award, recipients are certifying that: (i) They do not, and will not

during the term of this financial assistance award, operate any programs that advance or promote the following in violation of Federal anti-discrimination laws: DEI, DEIA, or discriminatory equity ideology.”

35. In addition, the ACF Standard Terms and Conditions document provides that, for new awards made on or after March 28, 2025, recipients whose programs are covered by Title IX certify to the following: (1) that the recipient “is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement; (2) that those “requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement”; (3) that “[p]ayments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements”; (4) that the “[r]ecipient acknowledges that this certification reflects a change in the government’s position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement”; and (5) that “[r]ecipient acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

36. In May 2025, ACF updated its Standard Terms to adopt a new certification substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In

July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

37. The Center for Disease Control and Prevention (“CDC”) has updated their policies to impose new conditions on certain new awards and award modifications, including the CDC’s DELTA AHEAD Grant, by incorporating the HHS GPS. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.

VI. The Rhode Island Coalition’s and its Members’ HHS Grants

38. The Rhode Island Coalition has applied for and received a grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (“FVPSA Coalition Grant”) annually, since at least 2002.

39. Rhode Island Coalition has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support our bi-annual Training Calendar for advocates and our community partners. We have been able to bring in national experts like Dr. Lundy Bancroft and Dr. Jacquelyn Campbell to provide training and technical assistance to our membership and local direct service providers to encourage appropriate and comprehensive responses to domestic and dating violence. The Rhode Island Coalition has also been able to provide training and technical assistance on trauma informed care and intergenerational trauma for example, to ensure member agencies are welcoming and accessible to traditionally underserved populations that

include but are not limited to lesbian, gay, bisexual, transgender, and queer communities, teens, male victims, immigrants, people with disabilities, Deaf and Hard of Hearing communities, communities of color, victims and survivors with limited English proficiency, and human trafficking victims.

40. Rhode Island Coalition has used FVPSA Coalition Grant funding to develop, implement, and evaluate statewide needs assessments and strategic planning processes every three to five years in partnership with Rhode Island DHS. This work has enabled us to identify and address significant gaps in services for groups that are disproportionately impacted by violence. As a result, we have been able to provide anti-racism and Diversity, Equity, Inclusion and Belonging training for our membership, build the capacity of culturally specific community based agencies in Rhode Island to respond to domestic violence victims through training and technical assistance, establish culturally and linguistically specific grants for culturally specific organizations in Rhode Island to serve victims of domestic violence from communities of color, strengthen partnerships with organizations that serve traditionally underserved communities, and develop effective statewide public awareness campaigns annually to shift victim blaming attitudes in RI and educate bystanders and survivors about local domestic violence resources.

41. FVPSA Coalition funds have been instrumental in furthering the Rhode Island Coalition's systems and policy advocacy work. Rhode Island Coalition staff have been able to collaborate with and provide information and support to partners in housing, health care, mental and behavioral health, social welfare, criminal legal system including the judicial system, corrections, and law enforcement, the Department of Children, Youth and Services, family court, batterers intervention programs, and the business sector to develop effective policies, protocols, and programs that address the safety and support needs of survivors of domestic violence and

their children. We have advocated for increased safety options for survivors like the expansion of the Address Confidentiality Program managed by the Rhode Island Secretary of State's Office.

42. On July 8, 2025, HHS awarded the Rhode Island Coalition a total of \$368,750 through the FVPSA Coalition Grant. The grant has a two year performance period and a budget period of October 1, 2024 through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award. My organization accepted this award by drawing down funds after this Court entered the Preliminary Injunction.

43. Declining this funding would have a very significant and detrimental impact on the Rhode Island Coalition. The FVPSA Coalition Grant is critical funding that allows the Rhode Island Coalition to fulfill its mission. There is little funding available for statewide coordination of services, training, technical assistance, and systems and policy advocacy work, all key functions of a domestic violence coalition. A \$368,750 funding cut is not something we could absorb without having to reduce staff by at least four positions, potentially leaving our survivors' task force without a coordinator and eliminating our community engagement staff and communications support staff. Our capacity to convene groups and maintain an active and visible presence on multisectoral, statewide committees like the Batterers Intervention Oversight Committee and the RI Violent Death Reporting Committee would be compromised, making us less effective as a coalition and the leading authority and voice on domestic violence in the state.

44. My organization has applied for and received a competitive grant from the Center for Disease Control (CDC) for the DELTA AHEAD grant program ("DELTA Grant"). The Rhode Island Coalition has received different iterations of CDC DELTA funding since 2003. On February 24, 2023, CDC awarded my organization \$500,000 annually for a period of five years

through the DELTA Grant. The performance period is March 2, 2023 through March 1, 2028. The budget period for the DELTA Grant is for March 2, 2025 through March 1, 2026. We apply for continuation funds annually and received our most recent award on March 7, 2025. We accept the award by drawing down funds for the DELTA Grant. The NOFO and NOA did not include the new HHS funding conditions described above. However, the Rhode Island Coalition submitted a continuation application in November 2025, before the budget period ends on March 2, 2026. I expect that the next continued funding award will be subject to the new funding conditions in the HHS GPS.

45. The Rhode Island Coalition has used DELTA Grant funds for many purposes. These funds support our statewide domestic violence primary prevention plan, which focuses on changing the harmful conditions and norms that increase the risk for abuse, including poverty and strict gender roles, and creating supported, connected communities that safeguard against violence. For this reason, our state and community-level strategies center creating protective environments, engaging influential adults and peers, and strengthening economic supports for families. Signature programs include “Ten Men,” a strategy designed for men and those socialized into or identifying with masculinity who want a space to explore their own relationship to masculinity and the intersections with domestic violence, gender-based violence, and systems of oppression. For the past decade, the Rhode Island Coalition has mobilized local men through Ten Men to change harmful gender norms and embody healthy masculinities that reject violence and promote equality and care. Ten Men members attend monthly cohort meetings and retreats, model healthy masculinity and gender equity in personal and professional communities, participate in the Rhode Island Coalition’s communications initiatives including its

June Men's Engagement public awareness campaign, and participate in ongoing evaluation of the Ten Men strategy.

46. The Rhode Island Coalition serves on various statewide policy coalitions and helps educate decision makers on the need for policies that increase economic security for all people. Economic insecurity increases the risk that domestic abuse and other forms of violence will happen. By creating economic stability for all people, we can improve a wide range of health outcomes in our state and work towards decreasing rates of domestic violence. Economic support includes policies and strategies that help people meet basic needs, increase income, access paid leave, and participate in adult education and workforce training programs. Our strengthening economic supports strategy also includes advocating for fair housing and affordable childcare to ensure families have a safe, stable place to live and children receive quality care while their parents are at work; and promoting flexible workplace policies both within the Rhode Island Coalition and in the community.

47. One of the Rhode Island Coalition members, the Women's Resource Center (WRC), has been a funded partner on the Rhode Island Coalition's CDC DELTA public health grant since it began in 2003. The WRC is the backbone agency of the Newport Health Equity Zone (HEZ), a citywide collaborative mobilizing residents and resources of the Broadway and NorthEnd neighborhoods to make Newport, RI, a place where everyone can thrive. WRC uses DELTA funding to support its Greening Urban Spaces strategy led by the Newport HEZ. Research has linked the presence of green space to reductions in rates of domestic violence and other violent crime. WRC's greening strategy aims to increase and improve parks and open space in places where residents want them and can access them easily. Efforts include activating local parks through public artmaking, community conversations, farmers markets, and projects

like the Big Blue Bike Barn, as well as stewarding biking and hiking trails and planting trees. WRC and the Newport HEZ empower residents as leaders in local planning processes to share their priorities for the community and influence the plans and decisions affecting their neighborhoods.

48. The Rhode Island Coalition remains committed to the understanding that domestic violence is a public health and social justice issue. That understanding has been influenced by our working relationship with CDC and it is central to our mission. DELTA funding is essential for our primary prevention efforts. Without DELTA funding, the foundations of our prevention work—the research, frameworks, and evidence developed over decades in partnership with CDC, the national DELTA community, and our state and community partners could be lost. Key leadership positions within the Rhode Island Coalition would be at risk of being eliminated, jeopardizing the partnerships and trust that have been built with community-based organizations over the years. Moreover, without dedicated efforts to prevent domestic violence before it starts, I fear we will see an increase in the rates of domestic violence in our communities.

49. Declining this funding would have a significant detrimental impact on the Rhode Island Coalition, WRC, and on all the community and state partners we have engaged in our primary prevention efforts. For example, a Ten Men alumni who also runs a local youth-led organization adapted the Ten Men program for the young people he serves. The Ten Men alumni secured additional funds to launch Ten *Young* Men with programmatic technical assistance and evaluation support from Rhode Island Coalition's prevention staff. Ten *Young* Men is now in its third year. This would not have been possible without stable and consistent resources and support from the CDC via the DELTA Grant.

50. Similarly, the WRC has been leading community-level domestic violence primary prevention strategies in Newport Rhode Island for decades - from youth-based initiatives like Students Against Domestic Abuse, to community training programs for nonprofits on program development and evaluation through the Primary Prevention Institute, to its Greening Urban Spaces strategy in the North End of Newport. The capacity built as a DELTA subgrantee of the Rhode Island Coalition positioned the WRC to be the backbone agency for the Newport HEZ. Without DELTA funding, it is unlikely that these innovative approaches to preventing domestic violence and the partnerships required to implement these strategies would exist.

51. The Rhode Island Coalition passes through to its member agencies FVPSA Discretionary Grants: Specialized Services for Abused Parents and Their Children Demonstration Projects (SSAPC). On September 26, 2024, ACF awarded the Rhode Island Coalition \$347,727 annually through the FVPSA SSAPC Grant. The grant has a period of performance of September 30, 2024 through September 29, 2026 and a budget period of September 30, 2024 through September 29, 2025. The Rhode Island Coalition received our first Notice of Award on September 26, 2024 and a revised NOA on March 26, 2025. The NOFO and NOA did not include the new HHS funding conditions described above. Rhode Island Coalition applied for and received continued funding of \$409,091 on September 19, 2025, for a budget period of September 30, 2025 through September 29, 2026. My understanding is that this award is subject to the HHS GPS and ACF Standard Terms and Conditions.

52. The Rhode Island Coalition's FVPSA SSPAC Grant "Safety and Resilience for Survivors and Their Children in Rhode Island Project" improves Rhode Island's domestic violence prevention and response systems and equips Rhode Island's domestic violence agencies to more fully and effectively respond to the wide range of needs of victims of domestic violence

and their children. This project focuses on 1) training domestic violence service providers to strengthen and increase the capacity of the Rhode Island Coalition and its member agencies to apply an evidence-based, comprehensive, systems approach to domestic violence service provision and prevention; 2) providing evidence-informed training to Rhode Island's Department of Children, Youth and Families to improve its response to and involvement with families experiencing domestic violence, with a focus on the nonabusing parent and their children; and 3) expanding services provided to victims of domestic violence and their children throughout the state of Rhode Island to provide a greater level of support, advocacy, safety, and healing options. These expanded services include counseling services to survivors of domestic violence and sexual assault; creative expression workshops for trauma survivors; a creative arts therapy program; advocacy for children staying in residential programs; outreach to abused parents that speak Spanish and Portuguese; and referrals to and from our Safe Exchange and Supervised Visitation Center.

53. The WRC provides advocacy, education, and support services to victims of domestic violence in Rhode Island's Bristol and Newport Counties, the East Bay region of the state. In 2023, they served 1,035 clients. With funding from the SSPAC grant, WRC engages A Window Between Worlds (AWBW), a promising strategy listed in the Futures Without Violence Promising Futures resource hub, to assist with incorporating creative expression workshops into WRC's work with survivors. With facilitator training and ongoing support from AWWB, WRC is implementing this new program and equipping staff to become workshop facilitators and to incorporate trauma-informed healing art workshops into the wide range of services they provide to victims and their children. These workshops offer safe, non-judgmental spaces for survivors and their children to use art as a form of expression of their experiences and identities, and to

connect and attend to their needs in a safe, supportive atmosphere. If these funds were eliminated, these specialized services would no longer be available to children who witnessed violence and their nonabusive parents as they rebuild their lives after abuse. The advocates funded by this grant would likely be laid off, reducing the WRC's capacity to meet the diverse needs of families impacted by trauma and abuse.

54. The Rhode Island Coalition receives a Family Violence Prevention & Services Act Grant (FVSPA) grant passed through from the State of Rhode Island DHS. The Rhode Island Coalition passes through a significant portion of the grant to five of its member agencies. On September 23, 2024, the Rhode Island DHS provided an amended FVPSA award to the Rhode Island Coalition for \$851,000 annually. The FVPSA grant has a performance period and a budget period of October 1, 2023 through September 30, 2025. On February 2, 2026, the Rhode Island Coalition received a FVSPA grant, passed through from the State of Rhode Island DHS for \$818,465.65 with a performance period and a budget period of October 1, 2025 through January 31, 2027, and this award is subject to the HHS GPS and ACF Standard Terms and Conditions.

55. The Rhode Island Coalition member agencies use the FVPSA grant from the State of Rhode Island to ensure core direct services to victims of abuse and their children are available in every county in the state. Core direct services include shelter and advocacy programs, counseling and support groups for children and adults, 24-hour helpline services, legal support, activities for children, and prevention and education programs for victims of domestic violence. The Rhode Island Coalition also uses these funds to conduct a statewide needs assessment to determine the unmet needs of survivors. Without these funds, the infrastructure that has been built in Rhode Island to provide a safety net for victims and survivors of abuse would be decimated and domestic violence agencies in Rhode Island may have to close their doors. The

lifesaving services provided by our network of member agencies would cease to exist, leaving survivors and their children alone at one of the most vulnerable times of their lives - after they've left an abusive partner. It is well documented that leaving an abusive relationship is one of the most dangerous times for a survivor. FVPSA grants ensure that survivors can access supportive service as they navigate complex systems and rebuild their lives after abuse.

56. The Rhode Island Coalition also receives \$423,676 for the Family Violence Option Advocacy Program (FVOAP) Grant, passed through from the State of Rhode Island DHS. The FVOAP Grant performance period and budget period is October 1, 2025 through September 30, 2026. We received our Agreement on October 10, 2025 and is subject to the HHS funding conditions described above. The Rhode Island Coalition passes through FVOAP funding to the WRC to manage the statewide FVOAP Program.

57. The FVOAP Program assists TANF clients who are survivors of domestic violence access services and support. FVOAP advocates work with DHS, the Rhode Island Coalition, RI Works (RI's cash assistance program), and the Child Care Assistance Program (CCAP) to meet the needs of their clients. Through the FVOAP program, survivors may be able to obtain a waiver from certain requirements of the RI Works program or Child Care Assistance Program. FVOAP advocates assist victims and survivors with safety planning and provide referrals to various programs and services throughout the state. FVOAP advocates work with but are not DHS caseworkers. FVOAP advocates are employed by the WRC to help victims and survivors with the paperwork necessary to apply for a Child Support waiver or a Work waiver. FVOAP advocates only make a recommendation to DHS about a waiver; they do not make the final decision. Without FVOAP funding, TANF clients that are victims of domestic violence

would be at increased risk for violence, with no respite from state mandated work and child support requirements, and little support in accessing trauma-informed services.

58. The Rhode Island Coalition also receives a combined total of \$600,000 of funding from Title XX Social Services Block Grant (SSBG) (\$450,000) and Culturally Specific SSBG Grant (\$150,000), passed through from the State of Rhode Island DHS. The SSBG and Culturally Specific Grants performance period and budget period is October 1, 2025 through September 30, 2027. We received our Agreement on September 18, 2025, and is subject to the new HHS funding conditions described above. The Rhode Island Coalition passes through SSBG funding to member agencies and to culturally specific organizations for the provision of domestic violence services.

59. The Rhode Island Coalition uses these funds to increase statewide public awareness about prevention of family, domestic, and dating violence and services for victims of crime through its communication strategies. This work includes integrated campaigns, publications, websites, social media, and other communications tactics to educate survivors, bystanders, and the general public of the dynamics of domestic violence and community resources. The Rhode Island Coalition also ensures statewide provision of immediate shelter and supportive services for victims of family, domestic, dating violence or other violent crimes, and serve as a resource for its member organizations and subgrantees, providing training, technical assistance, statewide planning and needs assessment, community education, and gathering and disseminating resources, information, and best practices.

60. The Rhode Island Coalition member agencies and culturally specific organizations provide programs and services that address the needs defined in the SSBG Uniform Definition of Services (CFDA: 93.667) as it pertains to survivors of domestic violence

and human trafficking. Services may include among others: Case Management Services, Counseling Services, Education & Training Services, Family Planning Services, Health-related and Home Health Services, Home-based Services, Housing Services, Information and Referral Services, Legal Services, Prevention & Intervention Services, and Transportation Services.

While each subgrantee does not provide all these services, collectively, they ensure these services are available throughout the state. These funds support the safety net for survivors and victims of abuse, with a focus on vulnerable communities at increased risk for violence. Without SSBG funds, specialized services would likely be reduced, or eliminated altogether.

61. The Rhode Island Coalition receives a total of \$73,100 of funding from Safe Families Program Grant (Safe Families), passed through from the Rhode Island Department of Children, Youth and Families (DCYF). Safe Families performance period and budget period is July 1, 2025 through June 30, 2026. We received our subaward on June 27, 2025. The Rhode Island Coalition passes through Safe Families funding to a member agency for the provision of domestic violence services. The Rhode Island Coalition will negotiate a new state contract for continued funding before the budget period expires on June 30, 2026.

62. The Safe Families Project is a partnership and collaboration between the DCYF, the Rhode Island Coalition, and a local member agency, designed to help families involved with DCYF where children witness domestic violence. We regularly hear from survivors involved with DCYF that they are often penalized for being a victim of domestic violence and "failing" to stop their children from witnessing the abuse. The survivor is held responsible for the behavior of their abusive partner and may even lose custody or placement of the child as a result, despite well-documented evidence that a child's relationship with the non-offending parent is a

significant protective factor and supports the child's resilience and well-being after experiencing or witnessing abuse.

63. The Safe Families Program aims to improve Rhode Island's response to domestic violence incidents involving children, thus reducing the likelihood of child abuse and neglect: advocate for and support families at-risk of involvement or already engaged with Rhode Island's child welfare system with a wide range of resources and supportive services; and strengthen collaboration, cross-system functioning, and effective practices with the state's child welfare agencies. Safe Families funding enables a Rhode Island Coalition member agency to employ a family advocate to accompany Child Protective Investigators (CPIs) in the Child Protective Services Unit (CPS) on investigations involving domestic violence. The family advocate meets with CPS staff monthly and co-locates in the Providence DCYF and provides training and technical assistance to DCYF staff on domestic violence with the Rhode Island Coalition. The family advocate processes referrals from CPS for cases flagged for domestic violence and provides support, referrals, and program placement assistance to clients referred by the CPS in English and Spanish. Without this funding, victims of domestic violence involved with DCYF will be at increased risk of being separated from their children which will have an adverse impact on the safety and well being of the child(ren) and nonoffending parent. The capacity of CPS and CPI workers to support domestic violence victims would be reduced and victims of domestic violence will have to navigate the child welfare system alone, without the support of an advocate.

64. Rhode Island Member Doe also includes a Temporary Assistance for Needy Families grant from HHS, passed through from the State of Rhode Island in the amount of over \$900,000. This grant has a period of performance and budget period of October 1, 2024 through

September 30, 2025. In addition, there was an amendment on April 1, 2025, adding over \$1.6 million to the award, bringing the new total to over \$2.5 million. The subaward with the State did not have the new HHS funding conditions described above, however Rhode Island Member Doe expects that the next award will be subject to those funding conditions.

65. Without these funds, the capacity at the family shelter and domestic violence shelter would decrease or be eliminated altogether, resulting in fewer shelter options for families and/or domestic violence survivors. In addition, shelter guests would no longer have access to education and employment programs, a critical tool in increasing income and securing and maintaining housing. This grant also provides financial assistance to resolve housing crises to stabilize housing. Without those funds, many more people in Rhode Island would become homeless or not be able to exit emergency shelter quickly.

VII. HUD's and HHS's New Funding Conditions Place My Organization and its Members in an Untenable Position

66. Agreeing to the HUD and HHS conditions would cause my organization and its members profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of domestic and sexual violence.

67. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and

agreeing that compliance with those antidiscrimination laws is material for False Claims Act purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. The Rhode Island Coalition's organizational values and intersectional, holistic approach to its advocacy work are rooted in advancing racial and gender justice. Our staff and board of directors engage in diversity, equity, inclusion, and belonging (DEIB) trainings, and we are developing equity action plans to operationalize DEIB at the staff and board levels. The Rhode Island Coalition administers culturally specific grants that prioritize providing culturally appropriate and linguistically relevant services to survivors from Black, Indigenous, People of Color communities and their children; and we also administer Domestic Violence Prevention Fund community microgrants that prioritize proposals that focus on engaging and affirming youth of color, LGBTQ+, Two-Spirit, and gender nonconforming youth, and youth with disabilities in domestic violence prevention activities. Additionally, one of three priorities of the Rhode Island Coalition's state vision for prevention are to address the root causes of domestic violence, which are systems of oppression and inequity, by centering the experiences of those most impacted by violence. Our DEIB work ensures that we are supporting all survivors of domestic violence and that our services are accessible and equitable.

68. Rhode Island Member Doe's mission to help those experiencing homelessness secure stable homes is deeply connected to diversity, equity and inclusion. Rhode Island Member Doe recognizes that homelessness affects people from all backgrounds, but systemic barriers means some communities – especially people of color, LGBTQ+ individuals, and people with disabilities – are impacted more than others. By centering equity in its work, Rhode Island

Member Doe aims to remove those barriers and ensure everyone has access to housing and support. Rhode Island Member Doe is committed to creating inclusive welcoming spaces where all people feel valued and supported on their journey to stable housing.

69. Another member agency, the WRC, is the backbone agency for Newport HEZ, which is a primary prevention strategy that focuses on addressing root causes of violence, including health disparities, to reduce rates of domestic violence in the North End community of Newport.

70. It is unclear whether the Rhode Island Coalition, Rhode Island Member Doe, and the WRC's mission and guiding principles violate the DEI HHS GP policy, and whether any of us could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to our true beliefs. We are also unsure whether we can continue to operate programs that target underserved communities, including Southeast Asian and Latino survivors, LGBTQ+ and gender nonconforming survivors, survivors with disabilities or limited English proficiencies, etc. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.

71. For the same reasons, my organization is concerned that it cannot comply with any HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology." To be compliant would be to hamper our right to free speech, and would require that we retrain staff on how to talk about the root causes of domestic violence, and re-write our mission, vision, values, and strategic plan.

72. The Rhode Island Coalition and its membership are concerned about any ACF condition requiring a certification of compliance with the Title IX of the Education Amendments

of 1972. While our network has always complied with Title IX, recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. We are concerned that this condition would prohibit member agencies from accommodating the needs of transgender and nonbinary survivors served, including by allowing them to use the bathroom that aligns with their gender identity.

73. My organization and my member organization are also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. This condition would potentially prohibit Rhode Island Member Doe from accommodating the needs of its transgender and nonbinary clients that it serves, especially in congregate shelters where placement is based on gender identity. It is unclear whether Rhode Island Member Doe may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”

74. My organization and my members are concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” While we do not provide abortion care, we do not know what the government may consider to “promote” abortion. Reproductive health access may be a part of a survivor’s case plan when they are working with an advocate, since reproductive coercion is a common form of abuse. Reproductive coercion includes birth control sabotage, forcing a partner to perform sexual acts they do consent to, and/or intentionally exposing a partner to sexually transmitted disease just to name a few. Our core values of empowerment and self-determination ensure advocates in our network present survivors with all options, including medical care for reproductive health, and let them decide their next step. For many survivors, including those that have experienced reproduction coercion as part of their

abuse, it may be the first time in a long time that they are making decisions for themselves. This contributes to their healing and increases agency.

75. My organization is concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” We do not have the capacity to track the number of executive orders that are issued. We also do not know what this condition’s broad and vague language means for our organization or how to comply with it, given the many new executive orders that it implicates.

76. The new funding conditions present the Rhode Island Coalition and its members with an impossible choice. My organization could forgo accepting HUD and HHS grant awards and face the direct consequences to my organization’s financial health and ongoing operations, and the health and operations of its member organizations, and to those who receive direct services. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

77. Additionally, my organization’s members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. For example, WRC operates an LGBTQ+ Advocacy Program, that explicitly provides supports to ensure LGBTQ+ survivors have access to services. WRC is also designated a Blue Cross Blue Shield Safe Zone. When carrying out programs under the Rhode Island DHS FVPSA Grant, WRC includes in its assessment process questions about gender identity and preferred pronouns to ensure that care is respectful, compassionate, and appropriate for each individual. We are concerned that WRC would have to fundamentally alter this

programming in a way that undermines its ability to serve certain underserved populations and runs contrary to the organization's values.

78. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values.

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

79. These funding conditions threaten harm to vulnerable communities that are traditionally underserved and at increased risk for violence like survivors are LGBTQ+, nonbinary, immigrants, and survivors with disabilities. In Rhode Island, data confirms disparities in dating violence among high school teens, with LGBTQ+ youth experiencing more than three times the rate of violence (25.5%) compared to straight youth (7.3%). We see similar rates with teens reporting having a disability experiencing more than double the rate of violence (15.3%) compared to youth not reporting a disability (7.5%). We know that agreeing to these funding conditions would harm these LGBTQ+ survivors as our membership would no longer be allowed to let clients self-identify their gender and pronouns, or include more options on intake paperwork than the male and female binary.

80. Conversely, if my organization or our members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of survivors and victims of domestic violence in Rhode Island.

81. My organization's operations are essential to elevating survivors' needs and safety concerns, to ensure statewide coordination and planning for domestic violence services, and to advance policies and prevention strategies that will eradicate domestic violence. The work of Rhode Island Coalition member agency advocates is meaningful and specialized. We need stable and consistent funding to continue to work with victims in humanizing, survivor-centered, trauma-informed ways. Court Advocates and Law Enforcement Advocates have expert specialized knowledge of the criminal legal system that survivors and the courts, law enforcement, and prosecutors rely on. Helpline Advocates support victims in the middle of the night when most service providers are closed. Housing advocates help survivors navigate the complex housing system amid the housing crisis. Child abuse advocates are specially trained to work with minor victims of crime. The expertise of the Rhode Island Coalition's network and the comprehensive supportive services they provide save lives. In the absence of fully funded services, victims will have less safety options, increasing the likelihood that they will remain with abusive partners because they don't have anywhere else to go. Victims and survivors of domestic violence will be left to navigate these complex systems on their own, with no support from advocates.

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

Executed on February 10, 2026.



[Lucy Rios]

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

Case No. 25-cv-342

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

DECLARATION OF HEMA SARANG-SIEMINSKI

I, Hema Sarang-Sieminski, declare as follows:

I. Background

1. I am the Executive Director at Jane Doe Inc., The Massachusetts Coalition Against Sexual Assault and Domestic Violence (“JDI”), a dual domestic violence and sexual assault coalition membership organization.

2. JDI was founded in 1998 as a dual coalition for domestic violence and sexual assault, and is headquartered in Boston, Massachusetts.

3. JDI is Massachusetts’ state domestic violence and sexual assault coalition, comprised of 60 member programs. Through training, policy and systems advocacy, and technical assistance and support for its members, partners, and the public, JDI mobilizes collective power and resources to build a safer, healthier, freer Massachusetts beyond abuse and violence.

4. JDI creates a wide range of resources as a coalition, including toolkits, resource guides, papers, reports, and other documents that inform the field of emerging issues. JDI also convenes regular meetings of program directors and works with external partners to shape public dialogue around issues of sexual violence and domestic violence, ensure accuracy of information, and hold systems accountable.

5. JDI receives grants from the Department of Health and Human Services (HHS) through the Administration for Children and Families (ACF) and the Centers for Disease Control (CDC). JDI has an annual budget of roughly \$2M. Of that total amount, \$382,407 is from a direct coalition grant to domestic violence coalitions with another \$135,000 through CDC Rape Prevention and Elimination Coalitions Funding (RPE Program). An additional \$225,000 is passed from HHS through the Massachusetts Department of Public Health through state RPE and PHBG funding.

II. My Organization's Member Organizations

6. JDI is a membership organization with over 65 members. Members of JDI are the hubs of expertise in addressing sexual and domestic violence throughout Massachusetts. JDI's members include nonprofit organizations and domestic violence/sexual assault prevention or direct service providers. Membership is open to organizations for which addressing sexual and domestic violence is either the primary purpose or is part of their mission.

7. JDI provides its members with technical assistance, including around the provision of court-related support for survivors, workforce support, child welfare systems related work, and assistance related to privacy, confidentiality and safety. JDI operates numerous listservs that function as a robust network of advocates. Additionally, JDI creates a wide range of resources such as an online training curriculum, toolkits and resource guides, papers, and reports.

8. JDI's members include Member Doe, an organization that provides free culturally and linguistically responsive safety and support to domestic violence survivors and The Network/La Red which provides services and support for LGBTQ+ survivors of partner abuse. Member Doe receives HUD funding through their Continuum of Care (CoC) as well as HHS (ACF) funding that is passed through the Massachusetts Department of Public Health. The Network/La Red receives HHS(ACF) Funding that is passed through the Massachusetts Department of Public Health.

9. Other members of JDI also receive grants from both HUD and HHS.

I. HUD's New Funding Conditions

8. In 2025, HUD began applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

9. The NOAs for those HUD CoC grants provided that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also included requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

II. JDI Members' HUD Grants

10. JDI does not directly receive HUD Funds. However, JDI Member Program Member Doe has received a competitive grant from HUD for the Continuum of Care Grant Program (“CoC Grant”), since 2006. Member Doe is a subrecipient of the Balance of State CoC who releases a competitive grant program periodically. The competition is for renewal, expansion and new projects that provide permanent supportive housing (PSH), rapid rehousing (RRH) or a combination of transitional housing and rapid rehousing (TH-RRH). There is a bonus amount of funds available only for projects that serve victims of domestic violence, dating violence, sexual assault, and stalking.

11. Member Doe has received HUD grants since 2006. On November 2, 2024, the Balance of State CoC through HUD awarded Member Doe a total of \$120,000 through the CoC Grant in FY 25-26. The grant had a period of performance of November 1, 2024 to October 31, 2025. The NOFO and NOA did not include the new HUD funding conditions described above, but they expect that the next award will include those conditions. Member Doe was selected again by the competitive CoC process this fall and received a new contract for the period from November 1, 2025 through October 31, 2026. Member Doe accepted on September 10, 2025, pursuant to the terms of this Court’s Temporary Restraining Order.

12. Member Doe relies heavily on the CoC Grant to provide permanent housing units and essential services that support individuals and families experiencing domestic violence, chronic homelessness, and elder survivors with disabilities. This funding also supports critical case management services.

13. Declining HUD CoC funding would have a significantly detrimental impact on Member Doe and its mission. Without this support, Member Doe would lose six units of

permanent housing and the capacity of three full-time staff members. Survivors of domestic violence with disabilities, currently residing in Member Doe’s permanent housing and working toward long-term safety and stability, would lose their housing and risk becoming homeless again. The broader community would also see an increase in homelessness, particularly among low- to no-income survivors, as the demand for housing continues to exceed availability.

III. HHS’s New Funding Conditions

14. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹

15. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

16. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 . . . , including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore . . . is not eligible for funding . . . absent compliance

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

17. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF) also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

18. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.

19. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.

20. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

IV. Jane Doe Inc and its Members’ HHS Grants

21. JDI organization has applied for and received a grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (“FVPSA Grant”) since at least 2007.

22. My organization has used FVPSA Coalition Grant funds for many purposes. The Family Violence Prevention and Services Act (FVPSA) Coalition grants strengthen the capacity of domestic and sexual violence programs in Massachusetts through a comprehensive approach centered on training, technical assistance, needs assessment, and collaboration. JDI uses FVPSA Coalition funding to enhance leadership and advocacy skills among program directors, managers, and direct service staff. By offering ongoing training, webinars, and peer-led technical assistance, JDI helps programs adopt trauma-informed, survivor-centered practices and improve organizational leadership. An online training platform further supports onboarding and professional development across the field. To ensure services are responsive and accessible, JDI conducts ongoing statewide needs assessments in partnership with state agencies and member programs. These efforts identify service gaps, workforce challenges, and barriers faced by survivors—particularly those in culturally specific, rural, or historically marginalized

communities. Data from these assessments inform coalition priorities, support racial equity initiatives, and guide advocacy for sustainable funding. JDI also collaborates with the FVPSA state administrator to monitor and guide the distribution of subgrants, ensuring funding decisions reflect community needs and promote equitable access. In addition, JDI partners with culturally specific organizations, immigrant and refugee advocacy groups, and racial justice leaders to advance culturally responsive services and address systemic barriers. This work includes facilitating collaborations, providing technical assistance, and promoting language justice. Finally, JDI engages with sectors like health care, housing, economic justice, and business to improve survivor access to critical resources and strengthen systemic responses. These partnerships advance policies, practices, and programs that support survivor safety, well-being, and economic security. Through these strategies, FVPSA Coalition grants help JDI foster a stronger, more connected network of programs working toward justice, safety, and healing for all survivors across Massachusetts.

23. On July 8, 2025, HHS awarded my organization a total of \$368,750 through the FVPSA Coalition Grant FY25. The grant has a period of performance of October 1, 2024 September 30, 2026 and a budget period of October 1, 2024 through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award. Following the entry of a Temporary Restraining Order by the Court on July 28, 2025, and pursuant to that Order's terms, my organization accepted this award by drawing down funds in to support personnel and operating costs of JDI.

24. Accepting this funding with the conditions imposed by this grant source would put our organization at heightened risk for liability should we inadvertently fail to comply with

conditions. The broad nature of the conditions imposed on grantees challenge fundamental values and approaches – values and approaches that center equity – to how we work to end domestic violence. Accepting these funds would place us at risk of compromising our commitment and approach to serving survivors. Declining this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, JDI would be forced to reduce our already small team by at least 2 staff members and cease a range of core efforts to improve systems and build capacity of member programs to address the needs of domestic violence survivors. Our ability as a coalition to bring our membership together, to provide effective technical assistance and system intervention and support would be heavily compromised leaving communities of survivors as well as a survivor-advocate workforce without the supports they need to thrive.

25. My organization has applied for and received a competitive grant from the Center for Disease Control (CDC) for the Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention Across State and Territory Sexual Assault Coalitions Grant (“RPE Grant”) for the past 2 years.

26. My organization has used RPE Grant funds for many purposes. For instance, these funds supported a comprehensive capacity assessment to strengthen its role in advancing primary prevention of sexual violence across the Commonwealth. This project focused on evaluating JDI’s internal capacity, financial health, and strategic partnerships to ensure its prevention efforts remain sustainable, impactful, and responsive to the needs of diverse communities.

27. A core focus of the project was examining how JDI’s financial and staffing resources aligned with its prevention goals. The assessment also explored how to strengthen

investments in workforce development, capacity-building, and partnerships. Additionally, it examined how principles of equity—especially around access to services and leadership—could be further integrated into JDI’s prevention work and community collaborations.

28. Through this initiative, JDI is enhancing its ability to support member programs and advance a shared vision of community health, financial stewardship, and meaningful violence prevention across Massachusetts.

29. On June 30, 2025, HHS awarded JDI a total of \$135,000 through the RPE Grant in FY25. We are in year two of a multiyear grant that spans June 2024 through June 2028. The current grant has a period of performance of June 30, 2025 to June 29, 2026 and a budget period of the same span. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and CDC Terms and Conditions, which contains the new funding conditions described above, apply to the award. My organization accepted this award after the entry of the Court’s TRO.

30. Declining this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, a key source of funding for sexual assault prevention work will end. Our organization will be forced to lay off a staff member with expertise in prevention work and end the groundwork laid to build capacity for JDI and member programs with respect to prevention efforts. Violence prevention work is underfunded in the SA/DV field. This opportunity to focus on prevention is a lifeline to the future of our work to end sexual violence.

31. My organization’s members have received HHS grants, including direct discretionary grants through ACF and pass through FVPSA grants through the Massachusetts

Department of Public Health. For the purposes of the member programs highlighted below, the two organizations highlighted receive these grants as pass-throughs from the state.

32. For example, The Network/La Red (New England Women's Support, Inc. dba The Network/La Red) has been funded by the Massachusetts Department of Public Health since state domestic and sexual violence funding moved over from DCF in 2018. Their community-based services are partially funded through a pass-through award to DPH from HHS (FVPSA) through June 2026, and expect that funding to be continued at that point. For FY26, they received \$120,657 in FVPSA funds from DPH for performance and budget period of October 1, 2025 through June 30, 2026.

33. The Network/La Red is an LGBTQ+ organization serving LGBTQ+ survivors of partner abuse across Massachusetts. They provide training to mainstream domestic and sexual violence programs about partner abuse in LGBTQ+ communities and technical assistance on how to create a safe and accessible environment for LGBTQ+ survivors in their organizations and programs. They provide similar training for a wide variety of service providers both in and outside of LGBTQ+ communities. They also provide outreach and education for LGBTQ+ communities on how to recognize partner abuse and support survivors. And finally, they promote LGBTQ+ survivor leadership development to address partner abuse in their own communities.

34. The funding conditions described above would require The Network/La Red to completely change their programming. The Network/La Red believes that a diverse staff in an environment that promotes equity and inclusion strengthens the organization and best positions them to serve all members of their communities with cultural competence and with services that do not re-victimize survivors. Promotion of equity and inclusion practices also promotes a

welcoming organizational culture that helps to reduce staff turnover. This, in turn, creates more stability for survivors served, and it also has the benefit of staff who use their increasing accumulated experience to better serve survivors and train other programs to do so. They also believe that, generally speaking, LGBTQ+ survivors are best served by LGBTQ+ staff who are also survivors. If they were to accept the grant with this funding condition, they would have to fundamentally change our hiring practices, organizational culture, the communities they serve, and their programming.

35. For example, Member Doe, a member program based in Chelsea, MA received \$152,025 for emergency shelter services from ACF/FVPSA passed through the Massachusetts DPH for FY 26. These subgrants have a period of performance and budget period of July 1, 2025 through June 30, 2026. Member Doe accepted this award on June 30, 2025. They expect the HHS GPS will apply to continued funding or ACF will amend the grant to include the conditions. Without this funding, Member Doe would lose shelter beds and the corresponding supportive services provided by trained, multi-lingual staff, resulting in fewer individuals and families fleeing violence in Eastern Massachusetts and across the commonwealth being served. There is already a dearth of shelter options in Massachusetts and this would tax an already strained system.

V. HUD's and HHS's New Funding Conditions Place My Organization and/or its Members in an Untenable Position

36. Agreeing to the HUD and/or HHS conditions would cause my organization and my member programs profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and/or HHS grants. The funding

conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

37. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and agreeing that compliance with those antidiscrimination laws is material for False Claims Act purposes implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission enshrines the values underlying any understanding of diversity, equity, and inclusion.

38. As JDI states, "Our work is grounded in racial and economic justice, and we believe that centering the leadership of those most impacted by violence is essential to building a safer, more equitable world." This commitment to confronting all forms of oppression is woven into every aspect of JDI's mission and coalition work. At the heart of Jane Doe Inc.'s mission is a steadfast commitment to promoting the safety, liberty, and dignity of all survivors of sexual and domestic violence—recognizing that these goals cannot be achieved without addressing the systemic inequities that shape survivors' experiences. JDI's work is grounded in the understanding that racism, xenophobia, homophobia, transphobia, ableism, and other forms of oppression are intertwined with gender-based violence and directly impact access to safety,

healing, and justice. As a statewide coalition, JDI intentionally centers marginalized voices, fosters inclusive leadership, and advances survivor-led advocacy that reflects the diverse communities across Massachusetts. Through this lens, JDI works in partnership with its member programs and community organizations to challenge systems of oppression and promote equitable responses to survivors, while building a movement rooted in justice, liberation, and collective care.

39. It is unclear whether my organization's mission and guiding principles violate the conditions placed on us by these funders, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs. JDI refused to compromise our values.

40. My organization is also unsure whether it can continue to operate programs that are designed to highlight the needs of underserved or marginalized communities, including Black, immigrant and/or LGBTQ+ survivors. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.

41. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."

42. My organization is also concerned about the conditions requiring a certification of compliance with Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. We are concerned that this interpretation could require organizations to ignore local and federal

law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services. We also regularly ask for and use pronouns and include information about LGBTQ+ survivors in advocacy and public information. My organization is further concerned that we will be unable to deliver training and materials to schools that fully address domestic and intimate partner violence and comply with anti-discrimination provisions.

43. JDI is also concerned about the HHS GPS condition requiring grantees to certify that they do not engage in, and will not during the term of this award engage in, a “discriminatory prohibited boycott.” While our work is not directly impacted by this prohibition, we are concerned with prohibitions that would restrict JDI’s or a member programs ability to engage in activities in alignment of its values.

44. JDI member programs are also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. In providing direct client services and technical assistance, many Member Does will routinely use clients’ stated pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing direct assistance, and accommodate the needs of the LGBTQ+ community in providing compassionate, responsive care and referrals. This is keeping with Massachusetts state law and requirements of state funders. It is unclear whether member programs may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”

45. JDI is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” While JDI member programs do not provide abortion care, they do not know what the government may consider to “promote” abortion. Reproductive health

access, including abortion, is part of JDI's values and organizational framework, and certainly a framework embraced by JDI members including Member Doe. These programs offer clients information about any healthcare services that they need. When pregnant survivors request abortion care, they provide them with resources on how to seek that care.

46. JDI member programs are concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” They do not know what this condition’s broad and vague language means for their organization or how to comply with it, given the many new executive orders that it implicates,

47. The new funding conditions present my organization and its members with an impossible choice. JDI and/or its members could forgo accepting HHS or HUD grant awards and face the direct consequences to JDI’s financial health and ongoing operations as well as the health and operations of its member organizations. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

48. Additionally, my organization’s members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions imposed on those grants. For example, during its client intake process, Member Doe and The Network/La Red routinely gather information about gender identity and the need for services, including safe housing or legal advocacy, to facilitate proper care and access to available resources. When carrying out programs under their pass through funding through the MA DPH, Member Doe and the Network/La Red will include in their general intake questions or follow up

interviews questions about gender identity and pronouns to ensure that care is respectful, compassionate, and appropriate for each individual. The Network/La Red and Member Doe are concerned that it would have to fundamentally alter this programming in a way that undermines its ability to serve certain underserved populations and runs contrary to the organization's values.

49. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values

V. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

50. These funding conditions threaten harm to survivor-advocates who comprise the bulk of the sexual assault and domestic violence workforce as well as harm the larger public comprised of so many survivors who seek JDI's support in advancing systems change work that reflects their needs and experiences.

51. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual violence.

52. Although JDI does not provide direct services, the loss of funding would have a profound impact on survivors across Massachusetts. As the statewide coalition, JDI strengthens the network of domestic and sexual violence programs by providing training, technical assistance, policy advocacy, and critical coordination. Without this backbone support, local

programs would face increased isolation, reduced access to vital resources, and fewer opportunities to influence systems that affect survivors' safety, healing, and justice. The ripple effect of losing coalition infrastructure would ultimately leave survivors with fewer protections, less responsive services, and diminished pathways to lasting change.

53. The reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual violence.

54. In the absence of fully funded JDI services and JDI member services, domestic violence and sexual assault victims will be confronted with more barriers when trying to access services by limiting the reach of trusted organizations. The availability of culturally responsive services for survivors who identify as LGBTQ+ and/or immigrants are already limited. All too often, abusers use survivors' identities as a tactic of abuse—often forcing an already vulnerable survivor into silence. The loss of program services that cater to at-risk populations will leave survivors and their communities more vulnerable. There will be less transitional housing support available in Massachusetts. Programs that employ advocates who are often survivors themselves will have to lay off staff. As the state coalition, JDI will have to scale back its ability to provide training, technical assistance and statewide coordination including involvement with the state Governor's Council to Address Sexual Assault, Domestic Violence, and Human Trafficking, membership convenings for directors, civilian police advocates, and high-risk teams. Direct service providers will be unable to maintain high quality services that follow best practice guidance or even that are fully compliant with the myriad federal, state, and local requirements they would now have to navigate on their own, without the critical assistance of coalitions, while desperately trying to keep up with the already increasing demand for services.

55. JDI's operations are essential to permitting the network of direct service providers to focus on lawfully providing the highest-quality services to the survivors they serve and

ensuring that the systems that contribute to addressing and responding to the epidemic of sexual violence are operating within lawful frameworks of evidence-based, trauma-informed, survivor-centered policies and practices.

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

Executed on February 6, 2026.

DocuSigned by:
/s/ *Hema Sarang-Sieminski*
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Hema Sarang-Sieminski

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

Case No. 25-cv-342

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, et al.

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, et al.

Defendants.

DECLARATION OF TAI SIMPSON-BRUCE

I, Tai Simpson-Bruce, declare as follows:

I. Background

1. I am the Executive Director at the Idaho Coalition Against Sexual and Domestic Violence (ICASDV), Idaho's federally designated dual sexual assault and domestic violence coalition.
2. My organization was founded in 1980 and is headquartered in Boise, Idaho. It is a 21-member dual domestic violence and sexual assault coalition membership organization that works to end gender-based violence from its systemic roots, including by providing member organizations with training and technical assistance, access to statewide and

national training and development, and participation in State-level advocacy and systems reform. The Idaho Coalition works with over 60 organizational partners, including community-based domestic and sexual violence programs, tribal service providers, culturally specific organizations, and grassroots collectives. Its partners include organizations and individuals committed to ending gender-based violence, including tribal domestic violence and sexual assault programs, culturally specific nonprofits, LGBTQIA+ organizations, and allied professionals.

3. The Coalition provides support and capacity building to more than 40 direct service organizations annually. These member programs collectively serve tens of thousands of survivors each year. Coalition activities include:
 - a. Delivering training and technical assistance to advocates, legal professionals, and allied stakeholders;
 - b. Disseminating printed and digital resources in English, Spanish, and other languages;
 - c. Supporting youth prevention programs and school-based education efforts;
 - d. Assisting programs with housing stabilization, shelter operations, and rapid re-housing;
 - e. Coordinating statewide prevention and response strategies to domestic and sexual violence, including in rural, frontier, and tribal communities;
 - f. Providing policy guidance and legislative analysis to state and federal partners;
 - g. Maintaining infrastructure for statewide data collection, program evaluation, and survivor-informed practice;

- h. The Coalition also engages in tribal government-to-government consultation, supports implementation of tribal codes related to domestic and sexual violence, and coordinates cross-jurisdictional responses involving tribal, local, and state law enforcement.
4. My organization has an annual budget of roughly \$2.1 million. The Coalition manages and administers multiple federal grants, including awards from the Family Violence Prevention and Services Act (FVPSA). The FY24 FVPSA Coalition Grant totals \$363,657 and supports core coordination, training, and capacity-building for domestic and sexual violence programs across Idaho. Federal funds make up more than 70% of the organization's total operating budget, with FVPSA funds accounting for approximately 17% on our budget.

II. My Organization's Member Organizations

5. Idaho Coalition is a membership organization with 21 member agencies.

Members include organizations and individuals committed to ending gender-based violence, including tribal DV/SA programs, culturally specific nonprofits, LGBTQIA+ organizations, and allied professionals.

6. Members of my organization receive grants from HUD and HHS.

III. HHS's New Funding Conditions

7. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, "[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of

receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.

8. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.
9. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”
10. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive ORder. In July 2025, ACF)

also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

11. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.
12. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.
13. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

IV. My Organization's HHS Grants

14. My organization has applied for and received a grant from HHS's Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act ("FVPSA Grant") for decades.
15. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, the Idaho Coalition uses FVPSA funding to provide culturally specific technical assistance to tribal, rural, and community-based domestic violence programs, centering the needs of Indigenous, immigrant, and LGBTQ+ survivors. FVPSA funds support training and capacity building through annual gatherings, regional convenings, and virtual peer exchange sessions focused on topics such as housing access, trauma-informed care, and transformative justice. The Coalition also provides policy guidance, resource development, organizational wellness support, and survivor-led feedback mechanisms to strengthen the sustainability and responsiveness of programs across Idaho.
16. On April 30, 2025, HHS awarded my organization a total of \$363,657 through the FVPSA Coalition Grant in FY2024. The grant has a period of performance of October 1, 2023 through September 30, 2025 and a budget period of October 1, 2023 through September 30, 2025. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award absent court intervention. I had no choice but to accept the award. I needed the funds to pay staff and overhead costs, as we have used other resources to cover expenses in the interim.

17. Declining this funding would have had a very significant detrimental impact on my organization. Without the FVPSA Coalition Grant, the Idaho Coalition would be forced to significantly scale back its training, technical assistance, and capacity-building support to over 40 direct service organizations statewide. The loss of funding would jeopardize peer connection spaces, culturally specific guidance for tribal and rural programs, and the development of survivor-centered resources that are essential to safe, accessible services. Staff positions responsible for community building, policy support, and regional training would likely be reduced or eliminated. This would leave frontline programs—particularly those serving Indigenous, immigrant, and LGBTQ+ survivors—without access to critical support in navigating housing, safety planning, legal advocacy, and systems coordination. Ultimately, declining this funding would create dangerous service gaps and further isolate survivors in Idaho’s most marginalized and under-resourced communities.

HHS’s New Funding Conditions Place My Organization and its Members in an Untenable Position

18. Agreeing to the HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization’s core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

19. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission is to serve all people in a culturally specific and genuine way. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.
20. My organization is also unsure whether it can continue to operate programs that target underserved or marginalized communities. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.
21. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."
22. Agreeing to the certifications would cause Idaho Coalition profound harm. The funding conditions are vague, and several could be read to conflict with Idaho Coalition's core mission and the activities it has undertaken for decades in furtherance of that mission and in reliance on the grants. The funding conditions may require Idaho Coalition to cease engaging in activities that it had previously understood the grants to plainly support.

Thus, Idaho Coalition does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of domestic abuse and sexual violence.

23. For instance, Idaho Coalition’s mission is “to center collective liberation and address systemic oppression as a praxis for responding to, and preventing, gender-based violence”; it describes its values as “compassion, interconnection, lead[ing] boldly, social equity, and collective liberation.” Idaho Coalition is unsure whether it may undertake its day-to-day activities reflecting its mission and guiding principles, which reference “equity,” without running afoul of the condition not to “promot[e] or facilitat[e] discriminatory programs or ideology, including illegal DEI” as HHS might interpret those terms.
24. My organization is also concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. My organization is concerned that this interpretation could require organizations to ignore federal law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services.
25. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HHS grant awards and face the direct consequences to my organization’s financial health and ongoing operations and the health

and operations of its member organizations, and to those who receive direct services. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

26. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values

These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault

Victims and Survivors

27. These funding conditions threaten harm to the Idaho Coalition. Not having access to funds would severely undermine the Idaho Coalition's ability to function as a state coalition and to provide direct services. The Idaho Coalition would be forced to eliminate multiple staff positions responsible for training, technical assistance, resource development, and coordination with tribal and rural programs. The Coalition would likely need to suspend critical program activities, including multilingual outreach resource production, statewide prevention education, housing advocacy support, and culturally specific programming. Technical assistance to over 40 community-based and tribal service providers would be drastically reduced or discontinued. This would have a cascading impact across Idaho, particularly in underserved rural and frontier areas, where many programs rely on the Coalition for programmatic guidance, legal coordination, and

capacity support. Survivor-serving agencies would experience reduced access to training, fewer culturally relevant tools, and less policy support—all of which would weaken the statewide response to gender-based violence.

28. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual violence.
29. The reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual violence.
30. In the absence of fully funded Idaho Coalition services, sexual assault and domestic violence victims will be confronted with more barriers when trying to access services following their assault, including discriminatory treatment from medical, law enforcement or courtroom personnel, hotline operators, and therapists who have not received anti-bias and other core victim services training. This will immediately lead to more survivors choosing not to participate in the criminal justice system and fewer being linked to and receiving appropriate medical and therapy services. Direct service providers will be unable to maintain high-quality services that follow best practice guidance or even that are fully compliant with the myriad federal, state, and local requirements they would now have to navigate on their own, without the critical assistance of coalitions, while desperately trying to keep up with the already increasing demand for services.
31. Idaho Coalition's operations are essential to permitting the network of direct service providers to focus on providing the highest-quality services to the survivors they serve.

32. They ensure that the systems that contribute to addressing and responding to the epidemic of sexual violence are operating with evidence-based, trauma-informed, survivor-centered policies and practices.

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

Executed on February 10, 2026.

A handwritten signature in black ink that reads "Tai Simpson-Bruce". The signature is written in a cursive style with a horizontal line underneath the name.

tai simpson-bruce
Executive Director
Idaho Coalition Against Sexual and
Domestic Violence

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

Case No. 25-cv-342

HOUSE OF HOPE COMMUNITY
DEVELOPMENT CORPORATION, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

DECLARATION OF JONATHAN YGLESIAS

I, Jonathan Yglesias, declare as follows:

I. Background

1. I am Director of Mission Advancement at the Virginia Sexual and Domestic Violence Action Alliance (Virginia Action Alliance), Virginia’s federally designated domestic violence and sexual assault coalition.

2. The Virginia Action Alliance was founded in 1981 and is headquartered in Richmond, Virginia. The Virginia Action Alliance is a dual state sexual assault coalition and domestic violence coalition that serves as a non-profit network of survivors, sexual and domestic

violence agencies, and allies working to strengthen how communities across Virginia respond to and prevent sexual and intimate partner violence. The Virginia Action Alliance uses its diverse and collective voice to create a Virginia free from sexual and domestic violence—inspiring others to join and support values of equality, respect and shared power.

3. The Virginia Action Alliance provides its member sexual and domestic violence agencies statewide with access to resources, training opportunities, technical assistance, and input on policies and practices that advance safety, justice, and healing for survivors.

4. The Virginia Action alliance receives grants from the Department of Health and Human Services (HHS). The Virginia Action Alliance has an annual budget of roughly \$3,321,500. Of that total amount, roughly \$1,100,000 comes from HHS grants, including subcontracts.

II. My Organization's Member Organizations

5. The Virginia Action Alliance is a membership organization with 73 member agencies. Membership primarily consists of sexual and domestic violence agencies; however, individual and professional memberships are also available to anyone who supports the coalition's mission and values. The Virginia Action Alliance's membership includes three members, which are being identified for the purposes of this lawsuit as "Virginia Member Doe 1," "Virginia Member Doe 2," and "Virginia Member Doe 3." Virginia Member Doe 1 is a domestic violence agency that is a community-based nonprofit with the core function of eradicating domestic violence through the empowerment of survivors. Virginia Member Doe 1 receives funding from HUD and HHS. Virginia Member Doe 1's primary services include counseling, emergency shelter and transitional housing, legal services, child and family advocacy services, domestic violence outreach and prevention, and systems advocacy. Virginia Member Doe 2 is a dual sexual assault and domestic violence agency that is community-based and

provides crisis intervention and emotional support, advocacy with medical, police, and court systems, short-term individual and group counseling, information and referrals, emergency shelter, rapid rehousing, and transitional housing, and outreach and prevention programming for survivors of sexual and domestic violence, their families, and partners in the community.

Virginia Member Doe 2 receives funding from HUD and HHS. Finally, Virginia Member Doe 3 is a dual sexual and domestic violence community-based agency that provides safety and support to victims and their families, while working on community solutions to prevent and end violence in their service area. They operate a 24-hour hotline, provide court, medical, and systems advocacy, maintain access to emergency shelter and housing, run a professional development and jobs training program for survivors seeking economic independence, and coordinate robust violence prevention programming within the community. Virginia Member Doe 3 receives funding from HHS.

6. Members of my organization receive grants from HUD and HHS. Approximately 20 members receive direct HUD funding, approximately 55 members receive HHS Family Violence Prevention Services Act (FVPSA) funding as “pass through” funding from other agencies or organizations, and approximately 5 members receive HHS Rape Prevention and Education (RPE) funding as pass through.

III. HUD’s New Funding Conditions

8. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

9. The NOAs for the HUD CoC grants provide that the recipient’s “use of funds provided under” the agreement and its “operation of projects assisted with” grant funds “are governed by ... [a]ll current Executive Orders.” The NOAs also include requirements that the

recipient: (1) “shall not use grant funds to promote “gender ideology,” as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;” (2) “agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government’s payment decisions for purposes of [The False Claims Act];” (3) “certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;” and (4) “shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment.”

IV. Virginia Action Alliance Members’ HUD Grants

10. My organization’s members have received HUD grants, including grants under the CoC Grant Program, and HUD DV Set Aside. My organization’s member agencies receive these funds as part of the local CoC and as pass-through via the Virginia Department of Housing and Community Development. While a majority of my organization’s members enter into grants with their local CoC, funding agreements are made directly with HUD.

a. In June 2025, Member Doe 1 received a Notice of Award (NOA) for an approximate total of \$190,000 through the CoC Grant in FY25. The grant has a performance period of July 1, 2025 through June 30, 2026 and a budget period of July 1, 2025 through June 30, 2026. The NOFO for this award did not include the new funding conditions described above, but the NOA did. Member Doe 1 drew down the award in order to avert programmatic cashflow issues.

Declining this funding would have a very significant detrimental impact on Member Doe 1. This funding is critical to allowing Member Doe 1 to move survivors from emergency shelter into semi-permanent housing (sometimes for up to 2 years). Through this program, Member Doe

1 is able to pay rent, utilities, deposits, etc. for survivors of domestic violence for whom housing and rental assistance are not typically available. Member Doe 1 has about 20 households in the program per year. These funds pay for roughly 0.75 full time equivalent staff (FTE) at the agency and without it, they would lose a staff member. Additionally, if they couldn't accept this funding, individuals and families currently in their housing program would be evicted. This would also impact the availability of shelter beds and capacity within the program's emergency shelter program, as they would no longer have the option of moving survivors from shelter into transitional housing. Shelter stays would be longer and the number of survivors being turned away for lack of space would drastically increase. Over 40 children, and their parents, would be evicted. A large majority of the survivors that are moved into transitional housing have children and therefore experience more economic barriers justifying longer-term housing and support services as a wraparound need for the family. Approximately one-third of those served through this agency's transitional housing program are adults and two-thirds are children.

b. In June 2025, HUD awarded Member Doe 2 approximately \$400,000 through the CoC grant in FY25. The grant has a period of performance of July 1, 2025 to June 30, 2026 and a budget period of July 1, 2025 through June 30, 2026. The NOFO for this award did not include the new funding conditions described above, but the NOA did. Member Doe 2 accepted this award in June 2025 by signing an agreement directly with HUD and through their CoC.

Declining this funding would have a very detrimental impact on Member Doe 2. Without HUD funding, this agency would lose approximately 1.5 FTE staff and 39 families in their services area would be evicted from housing. This program funds rapid rehousing, housing location services, mental health services, ongoing case management, and financial assistance for 39 families per year in Member Doe 2's service area.

V. HHS's New Funding Conditions

11. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹

12. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

13. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

14. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

15. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.

16. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.

17. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA

Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. *Id.* at 1.

My Organization's and its Members' HHS Grants

16. My organization has applied for and received the Family Violence Prevention and Services Act Grants to State and Territorial Domestic Violence Coalitions from HHS's Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act ("FVPSA Coalition Grant") since it has been made publicly available.

18. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, these funds support state level coordination with partners (coordinated community response teams), the development and delivery of key technical assistance and training projects that build the capacity of local domestic violence programs to engage in best practices in service delivery and prevention programming, and the development and dissemination of resources, brochures, and campaigns designed for the public, for survivors, and for professionals in the field.

19. On July 10, 2025, HHS awarded my organization a total of \$382,407 through the FVPSA Coalition Grant in FY 2025. The grant has a period of performance of October 1, 2024 through September 30, 2026 and a budget period of October 1, 2024 through September 30, 2026.² The NOFO did not include the new funding conditions, but the NOA indicates that the ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award. My organization accepts the award by drawing down on funds.

² Note that the award for this grant occurs annually, with year 2 of the 2 year grant being awarded partway through the overall performance period.

20. Declining this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, the Virginia Action Alliance would need to make staff cuts totaling nearly 3 full time staff members and would be forced to cut a significant portion of training and technical assistance to member agencies statewide. This would include the availability of our basic and intensive advocacy training, partnership coordination and systems advocacy work on behalf of survivors, statewide meetings and convenings designed to advance best practices among professionals in the field, and resource and campaign development intended to create greater survivor access to services and support.

21. My organization has applied for and received a competitive grant from the Center for Disease Control (CDC) for the Rape Prevention and Education program (“RPE Grant”) since the funds have been publicly available.

22. My organization has used RPE Grant funds for many purposes. For instance, these funds support key initiatives to build statewide capacity for sexual violence prevention, including developing and delivering training and technical assistance to member agencies, Coalition staff, and Virginia Action Alliance governing body members about the principles of primary prevention, with specific emphasis on strategies at the community and societal level that seek to promote optimal health for all. This funding has also supported the initiation of a statewide “Primary Prevention Learning Collaborative” with sexual violence prevention partners as well as making critical modifications to our VAdata Prevention Form and all associated reports that help the Virginia Action Alliance and our state partners to collect and analyze statewide data on prevention practices and activities. VAdata, managed by the Virginia Action Alliance, is Virginia’s web-based data collection system. VAdata was developed in 1996 to enhance the collection of data from all survivors who use the services of member programs

across Virginia. The system documents the experiences of survivors seeking services from community-based programs, prevention activities implemented by programs throughout the Commonwealth, and training and technical assistance efforts of Coalition staff. The VAdata system is currently used by more than 60 SDVAs.

23. We also use funds from this grant to support staff efforts to adapt and evaluate the Coalition's existing "DO YOU Campaign." The DO YOU Campaign, launched in 2014, seeks to address youth violence by confronting root causes and enhancing protective factors to promote positive development and healthy relationships through creative expression. The Campaign is comprised of two phases: DO YOU (comprised of ten 90-minute sessions with youth to promote compassion and empathy) and DO SOMETHING (a youth-led project to make change in their community).

24. We have recruited members and other sexual violence prevention partners to serve as members of our DO YOU Steering Committee. Members have already given feedback on their implementation of the DO YOU Campaign, and the Virginia Action Alliance has established infrastructure to have them continue to provide feedback as the team develops and tests adaptations. These funds are also used to support collaborative meetings and planning with Virginia Department of Health (VDH) partners.

25. On June 26, 2025, HHS awarded my organization a total of \$135,000 through the Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention Across State and Territory Sexual Assault Coalitions Grant (RPE Grant) in FY 2025. The grant has a period of performance of June 30, 2024 through June 29, 2028 and a budget period of June 30, 2025 through June 29, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and ACF Standard Terms and Conditions, which contains the

new funding conditions described above, apply to the award. My organization needs to accepted this award by drawing down funds.

26. Declining this funding or needing to limit the use of this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, the Virginia Action Alliance would have to eliminate approximately 1.2 full time staff members and eliminate foundational technical assistance and training to member programs who implement primary prevention programming throughout the state.

27. Federal Rape Prevention and Education funding is designed with the knowledge that the root causes of violence must be addressed in order to achieve the mission of anti-violence agencies, to eradicate sexual and domestic violence. This is the nation's only federal funding stream dedicated to using a public health framework to identify individual, relational, and community risk factors for violence and to use data and the best available research evidence to inform our strategies to tangibly reduce risk for violence and to create protective factors against it. Eliminating the infrastructure to support primary prevention work at sexual and domestic violence coalitions nationwide would have deep generational impacts.

28. My organization's members have received HHS grants, including grants through the CDC under the RPE Program. These grants are primarily distributed to our member agencies as pass-through funds from the Virginia Department of Health ("VDH"). Agencies funded to do Rape Prevention and Education work with VDH enter into contracts that include a workplan and budget describing how their work will accomplish programmatic goals designed and outlined in partnership between VDH and the CDC. Awards are provided directly through VDH and contracts are entered into with this agency.

29. In February 2025, HHS awarded Member Doe 3 an approximate total of \$100,000 through the RPE grant program in FY25. The grant has a period of performance of February 1, 2025 to January 31, 2026 and a budget period of February 1, 2025 through January 31, 2026. Member Doe 3 accepted this award in January 2025. Member Doe 3 has submitted a new workplan and budget to the Virginia Department of Health for a continuation grant = to run from February 1, 2026, to January 31, 2027. However, a new funding contract has not been produced for agreement, and no new conditions or certifications have been shared with the agency.

30. Declining this funding would have a very significant detrimental impact on Member Doe 3 and the community members they serve. Immediate impact would include a reduction in programming staff by 1.35 FTE, including one agency staff member and one lived-experience consultant and programmatic expert. Many of the key partnerships and collaborative efforts to implement and maintain community violence prevention programming would no longer exist in the agency's service area. Programming to address root causes of violence, including poverty and hunger in the community, would cease. This includes year-round maintenance of spaces that are used as sites to bring partners and community members together to engage in violence prevention programming, to produce food, and to share vital resources intended to build social cohesion and to address the social determinants of health that create protective factors against violence. In the course of a single year, Member Doe 3 reaches over 100 families and approximately 200 individuals through their prevention programming. Additionally, over 1,300 pounds of fresh produce are grown and distributed to families and individuals in the program, whose service area is a rural locality that is considered a "fresh food desert." Member Doe 3's programming provides vital skills building workshops, education, gathering and resource connection to a significant portion of their rural population. Without this

programming, hundreds of community members and families would no longer have access to these life-changing services.

The New Funding Conditions Place My Organization and its Members in an Untenable Position

31. Agreeing to the HUD and HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of sexual violence.

32. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and agreeing that compliance with those antidiscrimination laws is material for False Claims Act purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. The Virginia Action Alliance is unsure whether it may undertake its day-to-day activities reflecting its mission and guiding principles, which reference "equity" and "diversity," without running afoul of the condition not to "promot[e] or facilitat[e] discriminatory programs or ideology, including illegal DEI" as HHS might interpret those terms. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my

organization could comply with the administration’s interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

33. Many of the Virginia Action Alliance’s activities in furtherance of its HHS grant-funded direct service programs may also conflict with the new funding conditions. For instance, the Virginia Action Alliance currently operates programs and activities that promote access to services, dignity and healing for all people, and that focus on populations of people who traditionally have faced barriers to such access—including with disabilities, people for whom English is not their primary language, and people who have been excluded from specific services such as shelter due to their gender. In addition, the Virginia Action Alliance’s statewide data system collects demographic information and history of violence information that has the potential to raise questions about services being provided to people who fall within the very broad group of people who might be included in “illegal” DEI categories. Furthermore, the programmatic goals and strategies outlined within the Rape Prevention and Education (RPE) grant acknowledge co-occurring risk factors for violence and underscore historical inequities in community access to resources like housing, food, schools and jobs, and other factors that are shown to lead to healthy outcomes. The work of preventing sexual violence is inextricably linked to work to create well-resourced communities with a high degree of social cohesion. This means that much of this work focuses on eliminating health inequities and focusing on historically under-resourced populations (based on identity categories that align with gender, race, sexuality, and more). For more information on programmatic theory and goals, see the CDC’s Sexual Violence Prevention Technical Package: https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Resource_508.pdf

34. Now, it is unclear whether these programs would fall within the administration's interpretation of federal anti-discrimination law as prohibiting DEI and DEIA programs.

35. For the same reasons, my organization is concerned that it cannot comply with HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."

36. My organization is concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. My organization is concerned that, given the history of HHS in funding Virginia-based primary prevention projects such as the Red Flag Campaign, Peer Education Facilitator Guides, Campus Best Practices for Addressing Gender-Based Violence, and DO YOU, to the extent that Title IX applied, this condition could be construed as prohibiting us from providing technical assistance, training, and resource and campaign development that addresses the needs of all students, and especially those who identify as transgender and LGBTQ+. Some of the funded programs, that are made widely available to K-12 schools and college campuses, not only recognize that rigid conformity with gender norms in relationships is a risk factor for acceptance and use of violence, but they also employ gender-selective groups (based on identity and expression, as opposed to biological sex) as a strategy to safely deliver prevention activities that are tailored to those audiences most impacted by these risk factors. This condition would require college campuses and K-12 schools who utilize these programs to do so without regard to best available research evidence.

37. My organization is also concerned about the HHS GPS condition requiring grantees to certify that they do not engage in, and will not during the term of this award engage in, a “discriminatory prohibited boycott.” The Virginia Action Alliance continually contracts with agencies that identify as small women and minority (SWAM) owned businesses, and we do not monitor to what extent these agencies conduct their business based on external factors like political beliefs. Therefore we cannot with certainty certify that we are not engaging with businesses allied with or against particular nations.

38. My organization’s members are also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. In providing direct client services and technical assistance in HUD-funded programs, member organizations’ staff support housing for transgender and LGBTQ+ people, including by using clients’ preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognizing gender identity in providing direct assistance, and accommodate the needs of the LGBTQ+ community in providing housing. It is unclear whether member organizations may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”

39. My organization’s member agencies are concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” While our member agencies do not use funding to provide abortion services, they do, with the intention of meeting the needs of the survivors they are working with in HUD funded programs, provide direct community referrals to reproductive healthcare services when a pregnant survivor wishes to terminate a pregnancy, or when a survivor is concerned with the potential to become pregnant. A person’s sexual and reproductive health are directly impacted by experiences of sexual and intimate partner violence.

Because acts of violence serve to remove power and agency from individuals, informed consent is imperative for treating survivors. Allowing survivors to make informed decisions regarding their care is an empowering step toward recovery. Furthermore, given the complexity of violence and survivorship, disparities based on age, gender identity, race, ethnicity, and socioeconomic status often limit access to quality health information and services, constrain the ability to control one's own body and health decisions, and make survivors from historically marginalized and oppressed groups more vulnerable to poor health outcomes.

40. My organization's members are concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by "[a]ll current Executive Orders." Given the reality that many of the executive orders referenced ask service providers to limit availability of their services to specific populations (LGBTQ survivors, immigrant survivors, etc.) in order to comply and therefore receive funding, this puts members in untenable positions to determine whether to forgo critical funding—and possibly in the process evict survivors and their families—or to sign and either eliminate services to populations or risk running afoul of certifications.

41. The new funding conditions present my organization and its members with an impossible choice. My organization and its members could forgo accepting HUD and/or HHS grant awards and face the direct consequences to organizational financial health and ongoing operations. Or my organization and its members could accept the funding with the conditions and jeopardize our missions and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

42. Additionally, my organization's members would have to fundamentally change their programming or accept new grants and risk running afoul of various funding conditions

imposed on those grants. For example, in order to comply with certifications regarding “gender ideology,” when providing services to trans and LGBTQ survivors, Member Doe 1 would have to ignore intake and assessment factors related to an individual’s status for imminent danger, safety, and the need for emergency or long-term housing support in favor of new, non-evidence based criteria that seeks to prioritize only those survivors who are non-LGBTQ+. This is not only in direct conflict with Member Doe 1’s mission statement and organizational values, but it is in direct conflict with federal non-discrimination policies and puts the agency at risk of breaking the federal and state laws. Member Doe 1 fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, Member Doe 1 would have to change its practices, in many cases contrary to its core values.

These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault

Victims and Survivors

43. The reduction or outright termination of these services would have devastating effects on the community of survivors and victims of sexual and domestic violence in Virginia.

44. In the absence of a fully funded network of service providers in Virginia, sexual and domestic violence victims will be confronted with more barriers when trying to access services following their assault, including discriminatory treatment related to housing and shelter access. This will immediately lead to more survivors choosing not to seek help, and for those survivors who do, services and housing that are unavailable (due to shelter capacity and inability to provide services based on social and identity factors). Direct service providers will be unable

to maintain high quality services that follow best practice guidance or even that are fully compliant with the myriad federal, state, and local requirements they would now have to navigate on their own, without the critical assistance of coalitions, while desperately trying to keep up with the already increasing demand for services.

45. The operations of the Virginia Action Alliance and our member agencies' operations are essential to enabling direct service providers to provide the highest-quality services to the survivors they serve and ensuring that the systems that contribute to address and respond to the epidemic of sexual violence operate with evidence-based, trauma-informed, survivor-centered policies and practices.

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

Executed on February 10, 2026.

/s/Jonathan Yglesias

Jonathan Yglesias
Director of Mission Advancement
The Virginia Sexual and Domestic
Violence Action Alliance

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION AGAINST
DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 25-cv-342

DECLARATION OF KELSEN YOUNG

I, Kelsen Young, declare as follows:

I. Background

1. I am the Executive Director at the Montana Coalition Against Domestic and Sexual Violence (hereinafter “Montana Coalition”), Montana’s federally designated domestic violence and sexual assault coalition.

2. The Montana Coalition was founded in 1986 and is headquartered in Helena, Montana.

3. The Montana Coalition is a dual domestic violence and sexual assault coalition and membership organization. The Montana Coalition provides training and technical assistance to service providers addressing domestic and sexual violence in the State and serves as a resource for member and allied organizations by providing training, technical assistance, conducting statewide planning and needs assessment, developing and enhancing service standards, and gathering and disseminating critical resources and information.

4. The Montana Coalition was founded to strengthen the support systems serving survivors of domestic and sexual violence by facilitating networking among member programs while advocating for social and systems change in Montana. The Montana Coalition is the designated State Coalition for Montana by related federal government agencies.

5. The Montana Coalition is the only statewide organization providing training and technical assistance to the array of service providers that address domestic and sexual violence in the state. One of the Montana Coalition's primary goals is to increase the representation of underserved populations in the coordination of activities and identifying gaps in services. We hold a number of training and membership events throughout the year that focus on promoting coalition building and collaboration, developing and enhancing strategies to address problems, and increasing the capacity of advocates and other system personnel to meet the diverse needs of survivors.

6. The Montana Coalition has an annual budget of approximately \$1.2 million. Of that total, 97 percent—over \$1 million—is from direct federal funds. At least 50 percent of the Montana Coalition's budget is from grants issued by the U.S. Department of Health and Human Services (HHS) Family Violence Prevention Services Act (FVPSA) program. MCADSV also receives funding from HHS under the Rape Prevention and Education (RPE) housed within the Centers for Disease Control (CDC). MCADSV does not receive funding directly from the Department of Housing and Urban Development (HUD) but our member organizations do receive funding directly from HUD.

II. The Montana Coalition Member Organizations

7. The Montana Coalition is a membership organization with 40 member organizations. Members include nonprofit organizations with the primary mission of providing

services to survivors of domestic violence, dating violence, sexual assault, or stalking, and state and local victim assistance programs and supports associated with the local prosecutors' or law enforcement office.

8. Member organizations receive regular email updates on related state and federal policy; receive access to the Montana Coalition trainings and conference, with options for need-based scholarships; opportunities to network with other members at membership and regional meetings throughout the state; and access to an extensive resource library, technical assistance, and webinars on a wide variety of topics.

II. Grants That Montana Coalition Members Currently Have or Have Intended to Apply For

9. Montana Coalition members receive and/or have intended to apply HUD grants.

10. Montana Coalition member Friendship Center of Helena, Inc. receives Rapid Rehousing funds directly from HUD. Their contract renewal will require them to sign the new certifications from HUD.

III. HUD's New Funding Conditions

11. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

12. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal

anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

IV. My Organization's Members' HUD Grants

13. My organization's members have received HUD grants, including grants under the CoC Grant Program. They receive the funds directly from HUD and are required to sign a grant agreement that is an agreement between HUD and the member organization. These grant agreements are not all on the same timeline as each project has its own unique project period.

14. For example, the Friendship Center is a member organization who receives CoC funds from HUD directly. When they are asked to sign the new grant agreement this Fall, they will be required to assert that they will follow the new certification requirements. Complying with the requirements will significantly impact the services they provide to survivors and, should they instead not receive funding, it would create an immediate reality of survivors not receiving housing support or being removed from the housing support that is currently operating.

15. On June 19, 2024, HUD awarded Friendship Center of Helena, Inc. (TFC) a total of \$186,226 through the CoC Grant in FY2023. The grant has a period of performance of 1-year and a budget period of January 1, 2025 through December 31, 2025. TFC accepted this award on June 19, 2024. The NOFO and NOA did not include the new HUD funding conditions described above, but expect that the next award will include those conditions. As a part of the CoC FY2024 award announcement on March 26, 2025, TFC learned that they were awarded \$236,061. It is a renewal grant with an expected project period of January 1, 2026, through December 31, 2026.

They have successfully received a renewal grant every year that they have applied. They provide assistance for a 2-year period.

16. Without these funds, TFC will no longer be able to provide rental assistance to current program participants past December 31, 2025, and will be forced to end their assistance early. Without CoC funds, 3 individuals and 3 families, including 8 children, would lose their housing support from the Friendship Center of Helena, Inc. and be at risk of immediate eviction and homelessness. Safe and independent housing is a key factor for safety after fleeing domestic and sexual violence. Prematurely ending rental assistance will not only destabilize client's housing but could jeopardize their safety and sustainability. As of January 1, 2026, the Friendship Center of Helena, Inc. will also not be able to enroll any new program participants, severely limiting options for many victims and survivors in our difficult housing market. It is also possible that TFC may need to reduce staff or staff hours due to the loss of funding, reducing support and services related to housing. Declining this funding would have a very significant detrimental impact on TFC's clients and our community.

V. HHS's New Funding Conditions

17. In July 2025, HHS issued a new revised Grants Policy Statement (July GPS) that imposed new conditions on grantees: It required that, “[b]y applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams,” and applies to awards and modifications adding funding made on or after April 16, 2025.¹

¹ In April of 2025, the new HHS revised its Grants Policy Statement (GPS) to impose new conditions on grantees prohibiting the operation of “DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws.” The July GPS replaced the April GPS.

15. In August, HHS revised its GPS again, effective October 1, 2025 (October GPS), which includes the same HHS Discrimination Certification and applies to awards and modifications that add funding made on or after October 1, 2025.

16. The October HHS GPS also includes a requirement that grantees “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order], and Title VI of the Civil Rights Act of 1964” and that they “will remain compliant for the duration of the Agreement.” This condition also requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements, and that the recipient “acknowledges that this certification reflects a change in the government’s position regarding the materiality” of those requirements. A recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

17. In May 2025, HHS’s Administration for Children and Families (ACF) updated its Standard Terms to adopt a new certification requirement substantially similar to the HHS Title IX Certification, which is identical to the HHS Title IX Certification except that it does not explicitly refer to the “Gender Ideology” Executive Order. In July 2025, ACF also updated its Standard Terms to make the same change and adopt the HHS Discrimination Certification. The July ACF Standard Terms apply effective July 29, 2025, “for awards and funded modifications

made on or after this date,” and (except when specifically noted) apply to all awards administered by ACF, including “[n]on-discretionary awards,” and flow down to subrecipients.

18. CDC has incorporated the HHS Discrimination Certification into its General Terms and Conditions for Non-Research Grants and Cooperative Agreements and its General Terms and Conditions for Research Grants and Cooperative Agreements.

19. The Health Resources and Services Administration (HRSA) revised its General Terms on May 14, 2025, to include the HHS Title IX Certification verbatim. It also revised its General Terms and Conditions, effective July 25, 2025, to include the HHS Discrimination Certification. The revised HRSA General Terms and Conditions, including the HHS Discrimination Certification requirement, “apply to all active awards” administered by HRSA and the flow down to subrecipients.

20. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its Standard Terms and Conditions to include the HHS Title IX Certification verbatim, to incorporate the HHS Discrimination Certification, and to include a new condition requiring awardees “to comply with all applicable Executive Orders.” The SAMHSA Standard Terms and Conditions, including these requirements, apply to all discretionary grants awarded by SAMHSA, including all active awards that did not reach their project period end date by October 1, 2024. Id. at 1.

VI. My Organization’s and its Members’ HHS Grants

23. My organization has applied for and received a formula grant from HHS’s Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act (“FVPSA Grant”) for the past three decades at least and likely longer.

24. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, the Montana Coalition collaborates with the Montana Board of Crime Control on technical assistance and support to member programs regarding their administrative and programmatic capacity. This includes financial management and grant compliance, policies and procedures for internal and external operations, staff hiring and supervision, allowable expenses and federal rules for grants, as well as many other topics as needed. We hold regular calls and meetings with directors of programs in order to do so. We would not be able to afford the efforts at the same level if we lost our HHS/FVPSA grant.

25. On July 9, 2025, HHS awarded my organization a total of \$382,407 for the FVPSA State Coalition grant. The grant has a period of performance of October 1, 2025 through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award. My organization accepted this award by drawing down funds around October 2025.

26. Declining this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, it would severely undermine the Montana Coalition's ability to function effectively and provide invaluable training and services to its members and other service providers in the community. Losing the Coalition Grant alone would result in a \$382,407 loss of funds for the next fiscal year. Without these funds, the Montana Coalition would have to reduce the size of its staff and its services to members significantly.

27. My organization has applied for and received a grant from the HHS Center for Disease Control (CDC) for the Rape Prevention and Education program ("RPE Grant") for the past two years.

28. On June 27, 2025, HHS/CDC awarded my organization a total of \$135,000 through the RPE Grant. The grant has a period of performance of June 2025 – June 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and CDC Terms and Conditions, which contain the new funding conditions described above, apply to the award. My organization accepted this award by drawing funds in July 2025.

29. Declining this funding would limit our ability to conduct prevention efforts in Montana and would result in the loss of a full-time staff person at our organization. The project started in 2024 and the prior year's funding was a planning process. By not being able to accept the award, we will face further delays in getting the project moving forward towards tangible results and detailed prevention planning activities occurring in Montana. This will also impact the state health department as we are required to partner on all activities.

30. My organization's members have received HHS/FVPSA grants, including grants that are passed through the Montana Board of Crime Control (MBCC) and fund domestic violence shelters throughout Montana. MBCC has not yet been notified of their FVPSA State grant award, but the same requirements will exist in the state grant. Therefore, those restrictions will pass through to the domestic violence shelter members as well. This will significantly impact the provision of direct services to survivors and their children who are often in the most need and the most danger.

VII. HUD's and HHS's New Funding Conditions Place My Organization and its Members in an Untenable Position

31. Agreeing to the HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in

reliance on HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of domestic violence.

32. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from HHS indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization is concerned about how we can stay true to our mission and the essential support it has provided to member organizations, advocates, and vulnerable victims and survivors of domestic and sexual violence for four decades. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

33. As one example of the potential misalignment between the Montana Coalition's work and the new conditions imposed by HHS/FVPSA is the Coalition's self-described goal to "uproot violence and oppression in order to end domestic and sexual violence in Montana." In furtherance of this goal, the Montana Coalition provides technical assistance and training to member organizations and allied organizations regarding the disproportionate impact of violence on marginalized communities in Montana. Those efforts evolve based on the most pressing

issues of the time, but, for example, we actively support efforts to address the Missing and Murdered Indigenous People Crisis in Montana. These efforts are critical to addressing the particular needs of Indigenous people, who the federal government has recognized are at a disproportionate risk of experiencing violence or murder or going missing. The Coalition also supports tribal programs directly while there is no designated tribal coalition in Montana.

34. The Montana Coalition also operates programs designed to advocate for justice, inclusion, and full community participation, remove barriers, real or perceived, to encourage the widest possible participation from vulnerable communities. Accordingly, the Montana Coalition is unsure whether it may undertake its day-to-day activities reflecting its mission and guiding principles without running afoul of the condition not to “promot[e] or facilitat[e] discriminatory programs or ideology, including illegal DEI” or “inculcat[e] or promot[e] gender ideology” as HHS might interpret those terms.

35. Many of the Montana Coalition’s activities in furtherance of its HHS/FVPSA grant-funded training programs may also conflict with the new funding conditions. It is unsure if it may operate its current trainings that address explicit and implicit bias in program development, service delivery, and interactions with survivors, and the disparate impacts of societal risks and systems of oppression on survivors. Again, the Coalition does not know if those trainings would be construed as “promoting or facilitating discriminatory programs or ideology, including illegal DEI” as HHS might interpret those terms.

36. The Montana Coalition is also concerned that it cannot continue to engage in certain practices that respect the dignity of all victims of domestic and sexual violence, regardless of gender and sexual orientation, and are consistent with the FVPSA mandate not to discriminate on the basis of gender or sexual orientation. It offers training on how to help

advocates be attuned to and appropriately address specific needs of LGBTQ+ survivors, and the technical assistance they provide to Montana agencies, member programs, and community partners include information about compliance with the U.S. Housing and Urban Development's, FVPSA's and VAWA's anti-discrimination mandates. The Coalition also regularly requests and uses pronouns, participates in an LGBTQ+ Coalition, includes information about LGBTQ+ survivors in advocacy and public information, and again, complies with anti-discrimination provisions under VAWA and FVPSA. It is unclear whether it may continue these practices and activities while complying with the HHS's funding condition not to "inculcat[e] or promot[e] gender ideology."

38. My organization is also concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting participation in single-sex programs based on their gender identity. My organization is concerned that this interpretation could require organizations to ignore federal law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services.

39. My organization is also concerned about the HUD condition that prohibits using grant funds to "promote" gender ideology. In providing direct client services and technical assistance, many of my organization's members' staff use clients' preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing direct assistance, and accommodate the needs of the LGBTQ+ community. It is unclear whether our members may continue these practices and activities while complying with the funding condition not to "promot[e] gender ideology."

40. My organization is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” Our member organizations do not provide or fund abortion but they do make referrals to clinics as needed for reproductive care and abortion in cases where the survivor desires that resource. Reproductive health access, including abortion, is part of our organization framework, and we offer clients information about any healthcare services that they need. When pregnant survivors request abortion care, we provide them with resources on how to seek that care.

41. My organization is concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” We do not know what this condition’s broad and vague language means for our organization’s members or how to comply with it, given the many new executive orders that it implicates.

42. The new funding conditions present my organization and its members with an impossible choice. My organization and its members could forgo accepting HUD and HHS grant awards and face the direct consequences to my organization’s financial health and ongoing operations, and the health and operations of our member organizations, and to those who receive direct services. Or my organization and its members could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

43. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization

concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values.

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

44. These funding conditions threaten harm services to victims of domestic violence and their children across the state of Montana. Given that MCADSV and our member organizations rely entirely on federal funds for operation, this would result in real life consequences of death and increased injury without access to emergency shelter, housing assistance, and other forms of support offered by member organizations in Montana with these vital funding streams.

45. Programs in Montana, including MCADSV, are not able to turn down these federal funds to continue to operate. In the absence of fully funded Montana Coalition services, domestic and sexual violence victims and survivors will be confronted with more barriers when trying to access services following their assault, including discriminatory treatment from medical, law enforcement or courtroom personnel who have not received anti-bias and other core victim services training. This will immediately lead to more survivors choosing not to participate in the criminal justice system and fewer being connected to and receiving appropriate medical and therapy services. Direct service providers will be unable to maintain high quality services that follow best practices guidance and comply with the myriad federal, state, and local requirements they would now have to navigate on their own, without the critical assistance of the Montana Coalition, while desperately trying to keep up with the already increasing demand for services.

46. The Montana Coalition's operations are essential to permitting the network of direct service providers to focus on providing the highest quality services to the survivors they serve and ensuring that the systems that contribute to addressing and responding to the epidemic of domestic violence are operating with evidence-based, trauma-informed, survivor-centered policies and practices.

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

Executed on February 10, 2026.

/s/ Kelsen Young

Kelsen Young
Executive Director
Montana Coalition Against Domestic
and Sexual Violence