

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

PLAINTIFF STATES' MOTION FOR PRELIMINARY INJUNCTION

TABLE OF CONTENTS

- I. Introduction..... 1**
- II. Background 2**
 - A. Congress’s reliance on the States to accomplish its purposes for public health, infrastructure, and disaster recovery 2
 - B. Defendants’ history of targeting “sanctuary” jurisdictions, especially Plaintiff States..... 4
 - C. OMB’s Targeting Directive and its initial implementation at CDC 6
 - D. The Targeting Directive’s future threats at HHS, DOT, and FEMA..... 10
- III. Legal Standard 13**
- IV. Argument..... 13**
 - A. Plaintiff States are likely to succeed on the merits. 14
 - 1. The Court likely has jurisdiction over Plaintiff States’ claims. 14
 - a. The Tucker Act does not apply to this challenge to an agency policy..... 14
 - b. This case is not a statutory challenge to enforce past-due grant obligations. 17
 - 2. The Targeting Directive is arbitrary and capricious. 19
 - 3. The Targeting Directive exceeds defendants’ statutory authority. 22
 - 4. Defendants’ actions violate the Constitution. 24
 - a. Defendants’ actions violate the separation of powers. 24
 - b. Defendants’ actions violate the Spending Clause. 25
 - B. The equities compel preliminary injunctive relief. 27
 - C. If relief is denied, the Court should grant a short-duration injunction pending appeal. 29
- V. Conclusion 30**

TABLE OF AUTHORITIES

Cases

Am. Acad. of Pediatrics v. HHS,
2026 WL 80796 (D.D.C. Jan. 11, 2026)..... 18

Amerijet Int’l, Inc. v. Pistole,
753 F.3d 1343 (D.C. Cir. 2014)..... 19

Armstrong v. Exceptional Child Ctr., Inc.,
575 U.S. 320 (2015)..... 24

Ass’n for Educ. Fin. & Policy, Inc. v. McMahon,
2026 WL 523023 (D.D.C. Feb. 25, 2026) 17

Bennett v. Spear,
520 U.S. 154 (1997)..... 19, 20

Biden v. Nebraska,
600 U.S. 477 (2023)..... 25

Biden v. Texas,
597 U.S. 785 (2022)..... 20

Bowen v. Massachusetts,
487 U.S. 879 (1988)..... 16

Bush v. United States,
100 F.4th 807 (7th Cir. 2024) 18

California v. DOT,
808 F. Supp. 3d 291 (D.R.I. 2025)..... 5

Camelot Banquet Rooms, Inc. v. SBA,
24 F.4th 640 (7th Cir. 2022) 29

Cavel Int’l, Inc. v. Madigan,
500 F.3d 544 (7th Cir. 2007) 30

CFPB v. Cmty. Fin. Servs. Ass’n of Am., Ltd.,
601 U.S. 416 (2024)..... 22

Chi. Typographical Union v. Chi. Sun-Times, Inc.,
935 F.2d 1501 (7th Cir. 1991) 19

Chi. Women in Trades v. Trump,
778 F. Supp. 3d 959 (N.D. Ill. 2025) 17

City & Cnty. of San Francisco v. Trump,
897 F.3d 1225 (9th Cir. 2018) 25

City of Arlington v. FCC,
569 U.S. 290 (2013)..... 22

City of Chi. v. Barr,
961 F.3d 882 (7th Cir. 2020) 5, 23, 25

City of Chi. v. DHS,
2025 WL 3043528 (N.D. Ill. Oct. 31, 2025)..... 19

City of St. Paul v. Wright,
2026 WL 88193 (D.D.C. Jan. 12, 2026)..... 18

Clinton v. City of New York,
524 U.S. 417 (1998)..... 22

Colorado v. HHS,
788 F. Supp. 3d 277 (D.R.I. 2025)..... 15

Columbus Reg’l Hosp. v. FEMA,
708 F.3d 893 (7th Cir. 2013) 14, 15

Cook Cnty. v. Wolf,
962 F.3d 208 (7th Cir. 2020) 13, 27

Council for Opportunity in Educ. v. DOE,
2026 WL 120984 (D.D.C. Jan. 16, 2026)..... 17

Crowley Gov’t Servs., Inc. v. GSA,
143 F.4th 518 (D.C. Cir. 2025)..... 17

Dep’t of Com. v. New York,
588 U.S. 752 (2019)..... 19, 21, 22

DHS v. Regents of the Univ. of Cal.,
591 U.S. 1 (2020)..... 19, 20

Evers v. Astrue,
536 F.3d 651 (7th Cir. 2008) 15

Franklin v. Massachusetts,
505 U.S. 788 (1992)..... 24

GEFT Outdoors, LLC v. City of Westfield,
922 F.3d 357 (7th Cir. 2019) 13

Great-W. Life & Annuity Ins. Co. v. Knudson,
534 U.S. 204 (2002)..... 18

Illinois v. FEMA,
801 F. Supp. 3d 75 (D.R.I. 2025) 5, 26, 29

Illinois v. Noem,
2025 WL 3707011 (D.R.I. Dec. 22, 2025) 6, 21

Indiana Right to Life Victory Fund v. Morales,
112 F.4th 466 (7th Cir. 2024) 13

Kidwell v. Dep’t of Army,
56 F.3d 279 (D.C. Cir. 1995)..... 16

League of Women Voters of U.S. v. Newby,
838 F.3d 1 (D.C. Cir. 2016)..... 29

Learning Resources v. Trump, 607 U.S. ___,
2026 WL 477534 (2026)..... 22

Level the Playing Field v. FEC,
961 F.3d 462 (D.C. Cir. 2020)..... 19, 21

Massachusetts v. NIH,
164 F.4th 1 (1st Cir. 2026)..... 17

Megapulse, Inc. v. Lewis,
672 F.2d 959 (D.C. Cir. 1982)..... 15

MTA v. Duffy,
2026 WL 588117 (S.D.N.Y. Mar. 3, 2026) 16

Nat’l Fed’n of Indep. Bus. v. Sebelius,
567 U.S. 519 (2012)..... 26

New York v. Admin. for Child. & Fams.,
2026 WL 332555 (S.D.N.Y. Feb. 6, 2026)..... 6

New York v. United States,
505 U.S. 144 (1992)..... 26

NIH v. Am. Pub. Health Ass’n,
145 S. Ct. 2658 (2025)..... 14, 15, 16

Ohio v. EPA,
603 U.S. 279 (2024)..... 27

Pennhurst State Sch. & Hosp. v. Halderman,
451 U.S. 1 (1981)..... 26

Perry Cap. LLC v. Mnuchin,
864 F.3d 591 (D.C. Cir. 2017)..... 16

Pres. & Fellows of Harvard Coll. v. HHS,
798 F. Supp. 3d 77 (D. Mass. 2025)..... 18

Printz v. United States,
521 U.S. 898 (1997)..... 4

Robbins v. Reagan,
780 F.2d 37 (D.C. Cir. 1985)..... 20, 23

Rodriguez v. Robbins,
715 F.3d 1127 (9th Cir. 2013) 27

S.F. Unified Sch. Dist. v. AmeriCorps,
784 F. Supp. 3d 1280 (N.D. Cal. 2025) 17

SEC v. Chenery Corp.,
332 U.S. 194 (1947)..... 20

Sierra Club v. Trump,
929 F.3d 670 (9th Cir. 2019) 24

<i>Simic v. City of Chi.</i> , 851 F.3d 734 (7th Cir. 2017)	14
<i>State Hwy. Comm’n v. Volpe</i> , 479 F.2d 1099 (8th Cir. 1973)	24
<i>Stephens v. United States</i> , 165 Fed. Cl. 341 (Ct. Cl. 2023).....	17
<i>Tasby v. United States</i> , 91 Fed. Cl. 344 (Ct. Cl. 2010).....	17
<i>Tennessee v. Dep’t of Educ.</i> , 104 F.4th 577 (6th Cir. 2024)	27
<i>Train v. City of New York</i> , 420 U.S. 35 (1975).....	24
<i>U.S. Army Corps of Eng’rs v. Hawkes Co.</i> , 578 U.S. 590 (2016).....	19
<i>Velesaca v. Decker</i> , 458 F. Supp. 3d 224 (S.D.N.Y. 2020).....	19
<i>Wild v. Subscription Plus, Inc.</i> , 292 F.3d 526 (7th Cir. 2002)	19
<i>Youngstown Sheet & Tube Co. v. Sawyer</i> , 343 U.S. 579 (1952).....	25
<i>Zivotofsky ex rel. Zivotofsky v. Kerry</i> , 576 U.S. 1 (2015).....	25
Constitutional Provisions	
U.S. Const. art. I, § 1.....	25
U.S. Const. art. I, § 7.....	25
U.S. Const. art. II, § 3	25
Statutes	
Pub. L. No. 117-58, 135 Stat. 429 (2021).....	3
Pub. L. No. 118-47, 138 Stat. 460 (2024).....	4, 24
Pub. L. No. 64-156, 39 Stat. 355 (1916).....	3
Pub. L. No. 81-875, 64 Stat. 1109 (1950).....	3
Pub. L. No. 87-868, 76 Stat. 1155 (1962).....	2
5 U.S.C.	
§ 704.....	17, 19
§ 705.....	2, 13, 16, 30
§ 706.....	15, 19

23 U.S.C.	
§ 117.....	3
§ 118.....	24
§ 151.....	3, 12
§ 173.....	3
26 U.S.C.	
§ 9503.....	4
§ 1346.....	14
§ 1491.....	14
42 U.S.C.	
§ 247b.....	2, 23
§ 247b-9	3
§ 247c.....	3
§ 280b-1	3
§ 280b-1c	3
§ 280b-1f.....	3
§ 280c-3	3
§ 280g-6	3
§ 300hh-33	2
§ 300u-11	4
§ 300w-1	3, 23
§ 300w-3	3
§ 5121 <i>et seq.</i>	4
§ 5170a.....	4
§ 5170b.....	4
§ 5170c.....	4, 23
§ 5172.....	4
§ 5173.....	4
§ 5185.....	4
§ 5186.....	4
49 U.S.C.	
§ 31313.....	12
§ 5539.....	3
§ 6701.....	3, 23
§ 6702.....	3
5 ILCS 805/1 <i>et seq.</i>	4
Rules	
Fed. R. App. P. 8.....	30
Fed. R. Civ. P. 62.....	30
Regulations	
45 C.F.R. § 75.372 (2025)	27

89 Fed. Reg. 80055 (Oct. 2, 2024)..... 26

Other Authorities

Exec. Order No. 14159, 90 Fed. Reg. 8443 (Jan. 20, 2025)..... 5

Exec. Order No. 14218, 90 Fed. Reg. 10581 (Feb. 19, 2025) 5

Exec. Order No. 14287, 90 Fed. Reg. 18761 (Apr. 28, 2025)..... 5

David Ferris, *Trump Kills EV Charging Programs in Blue States*, E&E News (Feb. 10, 2026),
<https://www.eenews.net/articles/trump-kills-ev-charging-programs-in-blue-states/>..... 11

Donald J. Trump, *Remarks to the Detroit Economic Club* 58:47 (Jan. 13, 2026),
<https://www.whitehouse.gov/videos/president-trump-delivers-remarks-to-the-detroit-economic-club/>..... 6

Fed. Highway Admin., *Funding Federal-Aid Highways*, Pub. No. FHWA-PL-17-011
 (Jan. 2017)..... 11

Gabe Cohen, *The Trump administration is about to release billions in disaster aid. Several blue states won't be included*, CNN (Feb. 26, 2026),
<https://www.cnn.com/2026/02/26/politics/disaster-aid-fema-states-trump-shutdown>..... 12

Ingraham Angle: *Dems Promote Lawlessness* (Fox News broadcast, aired Jan. 13, 2026)..... 6

Josh Christenson, *White House Instructs DOT, CDC to Cut \$1.5B in Grants for Dem States, Citing 'waste and mismanagement,'* N.Y. Post (Feb. 4, 2026),
<https://nypost.com/2026/02/04/us-news/white-house-instructs-dot-cdc-to-cut-1-5b-in-woke-green-grants-for-dem-states/>..... 8

Press Release, Dep't of Just., *Justice Department Publishes List of Sanctuary Jurisdictions*
 (Aug. 5, 2025), <https://www.justice.gov/opa/pr/justice-department-publishes-list-sanctuary-jurisdictions>..... 5, 7

Press Secretary Karoline Leavitt *Briefs Members of the Media* 1:38:26 (Jan. 20, 2026),
<https://www.youtube.com/watch?v=oNQoMMo8hYw/>..... 6

Rachel Frazin, *FEMA releasing billions in disaster assistance, while further funds await approval*, The Hill (Feb. 27, 2026), <https://thehill.com/policy/energy-environment/5759529-billions-in-fema-funds-awarded/>..... 12

I. INTRODUCTION

For more than a year, the Trump Administration has sought, through the actions of individual agencies, to punish sovereign States and other jurisdictions who have chosen not to surrender their law enforcement resources to federal immigration enforcement. For more than a year, those actions have been rebuffed by the courts as illegal and unconstitutional executive overreach. Now, the President and his instrument, the Office of Management and Budget (“OMB”), have escalated their campaign, conscripting numerous federal agencies at once into their effort to punish the four Plaintiff States for the exercise of their sovereign authority. OMB’s directive targeting Plaintiff States for funding cuts and freezes (the “Targeting Directive”) has been implemented at three agencies so far—the Centers for Disease Control and Prevention (“CDC”), Department of Transportation (“DOT”), and Federal Emergency Management Agency (“FEMA”)—but it was issued to many more. Without a preliminary injunction, defendants will resume implementation of the lawless Targeting Directive, which has already placed \$3.4 billion of critical public health, infrastructure, and disaster-recovery funding at risk, causing irreparable harm to the sovereignty of Plaintiff States and the health and safety of their people.

In issuing and implementing the Targeting Directive, defendants have demonstrated a total disregard for the statutory and constitutional strictures that protect against arbitrary and overreaching conduct by the executive branch. The Targeting Directive offends the guardrails on agency decisionmaking imposed by the Administrative Procedure Act (“APA”), as it was promulgated without explanation, based on partisan animus and immigration-policy disagreements unmoored from the subjects of the funding programs it threatens. The Targeting Directive is also contrary to law and violates the separation of powers because it orders government-wide funding cuts and freezes for reasons not contemplated by the authorizing and appropriating statutes, and it further results in an unlawful impoundment of funds that Congress ordered the executive branch

to spend. Last, the Targeting Directive flouts the limitations imposed by the Spending Clause by placing retroactive and unrelated immigration conditions on all funding to Plaintiff States and their subdivisions and instrumentalities. For these reasons and those detailed below, the Court should stay the Targeting Directive under 5 U.S.C. § 705 and enjoin its implementation.

II. BACKGROUND

A. Congress's reliance on the States to accomplish its purposes for public health, infrastructure, and disaster recovery

For decades, Congress has enacted laws providing federal funds to the States to staff state and local health departments, build transportation infrastructure, and rebuild after catastrophic natural disasters. The States, in turn, have come to pervasively rely on that federal support to keep their residents safe and to promote economic prosperity.

Start with public health. The Vaccination Assistance Act of 1962 created the first major public-health grants to States, funding state and local childhood vaccination programs. *See* Pub. L. No. 87-868, 76 Stat. 1155 (codified as amended at 42 U.S.C. § 247b). Congress has repeatedly expanded that statutory authority, and § 247b now broadly authorizes grants “to assist [States] in meeting the costs of establishing and maintaining preventive health service programs.” *Id.* § 247b(a). In December 2020, at the height of the COVID-19 pandemic, Congress mandated that the HHS Secretary “shall” award grants to States “for the expansion and modernization of public health data systems.” *Id.* § 300hh-33(a)(1)(B). These provisions, and others, require CDC to operate the Public Health Infrastructure Grant (“PHIG”), which funds the employment of hundreds of public health professionals in Plaintiff States.¹

Congress also created the Preventive Health and Health Services Block Grant, awarded to

¹ Ex. 5 (Thoele Decl.), ¶ 35; Ex. 6 (Ige Decl.), ¶ 22; Ex. 7 (Calonge Decl.), ¶ 57; Ex. 8 (McGowan Decl.), ¶ 14; Ex. 9 (Underwood Decl.), ¶ 63; Ex. 10 (Fanelli Decl.), ¶ 10; Ex. 11 (Ferrer Decl.), ¶ 10.

all 50 States to support essential public-health services. *See, e.g.*, Ex. 5 (Thoele Decl.), ¶¶ 23–25. It implemented a strict statutory formula dictating the allocation to each State, as well as a specific set of permitted and prohibited use of the funds. 42 U.S.C. §§ 300w-1, -3. Through dozens of other statutory programs, Congress has authorized programs to prevent injuries like drug overdoses, traumatic brain injuries, and elderly falls, *id.* §§ 280b-1, 280b-1c, 280b-1f; to prevent, treat, and monitor HIV infection, *id.* § 247c; and to ameliorate a wide range of chronic diseases and cancers, *e.g. id.* §§ 247b-9, 280c-3, 280g-6. CDC summarized its numerous statutory authorities for the grant programs it administers in a spreadsheet sent to OMB and produced in this litigation. *See* Ex. 3 (Krajewski Decl.) & Ex. A (CDC_001297).

Congress has likewise long directed federal funding to States to support the development of transportation infrastructure to knit this nation’s communities together. *E.g.*, Federal Aid Road Act of 1916, Pub. L. No. 64-156, 39 Stat. 355. In the century since the 1916 Act, Congress has passed dozens of statutes to that end. Recent infrastructure laws have paid special attention to long-overdue improvements of the transportation system to promote modern, sustainable growth; to expand access to electric vehicle charging along major transportation corridors and in underserved communities; and to improve infrastructure in both urban and rural areas for economic activity, transportation safety, and environmental sustainability. *E.g.*, Pub. L. No. 117-58, 135 Stat. 429 (2021); 23 U.S.C. § 151(f); 49 U.S.C. §§ 5539, 6701, 6702; 23 U.S.C. §§ 117, 173.

And, for over 70 years, Congress has addressed the threat of unpredictable disasters and emergencies by providing robust and unflagging financial support—today totaling tens of billions of dollars annually—for a complex infrastructure of emergency preparedness and response, anchored by FEMA but administered in the first instance by the States. *See, e.g.*, Disaster Relief Act of 1950, Pub. L. No. 81-875, § 1, 64 Stat. 1109. The Stafford Act of 1988 sets out the

framework for responding to natural disasters that governs today, directing federal funds to flow to States and their residents following a presidential disaster declaration. *See* 42 U.S.C. § 5121 *et seq.* After a major disaster, the Stafford Act authorizes federal aid both for immediate recovery, *id.* §§ 5170a, 5170b, 5172–5173, 5185–5186, and for long-term hazard mitigation under the Hazard Mitigation Grant Program, *id.* § 5170c.

Congress also *funds* these programs, both through annual appropriations bills and dedicated accounts. *E.g.*, Further Consolidated Appropriations Act of 2024, Pub. L. No. 118-47, 138 Stat. 460, 653–54 (CDC); *id.* 608–09 (Disaster Relief Fund); 26 U.S.C. § 9503 (Highway Trust Fund); 42 U.S.C. § 300u-11 (Prevention and Public Health Fund). Congress thus not only authorized the creation of these programs but also directed the executive branch to spend the money appropriated—no more and no less. As defendant CDC wrote in its spreadsheet response to OMB, on line after line of its grant-by-grant analysis: “FY 2024 [appropriation] bill sets a cap and a floor.” *See* Ex. 3 (Krajewski Decl.) & Ex. A (CDC_001297).

B. Defendants’ history of targeting “sanctuary” jurisdictions, especially Plaintiff States

Under their police powers, Plaintiff States and their subdivisions enact statutes and establish policies that prioritize the time and energy of state and local law enforcement to ensure that States’ residents are protected from crime and violence. One critical choice that Plaintiff States must make in doing so is whether, when, and how to task their law-enforcement officers with assisting the federal government in enforcing federal civil immigration law. Plaintiff States have varied policies and laws on that question, *e.g.*, 5 ILCS 805/1 *et seq.*, but the core fact is that *all* are consistent with the fundamental rule that the States “remain independent and autonomous within their proper sphere of authority.” *Printz v. United States*, 521 U.S. 898, 928 (1997).

The current administration sees things differently. In his first term, the President tried and failed to attach immigration-enforcement conditions to law enforcement funding. *E.g.*, *City of Chi.*

v. Barr, 961 F.3d 882 (7th Cir. 2020). On the first day of his second term, the President again directed the Attorney General and DHS to “ensure that so-called ‘sanctuary’ jurisdictions . . . do not receive access to Federal funds.” Exec. Order No. 14159, § 17, 90 Fed. Reg. 8443 (Jan. 20, 2025). On February 19, 2025, the President signed a second order reiterating the administration’s plan to defund sanctuary jurisdictions. *See* Exec. Order No. 14218, 90 Fed. Reg. 10581 (Feb. 19, 2025). This order directed “the head of each executive department or agency” to “ensure, consistent with applicable law, that Federal payments to States and localities do not, by design or effect, facilitate the subsidization or promotion of illegal immigration, or abet so-called ‘sanctuary’ policies that seek to shield illegal aliens from deportation.” *Id.* § 2(ii). On April 28, 2025, a third order required “the Attorney General, in coordination with [DHS]” to “publish a list” of “sanctuary jurisdictions” and instructed federal agencies to “identify appropriate Federal funds to sanctuary jurisdictions, including grants and contracts, for suspension or termination, as appropriate.” Exec. Order No. 14287, § 2, 90 Fed. Reg. 18761 (Apr. 28, 2025). DOJ published the “sanctuary” list on August 5, 2025, identifying 35 states, cities, and counties. Plaintiff States were all designated.²

To implement these executive orders, federal agencies began imposing immigration-enforcement conditions on grant programs and federal awards, threatening to withhold billions of dollars in funding unless States and local jurisdictions agreed to divert their resources to federal immigration functions. Plaintiff States and others have successfully challenged these unlawful efforts. *E.g.*, *California v. DOT*, 808 F. Supp. 3d 291 (D.R.I. 2025); *Illinois v. FEMA*, 801 F. Supp. 3d 75 (D.R.I. 2025). The administration, pivoting from its losses, has responded with retaliatory funding cuts and freezes at particular agencies, actions that Plaintiff States have yet again successfully enjoined in federal court. *E.g.*, *New York v. Admin. for Child. & Fams.*, 2026 WL

² *See* Press Release, Dep’t of Just., *Justice Department Publishes List of Sanctuary Jurisdictions* (Aug. 5, 2025), <https://www.justice.gov/opa/pr/justice-department-publishes-list-sanctuary-jurisdictions>.

332555 (S.D.N.Y. Feb. 6, 2026); *Illinois v. Noem*, 2025 WL 3707011 (D.R.I. Dec. 22, 2025).

C. OMB's Targeting Directive and its initial implementation at CDC

Against that backdrop, in January 2026, defendants launched an even broader campaign to target Plaintiff States. On January 13, speaking to the Detroit Economic Club, the President said that he would cut off “any payments” starting on February 1, “to sanctuary cities or states having sanctuary cities because they do everything possible to protect criminals at the expense of American citizens.”³ These threats were reiterated in an interview by White House Deputy Chief of Staff for Policy Stephen Miller,⁴ and again by the President on Truth Social.⁵ Then on January 20, at a White House press conference, the President again set a February 1, 2026 deadline for these cuts, stating:

You've got to get rid of your sanctuary cities, and I hope our people know that we're not going to pay sanctuary cities. . . . They can sue us and maybe they'll win but we're not giving money to sanctuary cities anymore as of the beginning of the month.⁶

On January 16, just three days after the President's Detroit Economic Club speech, the Chief of Staff of OMB met with senior HHS officials to ask for a “list.” She thanked the officials for their “willingness to be team players and to support the President's priorities!” OMB_000021; CDC_001344-45.⁷

Meanwhile, OMB sent a “Budget Data Request” on January 20, to nearly all federal agencies seeking “a detailed report on Federal funds provided to components, agencies, or

³ Donald J. Trump, *Remarks to the Detroit Economic Club* 58:47 (Jan. 13, 2026), <https://www.whitehouse.gov/videos/president-trump-delivers-remarks-to-the-detroit-economic-club/>.

⁴ Ingraham Angle: *Dems Promote Lawlessness* (Fox News broadcast, aired Jan. 13, 2026).

⁵ Donald J. Trump (@realDonaldTrump), <https://truthsocial.com/@realDonaldTrump/posts/115893309945152200>.

⁶ *Press Secretary Karoline Leavitt Briefs Members of the Media* 1:38:26 (Jan. 20, 2026), <https://www.youtube.com/watch?v=oNQoMMo8hYw/>.

⁷ Where Plaintiff States' factual statements omit certain details, it is due to defendants' unjustified invocations of deliberative-process privilege and other redactions on their production. *See* ECF 55. The Court may make reasonable findings of fact based on the circumstantial evidence about what lies beneath defendants' black boxes. The production referenced in this filing is excerpted as Exhibit 1 (OMB production) and Exhibit 2 (CDC production).

instrumentalities of *certain States*.” ECF 44-10 at 245–63 (CDC_001245–63). Those States were California, Colorado, Connecticut, Delaware, the District of Columbia, Illinois, Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island, Vermont, Virginia, and Washington. Nearly all of these States either appeared on the “list of sanctuary jurisdictions” published by the Department of Justice on August 5, 2025, or contain localities that appeared on the list.⁸

On January 21, OMB called a meeting of the President’s Management Council, which comprises heads of major federal government agencies. High-level officials of almost every major federal agency were invited, including all the defendants in this case: HHS, DOT, and DHS. *See* Ex. 4 (Gaber Decl.). At the meeting, OMB informed the agencies regarding actions they would soon be expected to take. OMB_000023.

Two emails were sent in quick succession the next morning. At 8:12 AM, on January 22, a budgetary official at HHS circulated the Budget Data Request across the agency. CDC_001404. At 8:16 AM, OMB’s Deputy Director for Management emailed agencies asking them to provide OMB with “recommended actions prior to February 1.” CDC_001390. Notably, the Budget Data Request itself lacks a demand for “recommended actions” and purports to just be a request for information. *See* ECF 44-10 at 245 (CDC_001245). By the afternoon of January 22, HHS officials were exchanging internal emails to work on implementation of the Targeting Directive against Plaintiff States. *See, e.g.*, CDC_001330, 001267–68, CDC_001310–11. For instance, at 3:35 PM, one CDC official provided others with the “active awards for Colorado, California, Minnesota, and Illinois” in an Excel spreadsheet. CDC_001267–68.

On Friday, January 23, OMB again convened the President’s Management Council. *See* OMB_000023–25. After the meeting, OMB’s Chief of Staff thanked the agency heads for their

⁸ *See* Press Release, Dep’t of Just., *supra* n.2. The sole exception is Virginia, which elected a new Governor and Attorney General on November 3, 2025.

“intriguing ideas,” and assured them that “[w]e so appreciate your creativity and willingness to dive in to this important action for the President.” OMB_000024–25.

On February 1, OMB’s Chief of Staff sent an email to high-ranking staff at HHS with the subject line, “Re: Grant Awards – Implementation Call follow up.” She listed out for HHS staff a long series of items for them to accomplish. OMB_000027; CDC_001343–44. Another HHS official replied to OMB’s Chief of Staff thanking her for “the list.” CDC_001335.

On the morning of February 4, defendant Vought presented to the President a list of grants to be cancelled that HHS had generated at OMB’s instruction. The President directed immediate action that day. CDC_001351. Thus at 12:47 PM that same afternoon, the OMB Communications Director emailed HHS officials with the subject “CDC CUTS SOON ANNOUNCEMENT,” expressly connecting the events of February 4 to the Budget Data Request: “at 2 PM ET today, we have an exclusive going to announce the first cuts we are making in funds that we have been asking agencies to investigat[e] from 14 states and DC.” CDC_001332. The OMB Communications Director let HHS know that “CDC is part of these cuts.” CDC_001331–32.

A little after 2 PM, the *New York Post* reported that OMB was directing DOT and CDC to terminate more than \$1.5 billion of grants, targeted solely at the four Plaintiff States.⁹ OMB ordered CDC to cancel at least \$602 million. The *New York Post* article identified specific CDC and DOT grants that would be terminated under OMB’s directive. The documents so far produced show that the *New York Post* had information provided by OMB.

From February 5 to 7, following OMB’s press leak, HHS officials scrambled to substantiate the OMB-directed cuts with some record inside their own agency. On February 5, at 4:30 PM,

⁹ Josh Christenson, *White House Instructs DOT, CDC to Cut \$1.5B in Grants for Dem States, Citing ‘waste and mismanagement,’* N.Y. Post (Feb. 4, 2026), <https://nypost.com/2026/02/04/us-news/white-house-instructs-dot-cdc-to-cut-1-5b-in-woke-green-grants-for-dem-states/>.

senior HHS and CDC officials had a meeting titled “CDC Regroup” where the agenda included “path forward regarding OMB request.” CDC_001328. Working past midnight that night, at 12:36 AM on February 6, the HHS Chief of Staff emailed the same official who had convened the “Regroup” meeting, attached the *New York Post* article, and asked the official to “please ensure you incorporate these into the standard process of grants for alignment to agency priorities.” CDC_001269–71. In other words, the HHS Chief of Staff asked the official to provide post-hoc “agency priorities” reasoning for the outcome pre-determined by the Targeting Directive.

HHS ultimately hit upon a plan to have an AI model produce machine-generated text identifying alleged contradictions with HHS and CDC agency priorities. Starting on February 6 at 9:34 PM, CDC began an “URGENT” task to assemble “the work plans and other related documents for the following 66 grants,” CDC_001427–28, and then an “advisor” in another part of HHS ran them through an AI model on February 7, CDC_001264, 001314.¹⁰ These post-hoc, AI-generated outputs can be found in what defendants call the administrative record. *See* ECF 44-3 at 139 to ECF 44-6 at 573 (CDC_000139–573).

On February 9, HHS notified Congress of its intention to terminate a wide swathe of CDC grants in Plaintiff States (the “First Round Grants”). The only explanation given to Congress was that the grants were purportedly “Inconsistent with Agency Priorities.” *See* ECF 44-10 at 239–41 (CDC_001239–241). Before the close of business on February 11, Plaintiff States filed the original complaint in this case and their motion for a temporary restraining order seeking to vacate the Targeting Directive and enjoin its implementation. ECF 1, 3.

Later that same day, defendants attempted to execute their threats. Overnight on February 11 and on the morning of February 12, Plaintiff States began receiving new notices of award

¹⁰ The list was the same list eventually noticed to Congress for termination on February 9, the same \$602 million in awards reported by the *New York Post*.

(“NOAs”) purporting to terminate each First Round Grant and setting February 11 as the final day of performance.¹¹ On February 12, this Court entered a temporary restraining order voiding “any actions taken to implement or enforce directives to identify and terminate public-health grants awarded to plaintiffs based on undisclosed agency priorities.” ECF 21 ¶ 2.

Shortly thereafter, defendants issued new NOAs, dated February 13, for the First Round Grants, extending the end of the period of performance by fourteen days and citing the TRO.¹² A subsequent NOA issued on February 27, citing the extension of the TRO, set the end of the period of performance at March 12, 2026. *See e.g.*, Ex. 5 (Thoele Decl.), ¶ 55, Ex. D. Without a preliminary injunction, the First Round Grants will be terminated after that date.

D. The Targeting Directive’s future threats at HHS, DOT, and FEMA

HHS/CDC: On February 11, CDC sent a notice to Congress of its intent to terminate an additional 41 grants in the four Plaintiff States (the “Second Round Grants”). *See* ECF 44-10 at 242 (CDC_001242).¹³ As with the First Round Grants, *only* grants in the four Plaintiff States were noticed for termination, and the only reason given was that the grants were “Inconsistent with Agency Priorities.” Also like the First Round Grants, these Grants provide vital funding for core public health functions including outbreak tracking and control, immunization, HIV testing and treatment, and injury-prevention research. *See, e.g.*, Ex. 5 (Thoele Decl.), ¶¶ 11–12, 47–49; Ex. 7 (Calonge Decl.), ¶¶ 7, 63–69; Ex. 9 (Underwood Decl.), ¶¶ 6, 67–71.

Shortly after HHS notified Congress of its intent to terminate the Second Round Grants, this Court entered a TRO prohibiting defendants from terminating public-health grants awarded to

¹¹ *See* Ex. 5 (Thoele Decl.), ¶¶ 51–52, Ex. B; Ex. 6 (Ige Decl.), ¶6, Ex. A; Ex. 7 (Calonge Decl.), ¶ 9, Ex. A; Ex. 8 (McGowan Decl.), ¶ 11, Ex. 2; Ex. 9 (Underwood Decl.), ¶ 7, Ex. A; Ex. 10 (Fanelli Decl.), ¶ 8, Ex. A.

¹² *See* Ex. 5 (Thoele Decl.), ¶ 54, Ex. C; Ex. 7 (Calonge Decl.), ¶ 9; Ex. 9 (Underwood Decl.), ¶ 9.

¹³ The second notice to Congress lists 42 total grants, but one of the Second Round Grants also appeared on the list of First Round Grants.

plaintiffs based on undisclosed agency priorities. ECF 21 ¶ 1. As of this filing, CDC has not yet acted on its threat to terminate the Second Round Grants. The CDC administrative record, however, contains a set of boilerplate “decision memoranda” which recommend termination of all 41 of the Second Round Grants. ECF 44-6 at 24 to ECF 44-9 at 49 (CDC_00000574–849). An internal HHS email also suggests that the Court’s order prevented additional similarly baseless grant terminations throughout HHS: on February 9, an HHS Department official emailed a group of HHS employees about the First Round Grants to ensure that the “messaging [about the grant terminations] remains tightly aligned.” CDC_001347–48. He continued: “Assuming heightened visibility through this process will ensure we are successful as other OpDivs [i.e., sub-agencies of HHS] begin *this same disciplined process*.” *Id.* (emphasis added).

DOT: Public reporting has also indicated that OMB has directed DOT to cut or withhold an even larger sum than at CDC—over \$943 million. The February 4 *New York Post* story reported that OMB ordered DOT “to cancel more than \$943 million” in funds to Plaintiff States, and “[a] DOT spokesman confirmed the cuts were being carried out.” Then, on February 10, *E&E News* reported a DOT statement that “it was moving ahead with executing the OMB plan, pointing to the recent *New York Post* story.”¹⁴

Rather than sending termination letters to Plaintiffs States’ transportation agencies communicating these cuts, DOT has simply failed to obligate funds for their projects. DOT funding, unlike CDC notices of award, is typically obligated in a series of phases after an extensive planning process under the project. *See* Fed. Highway Admin., *Funding Federal-Aid Highways*, Pub. No. FHWA-PL-17-011, at 23 (Jan. 2017). As a result, Plaintiff States have many funding commitments from DOT of various kinds that are either not obligated or only partially obligated,

¹⁴ David Ferris, *Trump Kills EV Charging Programs in Blue States*, *E&E News* (Feb. 10, 2026), <https://www.eenews.net/articles/trump-kills-ev-charging-programs-in-blue-states/>.

and simply frozen.¹⁵ Public reporting indicates that these frozen grants include programs as varied as the Charging and Fueling Infrastructure program, a grant program established to help States expand access to electric vehicle charging along major transportation corridors and in underserved communities, 23 U.S.C. § 151(f), and the Commercial Driver’s License Program Implementation, which provides financial assistance to States to carry out and improve the national commercial driver’s license program administered by DOT, 49 U.S.C. § 31313.

DHS/FEMA: The most recent expansion of implementation of the Targeting Directive has taken place at DHS and its component agency FEMA. Billions of dollars of disaster aid have been stalled at DHS and FEMA over the past year. The causes for this delay include additional layers of review implemented by defendants Vought, OMB, Noem, and DHS.¹⁶ On February 26 and 27, reports emerged that the logjam was finally breaking. A FEMA spokesperson told CNN that FEMA had “released over \$5 billion in recovery funding for projects.”¹⁷ But the news reports, citing sources familiar with the matter, explain that four States will receive none of this \$5 billion in new obligations: California, Colorado, Illinois, and Minnesota.¹⁸ Data available on FEMA’s public website confirms that, since February 27, hundreds of millions of dollars of hazard mitigation funds have been obligated to many States—but not Plaintiff States. Ex. 3 (Krajewski Decl.), ¶¶ 5–15. This latest development reflects that the Targeting Directive has commanded not only CDC and DOT but now also DHS—a recipient of the key emails, *see* Ex. 4 (Gaber Decl.)—to single out the same four States for disfavor, suspending new obligations to them.

¹⁵ *See generally, e.g.*, Ex. 17 (Solberg Decl.); Ex. 18 (Duncan Decl.); Ex. 14 (Brockway Decl.); Ex. 19 (O’Dea Decl.); Ex. 13 (McMahon Decl.); Ex. 15 (Lakhchaura Decl.); Ex. 16 (Strife Decl.).

¹⁶ Under the FEMA funding process, the disaster declaration makes recipient and sub-applicants potentially eligible for funding, but FEMA does not incur any obligation until all reviews are complete. Ex. 20 (Kuetemeyer Decl.), ¶ 7.

¹⁷ Gabe Cohen, *The Trump administration is about to release billions in disaster aid. Several blue states won’t be included*, CNN (Feb. 26, 2026), <https://www.cnn.com/2026/02/26/politics/disaster-aid-fema-states-trump-shutdown>.

¹⁸ Rachel Frazin, *FEMA releasing billions in disaster assistance, while further funds await approval*, The Hill (Feb. 27, 2026), <https://thehill.com/policy/energy-environment/5759529-billions-in-fema-funds-awarded/>.

III. LEGAL STANDARD

To obtain a preliminary injunction, a plaintiff must “demonstrat[e] a likelihood of success on the merits and a likelihood of irreparable harm in the absence of preliminary relief.” *Ind. Right to Life Victory Fund v. Morales*, 112 F.4th 466, 471 (7th Cir. 2024) (cleaned up). The plaintiff must also show “that the balance of equitable interests tips in favor of injunctive relief.” *Id.* This inquiry requires a court to “consider both the public interest as well as the competing harms that would flow to the parties from a grant or denial of the requested injunction.” *Id.* (cleaned up). The Seventh Circuit employs a “sliding scale” approach to this balancing: “if a plaintiff is more likely to win, the balance of harms can weigh less heavily in its favor, but the less likely a plaintiff is to win the more that balance would need to weigh in its favor.” *GEFT Outdoors, LLC v. City of Westfield*, 922 F.3d 357, 364 (7th Cir. 2019) (cleaned up). The APA also allows courts to stay agency action to “prevent irreparable injury.” 5 U.S.C. § 705. This standard mirrors the preliminary injunction standard. *See Cook Cnty. v. Wolf*, 962 F.3d 208, 221 (7th Cir. 2020).

IV. ARGUMENT

Preliminary injunctive relief is warranted and necessary here to protect Plaintiff States against the devastating effects of more than \$3 billion in unlawful and unjustified funding terminations and freezes, imposed in retaliation for Plaintiff States’ sovereign policy choices regarding cooperation with federal immigration enforcement. As a threshold matter, the Court has jurisdiction to adjudicate Plaintiff States’ claims against OMB’s cross-agency Targeting Directive, as the Tucker Act applies only to statutory claims against completed grant terminations—which describes none of the claims here. On the merits, Plaintiff States are likely to succeed in showing that the Targeting Directive is arbitrary and capricious, exceeds defendants’ statutory authority, violates the separation of powers by arrogating to the executive branch the power of the purse, and violates the Spending Clause by imposing retroactive and unrelated conditions on grant funds. The

balance of harms and the equities also favor an immediate injunction to protect Plaintiff States, their residents, and the constitutional order.

A. Plaintiff States are likely to succeed on the merits.

1. The Court likely has jurisdiction over Plaintiff States' claims.

At the threshold, the Court likely has jurisdiction over this statutory and constitutional challenge to an internal agency policy. *See NIH v. Am. Pub. Health Ass'n* (“*APHA*”), 145 S. Ct. 2658, 2661 (2025) (Barrett, J., concurring) (district court “likely” correct in holding it had “jurisdiction to entertain an APA challenge” to internal agency guidance); *see also Simic v. City of Chi.*, 851 F.3d 734, 738 (7th Cir. 2017) (district court may resolve a motion for a preliminary injunction “without making a conclusive decision about whether it has subject matter jurisdiction”). In addition, the Tucker Act does not apply for multiple other reasons: Plaintiff States bring non-APA constitutional claims; much of this case does not even concern grant terminations; and even the CDC grant terminations were not effectuated until after the complaint was filed.

a. The Tucker Act does not apply to this challenge to an agency policy.

The Tucker Act does not apply here. The Tucker Act gives the Court of Federal Claims exclusive jurisdiction over “any claim against the United States founded . . . upon any express or implied contract with the United States” exceeding ten thousand dollars. 28 U.S.C. §§ 1491(a)(1), 1346(a)(2). There is a jurisdictionally dispositive distinction between contract claims governed by the Tucker Act and challenges to internal agency policies like this one, which remain subject to this Court’s review. *See APHA*, 145 S. Ct. at 2661 (Barrett, J., concurring); *Columbus Reg'l Hosp. v. FEMA*, 708 F.3d 893, 896 (7th Cir. 2013). Relevant here, the fact that the challenged policy “relate[s] to grants does not transform a challenge to that [policy] into a claim ‘founded . . . upon’ contract that only the [Court of Federal Claims] can hear.” *APHA*, 145 S. Ct. at 2661 (Barrett, J., concurring) (quoting 28 U.S.C. § 1491(a)(1)). Indeed, in *APHA*, the Court concluded that the lower

court could exercise jurisdiction over claims challenging guidance documents outlining a policy that the National Institutes of Health would no longer fund research grants on certain topics. *Id.*

Here, Plaintiff States' claims track the challenges to general agency policies that the Court in *APHA* allowed to proceed in district court. The Targeting Directive issued by OMB established an across-the-board, prospective policy that strips funding from disfavored States as retaliation for unrelated policies. *See, e.g.*, OMB_000021 (OMB Chief of Staff ordering HHS to "send a list" and offering "further instruction"); OMB_000023 (OMB Deputy Director order to "each agency" to "outline" actions it will take); CDC_001419 (HHS to OMB promising that "[w]e are ready to execute once direction, and approval is given"). Plaintiff States' claims are focused on that Directive, a final agency action, not on the individual terminations resulting from the Directive.

That result also follows longstanding Tucker Act precedent, which the Seventh Circuit has cited favorably, explaining that "[t]he classification of a particular action as one which is or is not 'at its essence' a contract action depends both on the source of the rights upon which the plaintiff bases its claims, and upon the type of relief sought (or appropriate)." *Megapulse, Inc. v. Lewis*, 672 F.2d 959, 968 (D.C. Cir. 1982); *see Evers v. Astrue*, 536 F.3d 651, 657–58 (7th Cir. 2008).

First, the sources of Plaintiff States' rights are statutory and constitutional; they allege no breach of contract or right to sue based on any contract. Indeed, Plaintiff States invoke their rights under the APA to challenge "arbitrary and capricious action," "action in excess of statutory authority," action violating "separation of powers principles," and action violating "the Constitution's Spending Clause," which are "precisely the type[s] of claims that belong" in this Court. *See Colorado v. HHS*, 788 F. Supp. 3d 277, 296 (D.R.I. 2025); 5 U.S.C. § 706; *Columbus Reg'l Hosp.*, 708 F.3d at 896–97 (APA and constitutional claims seeking prospective relief "may proceed in a district court" rather than the "Court of Federal Claims"). Even the limited record

produced so far confirms that Plaintiff States' claims do not depend on "what [a] contract requires or forbids." *MTA v. Duffy*, 2026 WL 588117, at *31 (S.D.N.Y. Mar. 3, 2026). Only *after* defendants compiled a list of grants to terminate did they use AI to backfill justifications based on grant documents. CDC_001264, 1314, 1427. Plaintiff States' challenge to the Targeting Directive requires analyzing the process that led to that selection, not the grants themselves.

That the Targeting Directive might affect some contracts between Plaintiff States and the federal government does not change this conclusion. The relevant question is whether Plaintiff States have filed suit *on* a contract, not whether the case *involves* contracts. *See, e.g., Perry Cap. LLC v. Mnuchin*, 864 F.3d 591, 619 (D.C. Cir. 2017) ("[W]e do not think that any case requiring some reference to . . . a contract is necessarily on the contract and therefore directly within the Tucker Act.") (cleaned up). Indeed, in *APHA*, the Court allowed challenges to agency guidance, notwithstanding that those policies would have affected the plaintiffs' contracts by, for example, terminating funding for certain research areas. *See* 145 S. Ct. at 2661 (Barrett, J., concurring).

Second, Plaintiff States do not seek a contract remedy, such as money damages. Instead, they seek equitable and statutory remedies: a § 705 stay of the Targeting Directive and declaratory and injunctive relief prohibiting its implementation. *See infra* p. 30. And the possibility that such relief would have downstream consequences for certain contracts in Plaintiff States does not transform this case into one for money damages. *See APHA*, 145 S. Ct. at 2661 (Barrett, J., concurring); *see also Bowen v. Massachusetts*, 487 U.S. 879, 893 (1988) ("The fact that a judicial remedy may require one party to pay money to another is not a sufficient reason to characterize the relief as 'money damages.'"); *Kidwell v. Dep't of Army*, 56 F.3d 279, 284 (D.C. Cir. 1995) (a claim does not become one for money damages merely because it "may obligate the United States to pay the complainant"). When an agency issues an unlawful funding policy, a district court may

enjoin the agency from taking “steps to implement, apply, or enforce” that policy. *Massachusetts v. NIH*, 164 F.4th 1, 6 (1st Cir. 2026). Here, forbidding defendants from implementing the Targeting Directive would be “injunctive relief,” not “monetary relief from the federal government.” *See Chi. Women in Trades v. Trump*, 778 F. Supp. 3d 959, 981 (N.D. Ill. 2025).

For that reason, retrospective monetary relief in the Court of Federal Claims would not offer Plaintiff States an “adequate remedy” under § 704 of the APA, contrary to defendants’ assertion. ECF 43-1 at 3. For one thing, the APA’s “adequate remedy bar” under § 704 only “determine[s] whether there is a cause of action under the APA, not whether there is federal subject matter jurisdiction.” *Crowley Gov’t Servs., Inc. v. GSA*, 143 F.4th 518, 527 (D.C. Cir. 2025) (cleaned up). So this is not even a jurisdictional argument. In any event, because Plaintiff States “do not seek contractual relief, . . . APA review is an appropriate remedy for [their] claims.” *Ass’n for Educ. Fin. & Policy, Inc. v. McMahon*, 2026 WL 523023, at *10 (D.D.C. Feb. 25, 2026); *Council for Opportunity in Educ. v. DOE*, 2026 WL 120984, at *9 (D.D.C. Jan. 16, 2026) (rejecting agency’s attempt to “repackage[] its Tucker Act challenge” as argument that “adequate alternative remedies” existed).

b. This case is not a statutory challenge to enforce past-due grant obligations.

But even setting all of the above to one side, this Court has jurisdiction for multiple other reasons as well. First, Plaintiff States’ constitutional claims in the Court’s equitable jurisdiction, ECF 51 at 43–47, do not implicate the Tucker Act at all. The Court of Federal Claims cannot grant prospective relief and generally cannot adjudicate constitutional claims.¹⁹ *Chi. Women in Trades*,

¹⁹ None of Plaintiff States’ constitutional claims fall within the narrow category of “money-mandating constitutional claims,” such as Takings Clause claims, over which the Court of Federal Claims has jurisdiction. *See Stephens v. United States*, 165 Fed. Cl. 341, 348 (Ct. Cl. 2023) (Tenth Amendment not money mandating); *Tasby v. United States*, 91 Fed. Cl. 344, 346 (Ct. Cl. 2010) (same as to separation of powers); *S.F. Unified Sch. Dist. v. AmeriCorps*, 784 F. Supp. 3d 1280, 1294 (N.D. Cal. 2025) (same as to Spending Clause).

778 F. Supp. 3d at 982. Thus, because Plaintiff States “seek prospective relief” requiring defendants to comply with the Constitution, “the Court of Federal Claims, if confronted with” Plaintiff States’ constitutional claims, “could not ‘fully adjudicate’” them. *Pres. & Fellows of Harvard Coll. v. HHS*, 798 F. Supp. 3d 77, 106–07 (D. Mass. 2025) (quoting *APHA*, 145 S. Ct. at 2661 n.1 (Barrett, J., concurring)). This Court has “jurisdiction over constitutional claims” regardless of whether they “arise from a contractual relationship with the government.” *City of St. Paul v. Wright*, 2026 WL 88193, at *4 (D.D.C. Jan. 12, 2026).

Second, the record already shows that the Targeting Directive extends far beyond grant terminations. The attempted CDC terminations were just the first stage of the Targeting Directive’s implementation. *Supra* pp. 10–12. For example, delayed FEMA disaster aid is being released to all States except Plaintiff States. *Supra* p. 12. And, due to the nature of DOT funding processes, *see supra* p. 11, Plaintiff States have no obligated grant agreements for the funds at risk there, meaning they would have no cause of action in the Court of Federal Claims. Plaintiff States’ requested relief thus would not “compensate” them for grant cancellations but rather restore the status quo, “clarify future obligations as to [their] rights,” and protect them from “future harm.” *Am. Acad. of Pediatrics v. HHS*, 2026 WL 80796, at *11 (D.D.C. Jan. 11, 2026). Such relief “provides value independent of any funds paid,” specifically the ability for Plaintiff States to carry out federally funded programs “without fear of arbitrary and abrupt termination.” *See id.*

Third, no grant terminations had even occurred when this case was filed on February 11. So none of Plaintiff States’ claims, constitutional or statutory, seek “to compel the payment of money past due under a contract.” *Great-W. Life & Annuity Ins. Co. v. Knudson*, 534 U.S. 204, 210 (2002). “[J]udicial authority depends on the state of affairs when a case begins,” not “how things turn out.” *Bush v. United States*, 100 F.4th 807, 812 (7th Cir. 2024); *see Wild v. Subscription*

Plus, Inc., 292 F.3d 526, 528 (7th Cir. 2002) (jurisdiction determined “as of the date of the filing of the suit”). Once a district court gains jurisdiction, that jurisdiction “is not defeated by subsequent events.” *Chi. Typographical Union v. Chi. Sun-Times, Inc.*, 935 F.2d 1501, 1508 (7th Cir. 1991). Otherwise, parties could never be certain they are “before a tribunal” capable of “render[ing] judgment in their case.” *Id.* Because Plaintiff States brought this action on February 11, the day before any grant terminations took effect, this suit does not challenge “grant terminations” that “already happened.” *City of Chi. v. DHS*, 2025 WL 3043528, at *11 (N.D. Ill. Oct. 31, 2025).

2. The Targeting Directive is arbitrary and capricious.

The APA directs that “arbitrary” or “capricious” agency action be “[held] unlawful and set aside.” 5 U.S.C. § 706(2)(A). An action can be arbitrary and capricious for many different reasons, including if the agency fails to “set forth its reasons for decision,” *Amerijet Int’l, Inc. v. Pistole*, 753 F.3d 1343, 1350 (D.C. Cir. 2014) (cleaned up); changes course without considering reliance interests, *DHS v. Regents of the Univ. of Cal.*, 591 U.S. 1, 30 (2020); relies on “contrived” explanations, *Dep’t of Com. v. New York*, 588 U.S. 752, 784 (2019); or bases its decision in bias or partisanship, *Level the Playing Field v. FEC*, 961 F.3d 462, 464 (D.C. Cir. 2020). Each of these flaws is present here, and so the Targeting Directive is unlawful multiple times over.

At the threshold, the Targeting Directive is final agency action subject to challenge under the APA. 5 U.S.C. § 704. The core requirements for final agency action are that the action “mark the consummation of the agency’s decisionmaking process” and be one “from which legal consequences will flow.” *Bennett v. Spear*, 520 U.S. 154, 178 (1997) (quotation omitted). The Supreme Court takes a “pragmatic approach . . . to finality,” *U.S. Army Corps of Eng’rs v. Hawkes Co.*, 578 U.S. 590, 599 (2016), and courts may “infer[] from a course of agency conduct that the agency has adopted a general policy, even in the face of agency denials of such policies existing.” *Velesaca v. Decker*, 458 F. Supp. 3d 224, 237 n.7 (S.D.N.Y. 2020). Plaintiff States have, rapidly

and in exigent circumstances, developed an ample record that OMB implemented a policy to target them with punishing funding cuts. In one particularly telling email, the OMB Chief of Staff described the coming funding cuts, which obviously constitute legal consequences, as “implementation” work for some prior (redacted) decision. OMB_000026–27. The decision has been made; both elements of the *Bennett* test are thus met. And the Targeting Directive is no less final merely because it will be implemented in various ways at the many agencies to which it was directed—through grant terminations, funding freezes, and other punishments yet to be revealed. *See, e.g., Biden v. Texas*, 597 U.S. 785, 808–09 (2022) (memorandum directing agency employees to “take all appropriate steps” to terminate program was final agency action).

Perhaps most obviously, this final agency action is unlawful because it was undertaken with no legitimate or public explanation. Indeed, defendants have made no attempt to offer *any* explanation for the Targeting Directive or the States selected for retaliatory cuts; they have declined to admit that it even exists. *See, e.g.,* ECF 43-1 at 1 (questioning “the existence of a so-called ‘Targeting Directive’”). This failure to articulate any rationale whatsoever renders the Targeting Directive per se arbitrary and capricious. *See SEC v. Chenery Corp.*, 332 U.S. 194, 196–97 (1947) (action is arbitrary and capricious where party is “compelled to guess at the theory”).

Further, and related to this failure of transparency, defendants have changed course without satisfactory reasoning and without demonstrating that they considered Plaintiff States’ “serious reliance interests.” *Regents of the Univ. of Cal.*, 591 U.S. at 30, 33; *see also Robbins v. Reagan*, 780 F.2d 37, 48 (D.C. Cir. 1985) (holding that, where an agency “determined that [a] grant was the best way to fulfill the purposes of” a program, then “[i]n rescinding that determination, the [agency is] clearly compelled to give adequate reasoning for the dramatic change of course”).

CDC’s post-hoc, AI-generated “agency priorities” explanation for grant terminations made

pursuant to the OMB Targeting Directive is yet another reason the Targeting Directive is arbitrary and capricious, because such after-the-fact “contrived” explanations cannot be reasoned decisionmaking. *Dep’t of Com.*, 588 U.S. at 784. In *Department of Commerce*, the Supreme Court held that the APA had been violated where agency decisionmakers “saw it as [their] task to ‘find the best rationale’” for a decision that had already been made—but at least there, the task of cooking up an *ex post* excuse was assigned to a human being. *Id.* at 783. In this case, defendants fed a pre-set list of Plaintiff States’ grants into an AI model with outcome-determinative instructions to “compile the strongest evidence to support termination.” ECF 44-3 at 147 (CDC_000147). The flawed prompt led, unsurprisingly, to absurd results, such as month-old grants deemed no longer compatible with priorities they presumably served just weeks before. *E.g.*, Ex. 7 (Calonge Decl.), ¶ 28; Ex. 10 (Fanelli Decl.), ¶ 13, Ex. A.

In any event, the reason why there is no legitimate basis for the Targeting Directive in any document produced by defendants is because there is none. Instead, defendants’ public statements and course of conduct reveal that the Targeting Directive was either motivated by partisan prejudice or animus toward Plaintiff States’ policies regarding civil immigration enforcement. When the President says that he will cut off funding to sanctuary jurisdictions, and then such funding cuts follow, and internal emails are citing “the President’s priorities,” OMB_000021, the Court can draw the obvious inference. *E.g.*, *Illinois v. Noem*, 2025 WL 3707011, at *12 (at summary judgment, rejecting DHS’s argument that it did not consider “sanctuary designation policy considerations” in cutting funds). “[D]ecisions featuring unjustifiable bias or partisanship are precisely the types of agency actions that . . . work a violation of the arbitrary-and-capricious standard.” *Level the Playing Field*, 961 F.3d at 464 (quotation marks omitted). Defendants have articulated no “rational connection between” Plaintiff States’ policies around cooperation with

federal immigration enforcement, on the one hand, and public health, disaster relief, or electric vehicle charging and traffic safety on the other—nor could they. *See Dep't of Com.*, 588 U.S. at 773 (stating an agency must articulate “a rational connection between the facts found and the choice made” (quoting *Motor Veh. Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983))). Thus, OMB’s Targeting Directive to cut funds to Plaintiff States based either on partisanship or those unrelated immigration policies is arbitrary and capricious agency action, in violation of the APA.

3. The Targeting Directive exceeds defendants’ statutory authority.

The administration is either conditioning billions of dollars of funding on compliance with its unrelated immigration-policy preferences, or depriving States of the same based on nothing more than arbitrary animus. Either possibility exceeds defendants’ statutory authority. Further, defendants have no statutory authority to force the impoundment of appropriated funds through the mass cancellation or freezing of awards.

Federal agencies are “charged with administering congressional statutes,” meaning “[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). This requirement applies with special force to appropriations statutes. *See Learning Resources v. Trump*, 607 U.S. ___, 2026 WL 477534, at *8 (2026) (explaining that the requirement for Congress to delegate clearly “appl[ies] with particular force where . . . the purported delegation involves the core congressional power of the purse”); *Clinton v. City of New York*, 524 U.S. 417, 448 (1998) (line-item veto of budget lines held unconstitutional). Congress, not the President, has the authority to dictate how the funds it appropriates are spent. *See CFPB v. Cmty. Fin. Servs. Ass’n of Am., Ltd*, 601 U.S. 416, 431 (2024).

In this case, Congress has directed that money be spent on public health, transportation, and disaster recovery. “When Congress limits the purpose for which a grant can be made, it can

be presumed that it intends that the dispersing agency make its allocations based on factors solely related to the goal of implementing the stated statutory purposes in a reasonable fashion, *rather than taking irrelevant or impermissible factors into account.*” *Robbins*, 780 F.2d at 48 (emphasis added). Some of the statutes at issue command the agency to allocate specific funds to each State. *See, e.g.*, 42 U.S.C. § 300w-1 (Preventative Health and Health Services Block Grant). It is especially clear that defendants lack authority to condition or withhold federal funds under such “formula” programs. *City of Chi. v. Barr*, 961 F.3d at 906. Other programs confer some discretion about where to direct the funds, but Congress has still specified purposes for them. *E.g.*, 42 U.S.C. § 247b (“establishing and maintaining preventive health service programs”); *id.* § 5170c (“reduce the risk of, or increase resilience to, future damage, hardship, loss, or suffering in any area affected by a major disaster”); 49 U.S.C. § 6701(d), (f) (eligible transportation projects selected by statutory criteria). So, even though the agencies retain some discretion in allocating funds, they must exercise that authority within the parameters set by Congress.

Even at this preliminary stage, the factual record shows, for one, that the Targeting Directive exists. *See supra* pp. 6–8. And it shows that the Directive has imposed cross-agency cuts and freezes based on Plaintiff States’ refusal to cooperate with federal immigration enforcement, general political animus, or both. *See, e.g.*, ECF 44-3 at 132, 137 (CDC_0000132, 137) (HHS and CDC funding priorities related to immigration); *supra* p. 6 (the President’s repeated statements in January 2026 that “sanctuary” jurisdictions were about to be targeted). Neither immigration enforcement nor political animus is remotely related to the goals set forth by Congress in the authorization statutes, so cancelling or freezing access to funds based on those unrelated interests is unlawful. *See Robbins*, 780 F.2d at 48 (“It would clearly be impermissible, for example, for the agency to rescind a commitment because it develops personal animus toward the original recipient

. . . .”); *State Hwy. Comm’n v. Volpe*, 479 F.2d 1099, 1114 (8th Cir. 1973) (an agency could not withhold federal highway funds in furtherance of an unrelated goal—combating inflation).

In addition, defendants may not cancel portions of congressional appropriations by terminating or freezing awards. Congress set the amount of money to be spent per program in the relevant appropriations laws when it omitted any discretionary language from the text of those laws. *See* Pub. L. No. 118-47, 138 Stat. at 653–54; *Train v. City of New York*, 420 U.S. 35, 43–44 (1975). At the agency level, even CDC agrees, reminding OMB in its Budget Data Request submission that the FY 2024 appropriation “set[] a cap *and a floor*” for its budget on each program it administers. *See* Ex. 3 (Krajewski Decl.) ¶ 4, Ex. A (CDC_001297) (emphasis added). Yet defendants’ cuts and freezes include monies that already have or will soon expire, impossible to re-obligate to new recipients. *See* 31 U.S.C. § 1301(c)(2) (default is that appropriation is available for one fiscal year); 23 U.S.C. § 118(b) (three years for highway-aid funds). By cancelling or indefinitely holding Plaintiff States’ awards, defendants would wipe away funding Congress intended to be spent on public health and infrastructure and thereby violate the appropriation statutes setting the required funding levels.

4. Defendants’ actions violate the Constitution.

Federal courts possess the power in equity to “grant injunctive relief . . . with respect to violations of federal law by federal officials.” *Armstrong v. Exceptional Child Ctr., Inc.*, 575 U.S. 320, 326–27 (2015). The President’s actions may be reviewed for their constitutionality. *See Franklin v. Massachusetts*, 505 U.S. 788, 801 (1992). So “the availability of an APA cause of action” does not “foreclose[] other causes of action,” such as constitutional claims in equity. *Sierra Club v. Trump*, 929 F.3d 670, 699 (9th Cir. 2019).

a. Defendants’ actions violate the separation of powers.

The Targeting Directive and defendants’ implementing actions to withhold funding to

Plaintiff States due to their so-called status as “sanctuary jurisdictions” violate the separation of powers because, as explained, *supra* pp. 2–4, 22–23, Congress has not delegated the authority to spend less than what was appropriated—for any reason let alone those reasons. The Constitution delineates a separation of powers between the executive and legislative branches. *See Youngstown Sheet & Tube Co. v. Sawyer*, 343 U.S. 579, 585 (1952). It vests in Congress all legislative powers and prescribes a specific procedure by which laws may be enacted, U.S. Const. art. I, §§ 1, 7, cls. 2, 3, and similarly gives Congress “control of the purse,” *Biden v. Nebraska*, 600 U.S. 477, 505 (2023). And the Constitution imposes on the President a duty to “take Care that the Laws be faithfully executed.” U.S. Const. art. II, § 3.

The Targeting Directive transgresses all these limits on executive branch power by terminating grants, rewriting authorization statutes, and ultimately withholding appropriations to “pursue the policy objectives of the executive branch through the power of the purse.” *City of Chi. v. Barr*, 961 F.3d at 887. None of the statutes that dictate the objectives and requirements of these grant programs authorize executive action based on disagreement with the President’s immigration policies or partisan leanings. *See supra* pp. 2–4. Nor does the President have “‘exclusive’ and ‘conclusive’” power on this issue. *Zivotofsky ex rel. Zivotofsky v. Kerry*, 576 U.S. 1, 10 (2015) (quoting *Youngstown*, 343 U.S. at 637–38 (Jackson, J., concurring)). On the contrary, the President has “none of his own constitutional powers to rely upon when it comes to spending.” *City & Cnty. of San Francisco v. Trump*, 897 F.3d 1225, 1233–34 (9th Cir. 2018) (cleaned up). So the Targeting Directive violates the separation of powers.

b. Defendants’ actions violate the Spending Clause.

Plaintiff States are also likely to succeed on their Spending Clause claims. The Spending Clause requires “clear notice” of conditions and prohibits “surprising participating States with post acceptance or ‘retroactive’ conditions.” *Pennhurst State Sch. & Hosp. v. Halderman*, 451 U.S. 1,

25 (1981). “Respecting this limitation” that a “State voluntarily and knowingly accepts” conditions on federal funds is critical to protecting “the status of the States as independent sovereigns in our federal system.” *Nat’l Fed’n of Indep. Bus. v. Sebelius*, 567 U.S. 519, 577 (2012) (quoting *Pennhurst*, 451 U.S. at 17). Funding conditions must similarly be germane—i.e., “reasonably related to the purpose of the expenditure.” *New York v. United States*, 505 U.S. 144, 172 (1992).

Defendants violated the Spending Clause by surreptitiously imposing post-acceptance, non-germane immigration conditions on all funding via the Targeting Directive. As explained, *supra* p. 8, the decision to cut funding was made by the President and OMB to punish four States based on their sovereign choices, in particular regarding the use of state resources for immigration enforcement. Non-targeted States continue to receive the same grants for materially identical purposes, *see e.g.*, Ex. 7 (Calonge Decl.), ¶¶ 34, 40; Ex. 9 (Underwood Decl.), ¶ 13; making clear that the real reason for the action was to make an example of Plaintiff States for failing to accede to the President’s demands regarding immigration enforcement. Even if such an “immigration cooperation” condition were lawful (which it is not, *see Illinois v. FEMA*, 801 F. Supp. 3d 75), defendants provided no notice at the time of acceptance that funding could be terminated for this reason. That violates the Spending Clause’s prohibition on retroactive conditions.

Defendants may argue, as they have before, that the applicable spending conditions here are the “agency priorities” conditions that Plaintiff States purportedly accepted with regard to a subset of the targeted grants at CDC. *See* ECF 43-1 at 30. But those conditions are irrelevant, because the challenged action here is not that subset of CDC grant terminations, but rather the overarching Targeting Directive. Moreover, even if the CDC “agency priorities” condition were at issue here—which it is not—it, too, is an unlawful retroactive condition that did not apply to most CDC awards when they were issued. *Compare* 89 Fed. Reg. 80055 (Oct. 2, 2024) (new OMB

regulations adopted as of October 1, 2025), *with* 45 C.F.R. § 75.372 (2025) (listing grounds for termination that do not include changes in “agency priorities”). Neither did any Plaintiff State accept the “agency priorities” condition after the fact.²⁰ So any attempt to apply it to this case would be an independent Spending Clause violation. *See* ECF 51 ¶ 204.

Finally, the administration’s demand for state submission to federal immigration enforcement goals is also wholly unrelated to the purposes of the expenditures the Targeting Directive threatens, and unlawful for that independent reason. The cuts announced thus far relate to public health, transportation infrastructure, and disaster relief, not immigration enforcement. By foisting this impermissible retroactive and non-germane funding demand on Plaintiff States—to give up their sovereignty or risk devastating cuts—defendants have violated the Spending Clause.

B. The equities compel preliminary injunctive relief.

Absent preliminary relief, the Targeting Directive would inflict irreparable harm on Plaintiff States’ independent role in our system of dual sovereignty. The invasion of state sovereignty “cannot be economically quantified” and thus constitutes irreparable harm. *Tennessee v. Dep’t of Educ.*, 104 F.4th 577, 613 (6th Cir. 2024) (quotation omitted); *see also Ohio v. EPA*, 603 U.S. 279, 291 (2024) (impairment of States’ “sovereign interests in regulating their own industries and citizens” is irreparable harm). Irreparable harm would also redound to Plaintiff States’ public health systems, critical transportation infrastructure, and disaster recovery efforts. *See, e.g., Wolf*, 962 F.3d at 234 (“potentially dire public health consequences” constitute irreparable harm). In contrast, defendants “cannot suffer harm from an injunction that merely ends an unlawful practice.” *Rodriguez v. Robbins*, 715 F.3d 1127, 1145 (9th Cir. 2013). Accordingly, the balance of harms tips decisively in Plaintiff States’ favor.

²⁰ Ex. 5 (Thoele Decl.), ¶ 29, Ex. A; Ex. 7 (Calonge Decl.), ¶ 71, Ex. B–D; Ex. 9 (Underwood Decl.), ¶¶ 15 (Ex. B–C), 41 (Ex. J–K); Ex. 10 (Fanelli Decl.), ¶¶ 16, 53.

At the outset, Plaintiff States’ public health infrastructure will be devastated if CDC implements the Targeting Directive as planned. Plaintiff States cannot replace more than \$600 million in critical public health funding; thus, the announced cuts would leave their public health systems with less staff and poorer equipment, putting patients’ health and lives at risk. The loss of PHIG funding alone, which funds public health infrastructure and hundreds of public health jobs in Plaintiff States, *see supra* n.1, demonstrates this irreparable harm. Illinois, for instance, uses PHIG funds to pay disease surveillance teams and support emergency preparedness work. *See* Ex. 5 (Thoele Decl.), ¶¶ 34–36. Similarly, California uses PHIG funds to address dangerous cyanobacteria blooms, and to pay experienced epidemiologists to mentor junior staff. *See* Ex. 10 (Fanelli Decl.), ¶¶ 14, 62. The loss of PHIG funding would undermine similar critical efforts in all Plaintiff States,²¹ and the same is true for the other threatened public health grants.²²

The Targeting Directive’s \$943 million in transportation cuts would also inflict lasting harm by upending projects in which Plaintiff States have already heavily invested. Infrastructure projects like highways, bridges, and EV charging sites take years of planning and coordination once funding has been allocated. *See, e.g.*, Ex. 17 (Solberg Decl.), ¶ 22; Ex. 15 (Lakhchaura Decl.), ¶ 5; Ex. 18 (Duncan Decl.), ¶ 13. Plaintiff States, in reliance on DOT awards, have expended significant resources in planning and constructing these projects—work that would be delayed or cease altogether if funding is withheld. *See, e.g.*, Ex. 16 (Strife Decl.), ¶¶ 5–17; Ex. 13 (McMahon Decl.), ¶¶ 13–14, 22–23; Ex. 19 (O’Dea Decl.), ¶¶ 12, 25. Even if funding is later provided or

²¹ *See* Ex. 5 (Thoele Decl.), ¶¶ 34–42; Ex. 7 (Calonge Decl.), ¶¶ 58–61; Ex. 9 (Underwood Decl.), ¶¶ 63–65; Ex. 10 (Fanelli Decl.), ¶¶ 14–15, 58–68; Ex. 6 (Ige Decl.), ¶¶ 15–19, 22–23; Ex. 8 (McGowan Decl.), ¶ 14–16; Ex. 11 (Ferrer Decl.), ¶¶ 22–23.

²² *E.g.*, Ex. 5 (Thoele Decl.), ¶ 49 (termination of Viral Hepatitis Prevention blinds efforts to track epidemic impacting over 50,000 Illinoisans); Ex. 7 (Calonge Decl.), ¶ 67–69 (termination of High Impact HIV disrupts ability to prevent, detect, and treat HIV); Ex. 9 (Underwood Decl.), ¶ 67 (termination of PHHS eliminates support to 50 rural local public health departments); Ex. 10 (Fanelli Decl.), ¶ 70 (termination of CalBRACE impacts support to California Tribes to protect members against heat waves, wildfires, and floods).

restored, abandoned projects cannot simply pick up where they left off—and in the meantime, unsafe traffic conditions will persist, threatening public safety. *See, e.g.*, Ex. 14 (Brockway Decl.), ¶¶ 14, 17; Ex. 13 (McMahon Decl.), ¶¶ 14, 20–21; Ex. 18 (Duncan Decl.), ¶¶ 5–6, 12–13.

Additionally, the harm caused by FEMA’s refusal to issue disaster recovery funds to Plaintiff States pursuant to the Targeting Directive is “real and not compensable.” *See Illinois v. FEMA*, 801 F. Supp. 3d at 97–98. After a presidentially declared major disaster, Plaintiff States depend on FEMA funds for immediate search-and-rescue efforts and, later, the repair of damaged or dangerous infrastructure. *See, e.g.*, Ex. 20 (Kuetemeyer Decl.), ¶¶ 10, 17–21. The Plaintiff States together have more than 20 active or pending disaster awards totaling billions of dollars,²³ and Plaintiff States’ need for these funds is particularly acute and time-sensitive: new disasters could strike at any time, and under-funded responses could lead directly to loss of human life. *See, e.g.*, Ex. 22 (Farole Decl.) ¶¶ 16–17, 22; Ex. 23 (Fennig Decl.) ¶¶ 17, 20.

Finally, “there is a substantial public interest in having governmental agencies abide by the federal laws that govern their existence and operations.” *League of Women Voters of U.S. v. Newby*, 838 F.3d 1, 12 (D.C. Cir. 2016) (cleaned up). And the public has a strong reliance interest in preserving federal funds that support life-saving public health programs, infrastructure projects, and disaster recovery. *See Camelot Banquet Rooms, Inc. v. SBA*, 24 F.4th 640, 644 (7th Cir. 2022) (public interest “takes into account the effects of a decision on non-parties.”).

C. If relief is denied, the Court should grant a short-duration injunction pending appeal.

If relief is denied, Plaintiff States request a limited 14-day injunction pending appeal to afford them a chance to seek relief from the sudden and irreparable harm that will befall them upon

²³ California has 22 active or pending disaster awards totaling over \$2.8 billion, Ex. 23 (Fennig Decl.), ¶¶ 8-9, Colorado has 5 active or pending disaster awards totaling nearly \$2.3 billion, Ex. 21 (Haney Decl.), ¶¶ 8–9, Illinois has 7 active or pending disaster awards totaling over \$2.4 billion, Ex. 20 (Kuetemeyer Decl.), ¶¶ 8-9, and Minnesota has 9 active or pending disaster awards totaling over \$175 million, Ex. 22 (Farole Decl.), ¶¶ 7–8.

dissolution of the TRO. *See* Fed. R. Civ. P. 62(d); Fed. R. App. P. 8(a)(1)(C). Plaintiff States have “a good enough case on the merits for the balance of harms to entitle [them] to an injunction pending an expedited appeal that will enable the merits to be fully briefed and argued.” *Cavel Int’l, Inc. v. Madigan*, 500 F.3d 544, 549 (7th Cir. 2007).

V. CONCLUSION

For the foregoing reasons, Plaintiff States respectfully request that the Court:

1. Preliminarily enjoin and enter a 5 U.S.C. § 705 stay of the Targeting Directive;
2. Enjoin defendants (except for the President) against implementing the Targeting Directive by suspending, canceling, or terminating the CDC grants noticed to Congress on February 9, the CDC grants noticed to Congress on February 11, the \$943 million in DOT grants identified by defendants for suspension or termination, and all requested obligations under Stafford Act programs and the Flood Mitigation Assistance program, as to plaintiffs, including their instrumentalities, subdivisions, and bona fide fiscal agents of the same;
3. Enjoin defendants (except for the President) against implementing the Targeting Directive or any other materially similar order, memorandum, or practice under which Vought, OMB, or the President directs federal agencies to subject plaintiffs to targeted action by suspending, canceling, terminating, or otherwise impeding access to federal funds by plaintiffs, including their instrumentalities, subdivisions, and bona fide fiscal agents of the same; and
4. Require written notice of the Court’s order to defendants, their officers, agents, employees, and any other persons in active concert or participation with them in the award and disbursement of federal funds to plaintiffs; and
5. Direct defendants to file a notice within seven days of the Court’s order of their compliance with the order.

Dated: March 6, 2026

ROB BONTA

Attorney General of California

By: /s/ Harald H. Kirn

R. MATTHEW WISE*

KATHLEEN BOERGERS

Supervising Deputy Attorneys General

HARALD H. KIRN

CHRISTOPHER KISSEL*

CARTER JANSEN*

DAVID GREEN*

Deputy Attorneys General

California Office of the Attorney General

1300 I Street

Sacramento, CA 95814

916-210-6111

Harald.Kirn@doj.ca.gov

Christopher.Kissel@doj.ca.gov

Carter.Jansen@doj.ca.gov

David.Green@doj.ca.gov

Counsel for the State of California

KWAME RAOUL

Attorney General of Illinois

By: /s/ R. Henry Weaver

CARA HENDRICKSON

Executive Deputy Attorney General

KATHARINE ROLLER

Complex Litigation Counsel

SARAH HUNGER

Deputy Solicitor General

MATTHEW FREILICH

SHERIEF GABER

MOLLY MAUCK

AKANKSHA SHAH

R. HENRY WEAVER

BRIANNA YANG

Assistant Attorneys General

Office of the Illinois Attorney General

115 South LaSalle Street

Chicago, Illinois 60603

(312) 814-3000

Cara.Hendrickson@ilag.gov

Katharine.Roller@ilag.gov

Sarah.Hunger@ilag.gov

Sherief.Gaber@ilag.gov

Molly.Mauck@ilag.gov

Robert.Weaver@ilag.gov

Counsel for the State of Illinois

PHILIP J. WEISER

Attorney General of Colorado

By: /s/ David Moskowitz

DAVID MOSKOWITZ

Deputy Solicitor General

SARAH H. WEISS

Senior Assistant Attorney General

Ralph L. Carr Judicial Center

1300 Broadway, 10th Floor

Denver, CO 80203

(720) 508-6000

David.Moskowitz@coag.gov

Sarah.Weiss@coag.gov

Counsel for the State of Colorado

* Pro Hac Vice Forthcoming

KEITH ELLISON

Attorney General of Minnesota

By: /s/ Katherine Bies

KATHERINE BIES

ED STOCKMEYER

Assistant Attorneys General

Office of the Minnesota Attorney General

445 Minnesota Street, Suite 600

St. Paul, Minnesota 55101

(651) 300-0917

Katherine.Bies@ag.state.mn.us

Ed.Stockmeyer@ag.state.mn.us

Counsel for the State of Minnesota

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

**INDEX OF EXHIBITS
TO PLAINTIFF STATES' MOTION FOR PRELIMINARY INJUNCTION**

I. DEFENDANTS' PRODUCTION

No.	Document Title
1	Excerpts of March 2, 2026, document production from defendant Office of Management and Budget (OMB)
2	Excerpts of March 2, 2026, document production from defendant Centers for Disease Control and Prevention (CDC)

II. DECLARATIONS

No.	Declarant Name	Declarant Title
3	Stefanie Krajewski	Legal Assistant, Office of the Illinois Attorney General
4	Sherief Gaber	Assistant Attorney General, Office of the Illinois Attorney General
5	Ashley Thoele	Chief Operating Officer, Illinois Department of Public Health
6	Olusimbo Ige	Commissioner, Chicago Department of Public Health

No.	Declarant Name	Declarant Title
7	Ned Calonge	Chief Medical Officer, Colorado Department of Public Health and Environment
8	Karin McGowan	Executive Director, Department of Public Health and Environment for the City and County of Denver
9	Wendy Underwood	Deputy Commissioner, Minnesota Department of Health
10	Susan Fanelli	Chief Deputy Director of Health Quality and Emergency Response, California Department of Public Health
11	Barbara Ferrer	Director, Los Angeles County Department of Public Health
12	Theresa Maldonado	Vice President for Research & Innovation, University of California, Office of the President
13	Tim McMahon	Federal Affairs Bureau Chief, Illinois Department of Transportation
14	Lisa Brockway	Fiscal Administrator, Illinois Secretary of State's Office, Department of Driver Services
15	Megha Lakhchaura	Electric Vehicle Officer, Illinois Environmental Protection Agency
16	Susie Strife	Director, Boulder County Office of Sustainability, Climate Action and Resilience
17	Jon Solberg	Assistant Commissioner for Sustainability, Planning, and Program Management, Minnesota Department of Transportation
18	Keith Duncan	Chief, Caltrans Division of Budgets, California Department of Transportation
19	James O'Dea	Assistant Deputy Director, Transportation Electrification, California Department of Transportation
20	Clayton Kuetemeyer	Deputy Director, Illinois Emergency Management Agency and Office of Homeland Security
21	Michael Haney	Director of the Office of Preparedness, Division of Homeland Security and Emergency Management, Colorado Department of Public Safety

No.	Declarant Name	Declarant Title
22	Allison Farole	Director of Homeland Security and Emergency Management, Minnesota Department of Public Safety
23	Robyn Fennig	Deputy Director for Recovery and State Hazard Mitigation Officer, California Governor's Office of Emergency Services

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 1

Excerpts of March 2, 2026 document production from defendant
Office of Management and Budget (OMB)

Grant Awards

From: Sullivan, Katharine T. EOP/OMB - PII
To: Matthew Buckham <matthew.buckham@hhs.gov>, Stefanie Spear <stefanie.spear@hhs.gov>
Cc: Kenneth Callahan <kenneth.callahan@hhs.gov>, Wasserman, Daniel F. WHO/OMB - PII
Bcc: "Sullivan, Katharine T. EOP/OMB" <PII>
Date: Sat, 17 Jan 2026 15:23:54 -0500

Hello All -

Thank you for the productive conversations Friday regarding DPP

DPP

DPP

Please send a list of DPP

DPP

DPP

DPP

DPP

It would be my assumption DPP

DPP

DPP

Thank you for your attention to this matter. OMB may be DPP

DPP

Thanks for your willingness to be team players and to support the President's priorities! I am always available for further instruction or concerns -

Katie

PII

Sent from my iPhone

PMC Deputies Call

From: "Ueland, Eric M. EOP/OMB" <PII >

To:

PII

Cc: "Sullivan, Katharine T. EOP/OMB" <PII >, "Paoletta, Mark R. EOP/OMB" <PII >

Date: Thu, 22 Jan 2026 23:02:35 -0500

Good evening—

To follow up on Wednesday afternoon's PMC call, I'm pulling us together tomorrow at 12:30 PM about DPP

DPP

The purpose of the call is to DPP

DPP

DPP

This can include actions

DPP

During the meeting each agency should be prepared to briefly outline:

DPP

Mark Paoletta and Katie Sullivan will join us again. I look forward to the conversation, and seeing you tomorrow at 12:30 PM.

Thank you.

My best,
eric

Eric Ueland
Deputy Director for Management
Office of Management and Budget
PII (cell yes text no)

Friday PMC follow up

From: Sullivan, Katharine T. EOP OMB - PII
To: Steven Bradbury <PII>, PII, West Cuthbert <west.cuthbert@hhs.gov>, PII, PII, PII
Cc: Hal P. Duncan EOP OMB <harold.p.duncan@omb.eop.gov>, Mark Paoletta, PII
Bcc: "Sullivan, Katharine T. EOP/OMB" <PII>
Date: Sun, 25 Jan 2026 19:14:56 -0500

Good evening all!

I hope you are safe and warm! You all had some very intriguing ideas for DPP. We so appreciate your creativity and willingness to dive in to this important action for the President.

DPP

DPP

DPP

DPP

DPP Thank you again for your assistance and as the day progresses we can talk with other members of your team as appropriate. And please do not hesitate to reach out to me with any questions or concerns!

Best
Katie Sullivan
Chief of Staff
OMB
PII

NOTES;

AG:

DPP
DPP
DPP

Commerce:

DPP
DPP

Education:

Energy:

DPP
DPP

CDC:

DPP

Interior:

DPP [Redacted]

DPP [Redacted]

DPP [Redacted]

DPP [Redacted]

DPP [Redacted]

Transpo:

DPP [Redacted]

DPP [Redacted]

EPA:

DPP [Redacted]

Sent from my iPhone

Re: Grant Awards - Implementation Call follow up

From: "Sullivan, Katharine T. EOP/OMB" <PII [REDACTED]>
To: Matthew Buckham <matthew.buckham@hhs.gov>
Cc: Stefanie Spear <stefanie.spear@hhs.gov>, Kenneth Callahan <kenneth.callahan@hhs.gov>, "Wasserman, Daniel F. EOP/WHO" <PII [REDACTED]>, Miller JC <james.miller@hhs.gov>, Caitrin Shuy <caitrin.shuy@hhs.gov>, Cristina Del Rosso <cristina.delrosso@hhs.gov>, Gustav Chiarello <gustav.chiarello@hhs.gov>, John Walker <john.walker@hhs.gov>
Date: Mon, 02 Feb 2026 13:38:01 -0500

DPP [REDACTED]

Thank you!
Katie
Sent from my iPhone

On Feb 2, 2026, at 11:20 AM, Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov> wrote:

Thanks Katie,

Let me give you a quick call.

DPP [REDACTED]

DPP [REDACTED]

Please have any White House colleagues reach out to me directly for any clarification. I'll call you and Dan.

PII [REDACTED]

Matt

Get [Outlook for iOS](#)

From: Sullivan, Katharine T. EOP/OMB <PII [REDACTED]>
Sent: Sunday, February 1, 2026 7:11:21 PM
To: Sullivan, Katharine T. EOP/OMB <PII [REDACTED]>; Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; Spear, Stefanie (HHS/IOS) <Stefanie.Spear@hhs.gov>
Cc: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO <PII [REDACTED]>; Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>
Subject: RE: Grant Awards - Implementation Call follow up

Thanks to those of you that participated in DPP call coordinated by DCOS/P (Dan Wasserman included above). DPP

DPP specific question which may give the team ideas about how to approach this project: DPP

DPP
DPP

JC I will pass what you sent to the EOP team, I believe DPP

DPP let me confirm. Thank you! Let me know if you have questions or concerns –

Katie Sullivan

From: Sullivan, Katharine T. EOP/OMB <PII [REDACTED]>
Sent: Saturday, January 17, 2026 3:24 PM
To: Matthew Buckham <Matthew.Buckham@hhs.gov>; Stefanie Spear <stefanie.spear@hhs.gov>
Cc: Kenneth Callahan <kenneth.callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO <PII [REDACTED]>
Subject: Grant Awards

Hello All -

Thank you for the productive conversations Friday regarding DPP [REDACTED]

DPP [REDACTED]

Please send a list of the DPP [REDACTED]

DPP [REDACTED]

DPP [REDACTED]

DPP [REDACTED]

DPP [REDACTED]

It would be my assumption DPP [REDACTED]

DPP [REDACTED]

Thank you for your attention to this matter. OMB may be DPP [REDACTED]

DPP [REDACTED]

Thanks for your willingness to be team players and to support the President's priorities! I am always available for further instruction or concerns -

Katie

PII



Sent from my iPhone

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 2

Excerpts of March 2, 2026 document production from defendant
Centers for Disease Control and Prevention (CDC)



66 Work Plans

From Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Date Sat 2/7/2026 1:22 AM

To Le, Quy (ACF) <Quy.Le@acf.hhs.gov>; Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>

Cc Jordan, Kody (CDC/OD/OCS) <aw85@cdc.gov>

Let me know of any issues, etc.

Jordan Faircloth
Deputy Chief of Staff, CDC
(770) 797-8208
ba43@cdc.gov

From: Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>

Sent: Friday, February 6, 2026 8:12 PM

To: Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Subject: Legier, Jamie W. (CDC/OCOO/OFR/OGS) shared the folder "Application project" with you



**Legier, Jamie W.
(CDC/OCOO/OFR/OGS) invited you
to view a folder**

The documents for the 66 grants are in this folder. Let me know if you have issues accessing. Jamie



Application project

 This invite will only work for you and people with existing access.

Open

Share



This email is generated through CDC's use of Microsoft 365 and may contain content that is controlled by CDC.



RE: Active Grants - CO, CA, MN & IL

From Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>

Date Mon 1/26/2026 8:12 PM

To Beyda, Sam (CDC/IOD) <bh15@cdc.gov>; Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>

Cc Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>; Messick, Jon (CDC/OCOO/OFR/OGS) <yfa4@cdc.gov>

Good Afternoon, Sam!

Here is the UPDATED spreadsheet with requested information: 
[UPDATED Data Request SB2 - 1-26-26.xlsx](#)

If there are any awards where the abstract column says N/A and you need that information – just let me know and I can add it.

Please let me know if you have questions or need further information.

Thanks!
Shirley

From: Byrd, Shirley K. (CDC/OCOO/OFR/OGS)
Sent: Friday, January 23, 2026 9:13 AM
To: Beyda, Sam (CDC/IOD) <bh15@cdc.gov>; 'Beyda, Sam (OS/IOS)' <Sam.Beyda@hhs.gov>
Cc: Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>; Messick, Jon (CDC/OCOO/OFR/OGS) <yfa4@cdc.gov>
Subject: RE: Active Grants - CO, CA, MN & IL

Good Morning Sam!

Attached is the updated spreadsheet with the additional information you requested.

- Tabs 1-4 are broken out by state and show total funds that have been obligated to each recipient (Column F) and current PMS balances (Column H)
 - Each state is sorted by amounts obligated from largest to smallest amounts.
 - Filters available to sort by both recipient and recipient type
- Tab 5 is estimated future funding for all recipients in the 4 states.
 - Estimate was calculated on previous award amounts excluding any special funding, such as COVID, MPOX etc
 - This estimate is for the next annual award amount
 - At the top of the tab in row 1, there is a filter so you can view by each state.

Please let me know if you have any questions or if I can provide any clarification on the information provided. These spreadsheets can get busy and cumbersome.

Thank you & Happy Friday!
Shirley

From: Byrd, Shirley K. (CDC/OCOO/OFR/OGS)
Sent: Thursday, January 22, 2026 3:35 PM

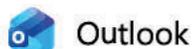
To: Beyda, Sam (CDC/IOD) <bh15@cdc.gov>; 'Beyda, Sam (OS/IOS)' <Sam.Beyda@hhs.gov>
Cc: Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bz13@cdc.gov>; Messick, Jon
(CDC/OCOO/OFR/OGS) <yfa4@cdc.gov>
Subject: Active Grants - CO, CA, MN & IL

Good Afternoon –

As requested, attached are the active awards for Colorado, California, Minnesota, and Illinois. Each state is on a separate tab and sorted by entity type (Column E). Please let me know if you have questions or would like additional information.

Thank you,

Shirley



Outlook

Agency Priorities Grant Review

From Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>

Date Fri 2/6/2026 12:36 AM

To Miller, JC (HHS/IOS) <James.Miller@hhs.gov>

Cc Del Rosso, Cristina (HHS/OGC) <Cristina.Delrosso@hhs.gov>

<https://nypost.com/2026/02/04/us-news/white-house-instructs-dot-cdc-to-cut-1-5b-in-woke-green-grants-for-dem-states/>

JC, this article came out yesterday. Can you please ensure you incorporate these into the standard process of grants for alignment to agency priorities?

ACP

Get [Outlook for iOS](#)



TRENDING NOW IN US NEWS



CEO who grabbed teen's neck, tossed him to floor for splashing...



Super-secretive Bohemian Grove society members...



'Dangerous' Somer trucker busted driving wrong way on...

POLITICS EXCLUSIVE

White House instructs DOT, CDC to cut \$1.5B in grants for Dem states, citing 'waste and mismanagement'

By Josh Christenson

Published Feb. 4, 2026
Updated Feb. 4, 2026, 3:11 p.m. ET

206

Listen to Hillary Clinton's closed-door opening statement during her House Oversight deposition on Jeffrey Epstein

TODAY'S VIDEO HEADLINES

WASHINGTON — President Trump's budget office is instructing the Department of Transportation and Centers for Disease Control and Prevention to claw back more than \$1.5 billion from blue states on grounds the money was being mishandled, officials told The Post.

The Office of Management and Budget (OMB) told the DOT Wednesday to cancel more than \$943 million, while the CDC was ordered to nix at least \$602 million meant for California, Colorado, Illinois and Minnesota.

An OMB spokesperson said that the states were being targeted for "waste and mismanagement" of taxpayer funds.

Illinois was slated to receive the largest of the transportation-related grants, with \$100 million provided to the state's Environmental Protection Agency to build electric vehicle (EV) charging stations. A DOT spokesman confirmed the cuts were being carried out.

"Time and time again, the Trump Administration has attempted to politicize and punish certain states President Trump does not like," a spokesperson for Illinois Gov. JB Pritzker's office said in a statement. "It's wrong and often illegal, so Illinois will always fight for the resources and services our taxpayers are owed."

The health care money, some of which was passed under former President Joe Biden, funded research on Diversity, Equity and Inclusion (DEI) initiatives or transgender medicine that was "not in line with administration policy," according to White House officials.

EXPLORE MORE



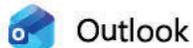
CEO who grabbed teen's neck, tossed him to floor for splashing drink on his wife learns his fate



Super-secretive Bohemian Grove society members allegedly leaked as who's who of celebrity elite



'Dangerous' Somali trucker busted driving wrong way on highway couldn't read road signs, failed English test



RE: BDR - 26-9 Federal Awards to Entities in Select States

From Falisi, Angela (OS/ASFR) <Angela.Falisi@hhs.gov>
Date Fri 1/30/2026 9:17 PM
To Nutt, Dawayne (HHS/ASFR) <Dawayne.Nutt@hhs.gov>
Cc Johnson, Shaina (HHS/ASFR) <Shaina.Johnson@hhs.gov>

 1 attachment (274 KB)
CDC FY25 and FY26 Awards.xlsx;

Thank you – appreciate the heads up

From: Nutt, Dawayne (HHS/ASFR) <Dawayne.Nutt@hhs.gov>
Sent: Friday, January 30, 2026 4:15 PM
To: Falisi, Angela (OS/ASFR) <Angela.Falisi@hhs.gov>
Subject: FW: BDR - 26-9 Federal Awards to Entities in Select States

I am sending as an FYI the CDC response to the Federal Awards to Entities in Select States.

From: Holloway, Coretta (CDC/OCOO/OFR/OBS) <fhq2@cdc.gov>
Sent: Friday, January 30, 2026 2:45 PM
To: Nutt, Dawayne (HHS/ASFR) <Dawayne.Nutt@hhs.gov>
Cc: Green, Jamie (CDC/OCOO/OFR/OBS) <usm7@cdc.gov>; Dunn, Evelyn (CDC/OCOO/OFR/OBS) <edm2@cdc.gov>
Subject: BDR - 26-9 Federal Awards to Entities in Select States

Hi Dawayne,

Thank you for the additional time to complete.

Please see attached submission.

Best,

Coretta Holloway

Office of Budget Services
Budget Formulation Branch
Centers for Disease Control and Prevention (CDC)
fhq2@cdc.gov | 770-488-1501 office



Coretta

From: Nutt, Dawayne (HHS/ASFR) <Dawayne.Nutt@hhs.gov>

Sent: Thursday, January 22, 2026 8:12 AM

To: OS - BUDG OPDIV Contacts <OS-BUDGOPDIVContacts@hhs.gov>; OS - BUDG non-GDM StaffDiv Contacts <OS-BUDGnon-GDMStaffDivContacts@hhs.gov>

Subject: BDR - 26-9 Federal Awards to Entities in Select States

Colleagues,

Attached for your review is BDR 26-9 Federal Awards to Entities in Select States. Please review and submit by COB Monday, January 26th. The purpose is to collect a detailed report on Federal Awards provided to components, agencies, or instrumentalities of certain States.

DUE DATES: Agency Responses due to ASFR: COB Monday, January 26th
ASFR revised responses due to RMOs: COB Wednesday, January 28, 2026
RMOs Review of Agency Responses: COB Friday, January 30, 2026

CONTACTS: Agency-Specific Questions: OMB RMO Contact(s)
Note: BRD will provide guidance to RMOs on how to handle general questions, and where to submit agency responses.

Background: The purpose of this BDR is to collect a detailed spending report on Federal funds provided to entities in a select list of States. This information will be used to better understand the scope of funding in certain States and localities in order to facilitate efforts to reduce the improper and fraudulent use of those funds through administrative means or legislative proposals to Congress.

Action Required: All Federal Departments and Agencies should complete the attached template ([Attachment A](#)) to provide a detailed spending report on all Federal funds, as defined below, that are provided to components, agencies, or instrumentalities of certain States. The list of States is included in [Attachment B](#). Agencies are required to include all programs and projects. This is a data-gathering exercise only. It does not involve withholding funds, and therefore does not violate any court order. If your agency counsel believes otherwise, they should immediately contact OMB OGC.

Agencies should provide as much information as possible by this deadline. If agencies do not have any spending to report, they should notify their OMB RMO representative. Agencies should also reach out to your RMO if there are issues with providing some of this information by the deadline.

Scope of Federal Funds: Agencies should report on Federal funding provided to any components, agencies, or instrumentalities of the States listed in [Attachment B](#). This includes all grants (including grants then provided as subcontracts or subgrants to other entities), cooperative agreements, loans, contracts (including subcontracts), and other monetary awards.

Agency reports should include funding provided to the following entities:

States and localities;

- Institutions of higher education (IHEs), excluding Federal Student Aid provided on behalf of individual students; and

Nonprofit organizations located, operating, or performing award activities within those States.

Agencies should report on Federal funding provided directly to the entities above, including Federal funding that is ultimately provided to other entities through subgrants or subawards. Agencies only need to report individual Federal contracts with nonprofit organizations when they support activities on behalf of the State government.

Federal Obligations: Agencies should report on actual obligations in fiscal year (FY) 2025 and estimated obligations in FY 2026 regardless of the year in which the funds were appropriated. In cases where FY 2026 appropriations have not yet been enacted into law, agencies should report the amounts reflected in the pending FY 2026 Conference bills. Agencies should also highlight potential obligations arising in the near future.

Obligations in the States included in [Attachment B](#) should be reported regardless of type (discretionary appropriations, mandatory, funding supplemental, fee-funded activities, etc.). In the

case of loans, provide the loan level (rather than the subsidy rate) and indicate the amount is a loan level.

Data Fields on Attachment A: [Attachment A](#) includes separate worksheets for each State included on Attachment B. In each worksheet, agencies should report the following:

Budget Account.

Program. The program, project, or activity, as defined by the agency.

Type of Federal Funding. Report the type of Federal funding, in one of the following categories:

- Formula Grant
- Competitive Grant
- Subgrant/subaward
- Federal Loan (direct or guaranteed)
- Contract/subcontract
- Other (brief description)

Agency Spending (Actual). Report actual obligations in FY 2025, and obligations to date in FY 2026, regardless of the year in which the funds were appropriated. Obligations should be reported in dollars.

Estimated FY 2026 Spending. Report the total amount of estimated obligations in FY 2026. In cases where FY 2026 appropriations are not enacted into law, please report the amounts reflected in the recently released Conference versions of appropriations bills. If you cannot estimate these amounts for a particular program, please explain in the *Comments* column.

Potential Near-Term Obligations? (Y/N). Flag if agencies are planning to enter into new obligations with implicated States before the end of February. Also note the type of obligations that will be made.

Authorizing Statute. Provide a statutory citation for the reported program.

Source of Funding. Provide a source for the appropriations for the reported program. If funding is provided through the authorizing statute, please include “same as authorizing statute.”

Description of Federal Assistance. Use this column to report:

- The purpose of the Federal funding (no more than 1-2 sentences);
- Whether the Federal assistance is provided directly to local governments or nonprofit entities (as well as their components and instrumentalities), or provided through the sub-granting or sub-allocation of Federal funds from another entity (e.g., State government);
- Circumstances where the local jurisdictions function as a “pass through” to other entities; and

Other information worth highlighting.

Comments. Provide any other notable information about the reported program. As indicated above, if you cannot estimate the FY 2026 amount, please note that here.

NOTE: Agencies should report any Federal funding provided to entities once – not each stage of the award/contract cycle. In other words, if agencies report funding provided to the States, they do not need to separately report the subgrant or subaward provided to entities.

Attachments:

- [Attachment A—State Funding Template](#) (Excel)
- [Attachment B—List of States Included](#) (PDF)

Dawayne Nutt
ASFR – Office of Budget
Mobile 202.380.2745

Document Produced in Native Form



Re: Beyda, Sam (OS/IOS) wants to access 'CDC Funding - Colorado'

From Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>

Date Fri 1/23/2026 4:15 PM

To Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>; Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Cc Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>; Messick, Jon (CDC/OCOO/OFR/OGS) <yfa4@cdc.gov>

Thank you!

From: Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>

Date: Friday, January 23, 2026 at 11:06 AM

To: Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>, Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Cc: Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>, Messick, Jon (CDC/OCOO/OFR/OGS) <yfa4@cdc.gov>

Subject: RE: Beyda, Sam (OS/IOS) wants to access 'CDC Funding - Colorado'

Hey Sam!

As requested, here is the data for **DPP**. One thing to note is that the recipient type is designated by the recipient so sometimes it doesn't make sense.

Please let me know if you need anything else, let me know.

Thank you!

Shirley

From: Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>

Sent: Friday, January 23, 2026 9:44 AM

To: Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>; Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Subject: Re: Beyda, Sam (OS/IOS) wants to access 'CDC Funding - Colorado'

Great! This is good work.

Can we do **DPP** as well?

From: Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>

Date: Friday, January 23, 2026 at 9:16 AM

To: Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>, Beyda, Sam (CDC/IOD) <bh15@cdc.gov>

Subject: RE: Beyda, Sam (OS/IOS) wants to access 'CDC Funding - Colorado'

Hi Sam!

I just sent it – but her it is again; in case it's lost on the internet highway.

Thanks!

Shirley

From: Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>
Sent: Friday, January 23, 2026 8:45 AM
To: Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>; Beyda, Sam (CDC/IOD) <bh15@cdc.gov>
Subject: Re: Beyda, Sam (OS/IOS) wants to access 'CDC Funding - Colorado'

Shirley,

Let me know when you have this. Thanks!

Sam

From: Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>
Sent: Thursday, January 22, 2026 10:35:01 PM
To: Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>; Beyda, Sam (CDC/IOD) <bh15@cdc.gov>
Subject: Re: Beyda, Sam (OS/IOS) wants to access 'CDC Funding - Colorado'

Thank you! Sam is fine!

I don't think we need the DPP considering the rest of the information there. Unless you mean anticipated DPP. In any case, defer to what you think.

This is great and very helpful.
Sam

From: Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>
Sent: Thursday, January 22, 2026 9:07 PM
To: Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>; Beyda, Sam (CDC/IOD) <bh15@cdc.gov>
Subject: RE: Beyda, Sam (OS/IOS) wants to access 'CDC Funding - Colorado'

Hi Mr. Beyda –

I have granted access to requested file. I am also working on the additional data you requested for CO, MN, CA and IL. I just want to confirm that you want total obligated, total expended and current unobligated balance (what's available in PMS). Also DPP

DPP

Thanks!
Shirley

From: SharePoint Online <no-reply@sharepointonline.com>
Sent: Thursday, January 22, 2026 8:59 PM
To: Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>
Subject: Beyda, Sam (OS/IOS) wants to access 'CDC Funding - Colorado'



I'd like access, please.

[Accept](#) or [Decline](#) this request

Requested resource: https://cdc-my.sharepoint.com/personal/yuo6_cdc_gov/Documents/Data%20Requests%20-

[%20IOD-Chief%20of%20Staff%20Office/CDC%20Funding%20-%20Colorado.xlsx?d=w5060de73eead49bcaed18ab0996745cb&web=1](#)

Requested by: Beyda, Sam (OS/IOS)(Sam.Beyda@hhs.gov)



[Privacy Statement](#)

This email is generated through CDC's use of Microsoft 365 and may contain content that is controlled by CDC.

Document Withheld as Privileged



RE: CDC 66 Work Plans - Analysis

From Le, Quy (ACF) <Quy.Le@acf.hhs.gov>

Date Sat 2/7/2026 5:35 PM

To Miller, JC (HHS/IOS) <James.Miller@hhs.gov>

Cc Inman, Cody (ACF) <Cody.Inman@acf.hhs.gov>; Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>; Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

 1 attachment (329 KB)

CDC 66 Workplans Analysis 2.7 with Colors.xlsx;

Forgot about the crosswalk **ACP** Completed and sorted sheet here.



Quy Le

Advisor

Immediate Office of the Assistant Secretary
Administration for Children and Families
(202) 374-9263

Help us achieve ***A Home for Every Child.***
Learn more about fostering [here](#).

Pre-decisional, deliberative, draft

From: Le, Quy (ACF)

Sent: Saturday, February 7, 2026 12:02 PM

To: Miller, JC (HHS/IOS) <James.Miller@hhs.gov>

Cc: Inman, Cody (ACF) <Cody.Inman@acf.hhs.gov>; Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>; Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Subject: CDC 66 Work Plans - Analysis

JC,

See parsed analysis for the 66 discussed work plans here. Let me know if any questions.



Quy Le

Advisor

Immediate Office of the Assistant Secretary
Administration for Children and Families
(202) 374-9263

Help us achieve ***A Home for Every Child.***
Learn more about fostering [here](#).

Pre-decisional, deliberative, draft



RE: CDC Regroup

From Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Date Thu 2/5/2026 9:30 PM

To Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>; Hailstone, Mitchell (HHS/IOS) <Mitchell.Hailstone@hhs.gov>; White, Colleen (HHS/ASFR) <Colleen.White@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Del Rosso, Cristina (HHS/OGC) <Cristina.Delrosso@hhs.gov>; Robles, Benjamin (HHS/OGC) <Benjamin.Robles@hhs.gov>

Need a Teams link to join

Jordan Faircloth

Deputy Chief of Staff

Centers for Disease Control and Prevention (CDC)

Department of Health and Human Services (HHS)

770-797-8208

ba43@cdc.gov

-----Original Appointment-----

From: Miller, JC (HHS/IOS) <James.Miller@hhs.gov>

Sent: Thursday, February 5, 2026 2:59 PM

To: Miller, JC (HHS/IOS); Beyda, Sam (OS/IOS); Faircloth, Jordan (CDC/IOD); Hailstone, Mitchell (HHS/IOS); White, Colleen (HHS/ASFR); Shuy, Caitrin (HHS/ASFR); Del Rosso, Cristina (HHS/OGC); Robles, Benjamin (HHS/OGC)

Subject: CDC Regroup

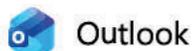
When: Thursday, February 5, 2026 4:30 PM-4:50 PM (UTC-05:00) Eastern Time (US & Canada).

Where: JC's Office

Moving this to 4:30. Please be prepared to speak to the items below.

Discuss the following:

1. Comms plan for **DPP**
2. Path forward regarding OMB request
 - a. Legal considerations
 - b. Operational Execution
 - c. Barriers?



FW: URGENT: Colorado Grants

From Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Date Thu 1/22/2026 8:45 PM

To Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>; Beyda, Sam (CDC/IOD) <bh15@cdc.gov>

Colorado funding linked below. Let me know what else is needed.

Jordan Faircloth

Deputy Chief of Staff

Centers for Disease Control and Prevention (CDC)

Department of Health and Human Services (HHS)

770-797-8208

ba43@cdc.gov

From: Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>

Sent: Thursday, January 22, 2026 12:53 PM

To: Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>; Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>

Cc: Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>; Pope Alley, Rebeccann (CDC/OD/OCS) <xml4@cdc.gov>

Subject: RE: URGENT: Colorado Grants

Good Afternoon!

As requested, here are all active CDC awards in Colorado:  [CDC Funding - Colorado.xlsx](#)

Please let me know if you have questions or need additional information.

Thank you!

Shirley

From: Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Sent: Thursday, January 22, 2026 11:22 AM

To: Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>; Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>

Cc: Hoffmann, Lauren (CDC/OD/OCS) <cpf5@cdc.gov>; Pope Alley, Rebeccann (CDC/OD/OCS) <xml4@cdc.gov>

Subject: URGENT: Colorado Grants

Can you put together a list of all current grants issued to Colorado (including recipient(s) and total \$ award)?

Jordan Faircloth

Deputy Chief of Staff

Centers for Disease Control and Prevention (CDC)

Department of Health and Human Services (HHS)

770-797-8208

ba43@cdc.gov



RE: DepSec / OMB Grant Review

From Riley, Rachel (OS/ASA) <Rachel.Riley@hhs.gov>

Date Tue 8/26/2025 2:15 PM

To Cuthbert, West (HHS/IOS) <West.Cuthbert@hhs.gov>; Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; Terrell, Zachary (OS/IOS) <Zachary.Terrell@hhs.gov>

[@Buckham, Matthew \(HHS/IOS\)](#), I'm happy to chat directly with the best POC – just let me know!

From: Cuthbert, West (HHS/IOS) <West.Cuthbert@hhs.gov>

Sent: Monday, August 25, 2025 4:39 PM

To: Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; Riley, Rachel (OS/ASA) <Rachel.Riley@hhs.gov>; Terrell, Zachary (OS/IOS) <Zachary.Terrell@hhs.gov>

Subject: DepSec / OMB Grant Review

Matt, let's figure out who from OMB to connect with Rachel and Zach. They are eager to work together on grants per S1's comment this afternoon

West

West Cuthbert

Associate Deputy Secretary | Chief of Staff

Office of the Deputy Secretary

U.S. Department of Health and Human Services (HHS)

--

Confidential, iterative, pre-decisional.

From: Nixon, Andrew (HHS/ASPA)
To: Buckham, Matthew (HHS/IOS); Danker, Richard (HHS/ASPA)
Subject: Fw: CDC CUTS SOON ANNOUCEMENT
Date: Wednesday, February 4, 2026 4:48:41 PM

From: Cauley, Rachel K. EOP/OMB PII
Sent: Wednesday, February 4, 2026 5:47 PM
To: Nixon, Andrew (HHS/ASPA) <Andrew.Nixon@hhs.gov>; Persing, Johanna E. EOP/WHO PII
Cc: McCandless, Allie EOP/OMB PII; Danker, Richard (HHS/ASPA) <Richard.Danker@hhs.gov>; Desai, Kush S. EOP/WHO <PII>
Subject: Re: CDC CUTS SOON ANNOUCEMENT

DPP

Communications Director
The White House Office of Management and Budget

On Feb 4, 2026, at 1:06 PM, Cauley, Rachel K. EOP/OMB PII wrote:

You're a peach

From: Nixon, Andrew (HHS/ASPA) <Andrew.Nixon@hhs.gov>
Sent: Wednesday, February 4, 2026 1:05 PM
To: Persing, Johanna E. EOP/WHO <PII>; Cauley, Rachel K. EOP/OMB PII
Cc: McCandless, Allie EOP/OMB PII; Danker, Richard (HHS/ASPA) <Richard.Danker@hhs.gov>; Desai, Kush S. EOP/WHO <PII>
Subject: RE: CDC CUTS SOON ANNOUCEMENT

Thanks for the heads up. We will definitely lean in hard on these examples.

Thank you,

Andrew G. Nixon
Deputy Assistant Secretary for Media Relations
U.S. Department of Health and Human Services
andrew.nixon@hhs.gov | 202-549-8655

From: Persing, Johanna E. EOP/WHO PII
Sent: Wednesday, February 4, 2026 12:53 PM
To: Cauley, Rachel K. EOP/OMB <Rachel.K.Cauley@omb.eop.gov>; Nixon, Andrew (HHS/ASPA) <Andrew.Nixon@hhs.gov>
Cc: McCandless, Allie EOP/OMB PII; Danker, Richard (HHS/ASPA) <Richard.Danker@hhs.gov>; Desai, Kush S. EOP/WHO PII
Subject: RE: CDC CUTS SOON ANNOUCEMENT

+ Rich here too.

From: Cauley, Rachel K. EOP/OMB PII
Sent: Wednesday, February 4, 2026 12:47 PM
To: 'Nixon, Andrew (HHS/ASPA)' <Andrew.Nixon@hhs.gov>
Cc: McCandless, Allie EOP/OMB PII; Persing, Johanna E. EOP/WHO PII
Subject: CDC CUTS SOON ANNOUCEMENT

Andrew, at 2pm ET today, we have an exclusive going to announce the first cuts we are making in funds that we have been asking agencies to investigation from 14 states and DC. Original story here:
https://www.realclearpolitics.com/articles/2026/01/20/exclusive_trump_launches_full_review_of_federal_funds_sent_to_blue_states_153738.html

CDC is part of these cuts. You may be tracking, but it's fast moving, so we want to make sure you have all the info.

We DPP
DPP
DPP
DPP

Why? We're DPP

Let me know if you have any Qs. We'd like **DPP** Feel free to plus me in
to inquiries **DPP** **PII**

Rachel Cauley
Communications Director
White House Office of Management and Budget

Examples of cancelled funds that go to state and local public health funding in the form of grants. **DPP**

DPP

Some examples of cancelled funds include:

DPP

Examples of cancelled grants that go to private nonprofits and universities in the affected states **DPP**

DPP

DPP



RE: Grant Awards - Implementation Call follow up

From Miller, JC (HHS/IOS) <James.Miller@hhs.gov>

Date Mon 2/2/2026 2:22 PM

To Sullivan, Katharine T. EOP/OMB <PII>; Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; Spear, Stefanie (HHS/IOS) <Stefanie.Spear@hhs.gov>

Cc Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO <PII>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>

Good morning, again.

On the second tab of the spreadsheets, the legal business name is listed for the specific contract/grant.

Let us know if you need anything else.

JC

From: Miller, JC (HHS/IOS)

Sent: Monday, February 2, 2026 9:18 AM

To: 'Sullivan, Katharine T. EOP/OMB' <PII>; Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; Spear, Stefanie (HHS/IOS) <Stefanie.Spear@hhs.gov>

Cc: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO <PII>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>

Subject: RE: Grant Awards - Implementation Call follow up

Katie – Received. I will have the team add the names in the spreadsheets and get this back over to you.

Appreciate the list. We will develop the action plan and report back as quickly as possible.

JC

From: Sullivan, Katharine T. EOP/OMB <PII>

Sent: Sunday, February 1, 2026 7:11 PM

To: Sullivan, Katharine T. EOP/OMB <PII>; Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; Spear, Stefanie (HHS/IOS) <Stefanie.Spear@hhs.gov>

Cc: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO <PII>; Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>

Subject: RE: Grant Awards - Implementation Call follow up

Thanks to those of you that participated in the DPP call coordinated by DCOS/P (Dan Wasserman included above). DPP

DPP

programs
and the t

DPP

- 1
- 2
- 3
- 4

DPP

DPP

- 1.
- 2.
- 3.

DPP

DPP

- 1
- 2
- 3
- 4

DPP

DPP

- 1
- 2
- 3
- 4

DPP

While we

how to approach this project: DPP

DPP

JC I will pass what you sent to the EOP team, I believe DPP

DPP

DPP

et me confirm. Thank you! Let me

know if you have questions or concerns –

Katie Sullivan

From: Sullivan, Katharine T. EOP/OMB -

Sent: Saturday, January 17, 2026 3:24 PM

To: Matthew Buckham <Matthew.Buckham@hhs.gov>; Stefanie Spear <stefanie.spear@hhs.gov>

Cc: Kenneth Callahan <kenneth.callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO

.PII [Redacted]

Subject: Grant Awards

Hello All -

Thank you for the productive conversations Friday regarding DPP [Redacted]

DPP [Redacted]

DPP [Redacted]

DPP [Redacted]

Please send a list of DPP [Redacted]

Thank you for your attention to this matter. OMB may be DPP [Redacted]

DPP [Redacted]

Thanks for your willingness to be team players and to support the President's priorities! I am always available for further instruction or concerns -

Katie

PII [Redacted]

Sent from my iPhone



Re: Grant Awards - Implementation Call follow up

From Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>

Date Mon 2/2/2026 8:46 PM

To Sullivan, Katharine T. EOP/OMB <PII [REDACTED]>

Cc Spear, Stefanie (HHS/IOS) <Stefanie.Spear@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO <PII [REDACTED]>; Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Del Rosso, Cristina (HHS/OGC) <Cristina.Delrosso@hhs.gov>; Chiarello, Gustav (ASFR) <Gustav.Chiarello@hhs.gov>; Walker, John (HHS/ASPE) <John.Walker@hhs.gov>

Working on that now!

Get [Outlook for iOS](#)

From: Sullivan, Katharine T. EOP/OMB <PII [REDACTED]>

Sent: Monday, February 2, 2026 1:38:01 PM

To: Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>

Cc: Spear, Stefanie (HHS/IOS) <Stefanie.Spear@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO <PII [REDACTED]>; Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Del Rosso, Cristina (HHS/OGC) <Cristina.Delrosso@hhs.gov>; Chiarello, Gustav (ASFR) <Gustav.Chiarello@hhs.gov>; Walker, John (HHS/ASPE) <John.Walker@hhs.gov>

Subject: Re: Grant Awards - Implementation Call follow up

DPP

Thank you!

Katie

Sent from my iPhone

On Feb 2, 2026, at 11:20 AM, Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov> wrote:

Thanks Katie,

Let me give you a quick call.

DPP

Please have any White House colleagues reach out to me directly for any clarification. I'll call you and Dan.

PII

Matt

Get [Outlook for iOS](#)

From: Sullivan, Katharine T. EOP/OMB <PII>
Sent: Sunday, February 1, 2026 7:11:21 PM
To: Sullivan, Katharine T. EOP/OMB <PII>; Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; Spear, Stefanie (HHS/IOS) <Stefanie.Spear@hhs.gov>
Cc: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO <PII>; Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>
Subject: RE: Grant Awards - Implementation Call follow up

DPP

DPP

DPP

DPP

2. DPP

3. DPP

4. DPP

DPP

1. DPP

2. DPP

3. DPP

DPP

1. DPP

2. DPP

3 DPP
4

DPP
1 DPP
2
3
4

While we ideas abo

DPP

DPP
DPP

.JC I will pass what you sent to the EOP team. I believe DPP

DPP DPP let me

confirm. Thank you! Let me know if you have questions or concerns –

Katie Sullivan

From: Sullivan, Katharine T. EOP/OMB <PII>
Sent: Saturday, January 17, 2026 3:24 PM
To: Matthew Buckham <Matthew.Buckham@hhs.gov>; Stefanie Spear <stefanie.spear@hhs.gov>
Cc: Kenneth Callahan <kenneth.callahan@hhs.gov>; Wasserman, Daniel F. EOP/WHO
PII

DPP

DPP
DPP

Please send a list of DPP

DPP

DPP

DPP

DPP

It would be my assumption DPP
DPP

Thank you for your attention to this matter. OMB may be DPP
DPP

Thanks for your willingness to be team players and to support the President's priorities! I am always available for further instruction or concerns -

Katie
PII

Sent from my iPhone



RE: Grant Funding - Alignment with Agency Priorities

From Johnston, Darcie (OS/IEA) <Darcie.Johnston@hhs.gov>

Date Mon 2/9/2026 4:46 PM

To Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Andres, Gary (HHS/ASL) <Gary.Andres@hhs.gov>; Danker, Richard (HHS/ASPA) <Richard.Danker@hhs.gov>; Hailstone, Mitchell (HHS/IOS) <Mitchell.Hailstone@hhs.gov>; Chiarello, Gustav (ASFR) <Gustav.Chiarello@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>

Cc Del Rosso, Cristina (HHS/OGC) <Cristina.Delrosso@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; White, Colleen (HHS/ASFR) <Colleen.White@hhs.gov>; Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>

Is it possible to know what grants are being aligned with Agency Priorities please?

Darcie L. Johnston
Director, Intergovernmental & External Affairs
U.S. Department of Health and Human Services
PII [REDACTED] cell

From: Miller, JC (HHS/IOS) <James.Miller@hhs.gov>

Sent: Monday, February 9, 2026 11:33 AM

To: Andres, Gary (HHS/ASL) <Gary.Andres@hhs.gov>; Johnston, Darcie (OS/IEA) <Darcie.Johnston@hhs.gov>; Danker, Richard (HHS/ASPA) <Richard.Danker@hhs.gov>; Hailstone, Mitchell (HHS/IOS) <Mitchell.Hailstone@hhs.gov>; Chiarello, Gustav (ASFR) <Gustav.Chiarello@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>

Cc: Del Rosso, Cristina (HHS/OGC) <Cristina.Delrosso@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; White, Colleen (HHS/ASFR) <Colleen.White@hhs.gov>; Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>

Subject: RE: Grant Funding - Alignment with Agency Priorities

+ ASFR

From: Miller, JC (HHS/IOS)

Sent: Monday, February 9, 2026 11:23 AM

To: Andres, Gary (HHS/ASL) <Gary.Andres@hhs.gov>; Johnston, Darcie (OS/IEA) <Darcie.Johnston@hhs.gov>; Danker, Richard (HHS/ASPA) <Richard.Danker@hhs.gov>; Hailstone, Mitchell (HHS/IOS) <Mitchell.Hailstone@hhs.gov>

Cc: Del Rosso, Cristina (HHS/OGC) <Cristina.Delrosso@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; White, Colleen (HHS/ASFR) <Colleen.White@hhs.gov>

Subject: Grant Funding - Alignment with Agency Priorities

ASL/IEA/ASPA Teams,

To ensure transparency and alignment, it is important to know that the first group of grant cancellation notifications were sent to the Hill this morning. (66 grants) The grants are slated for termination after the three-day statutory timeline is up. (Wednesday COB) As incoming communications are received and questions are asked, it is essential that our messaging

remains tightly aligned. Bottom line, we are terminating grants that do not align with the priorities and broader Department-wide objectives set for CDC.

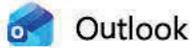
Consistency and precision on how we communicate these actions are critical. The intent, rationale and language used should clearly reflect established CDC priorities. Any deviation or informal characterization risks creating confusion around the overall intent and work done thus far.

Assuming heightened visibility through this process will ensure we are successful as other OpDivs begin this same disciplined process.

If there are specific concerns or questions, please route these questions to myself, Colleen or Cristina to ensure these issues are addressed through the appropriate channels and with full context.

JC Miller
Counselor – Immediate Office of the Secretary (IOS)
U.S. Department of Health and Human Services (HHS)
Mobile: PII [REDACTED]

Pre-Decisional, Deliberative, Draft



FW: Grants Update

From Miller, JC (HHS/IOS) <James.Miller@hhs.gov>

Date Thu 2/5/2026 3:30 PM

To Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>; Robles, Benjamin (HHS/OGC) <Benjamin.Robles@hhs.gov>; Cuthbert, West (HHS/IOS) <West.Cuthbert@hhs.gov>

Cc Buckham, Matthew (HHS/IOS) <Matthew.Buckham@hhs.gov>; Del Rosso, Cristina (HHS/OGC) <Cristina.Delrosso@hhs.gov>; Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>; Chiarello, Gustav (ASFR) <Gustav.Chiarello@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; White, Colleen (HHS/ASFR) <Colleen.White@hhs.gov>; Hailstone, Mitchell (HHS/IOS) <Mitchell.Hailstone@hhs.gov>

I would like to convene a call at 10:30 to discuss. I will send this meeting invite now.

Added Buckham only for awareness.

From: Yokanovich, Colin T. EOP/OMB <PII>
Sent: Thursday, February 5, 2026 10:24 AM
To: Chiarello, Gustav (ASFR) <Gustav.Chiarello@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Cox, Jordan (HHS/ASFR) <Jordan.Cox@hhs.gov>; Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Cuthbert, West (HHS/IOS) <West.Cuthbert@hhs.gov>; Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>
Cc: Dempsey, Donald A. EOP/OMB <PII>; Sullivan, Katharine T. EOP/OMB <PII>; Paoletta, Mark R. EOP/OMB <PII>
Subject: Grants Update

Colleagues—

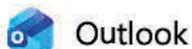
I am sharing the following message with regard to the requested action on specific CDC grants.

The Director received the list of grants that HHS/CDC indicated could be cancelled from the previous HHS data request. This information was presented to the President on Wednesday morning, and the President directed immediate action that same day. In accordance with that directive, OMB is requesting:

- A status report on the plan to implement the immediate pause for those grants.
- Details on HHS’s plans to formally cancel the identified grants.

Please let us know if you have any questions. Thank you everyone.

Colin Yokanovich
Deputy to the Associate Director for Health (Public Health)
 Office of Management and Budget
 C: <PII> calls only)



Fw: Presidential Policy Alignment / Execution

From Jbo68 (OS/IOS) <JBO68@hhs.gov>

Date Thu 1/22/2026 7:25 PM

To Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>; Bhattacharya, Jayanta (NIH/OD) [E] <jayanta.bhattacharya@nih.gov>; Chertman, Willy (HHS/IOS) <Willy.Chertman@hhs.gov>; Miller, JC (HHS/IOS) <James.Miller@hhs.gov>; Cuthbert, West (HHS/IOS) <West.Cuthbert@hhs.gov>

📎 1 attachment (134 KB)

BDR_26-09.pdf

Get [Outlook for iOS](#)

From: McKay, Robert D. EOP/OMB <PII [REDACTED]> on behalf of Ueland, Eric M. EOP/OMB <PII [REDACTED]>

Sent: Thursday, January 22, 2026 8:16:04 AM

To: PII [REDACTED]
PII [REDACTED]
PII [REDACTED] Jbo68 (OS/IOS) <JBO68@hhs.gov>

PII

Subject: Presidential Policy Alignment / Execution

Good morning—

Thanks again for **DPP** [REDACTED] Really appreciate it!

Attached is the document I referenced that went to your budget teams. Our budget staff is happy to work with you on this, along with the ask for recommended actions prior to February 1.

DPP

look forward to seeing everyone there.

My best,

Eric



**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503**

January 20, 2026

BUDGET DATA REQUEST NO. 26-09

MEMORANDUM FOR: PROGRAM ASSOCIATE DIRECTORS
PROGRAM DEPUTY ASSOCIATE DIRECTORS

FROM: Office of Management and Budget

SUBJECT: Federal Awards to Entities in Select States

DISTRIBUTION: **This BDR should be shared with agencies.**

PURPOSE: To collect a detailed report on Federal funds provided to components, agencies, or instrumentalities of certain States.

AFFECTED AGENCIES: All Federal Departments and Agencies except for the Department of War and the Department of Veterans Affairs.

DUE DATES: Agency Responses due to RMOs: COB Wednesday, January 28, 2026
RMOs Review of Agency Responses: COB Friday, January 30, 2026

CONTACTS: Agency-Specific Questions: OMB RMO Contact(s)
Note: BRD will provide guidance to RMOs on how to handle general questions, and where to submit agency responses.

Background: The purpose of this BDR is to collect a detailed spending report on Federal funds provided to entities in a select list of States. This information will be used to better understand the scope of funding in certain States and localities in order to facilitate efforts to reduce the improper and fraudulent use of those funds through administrative means or legislative proposals to Congress.

Action Required: All Federal Departments and Agencies should complete the attached template ([Attachment A](#)) to provide a detailed spending report on all Federal funds, as defined below, that are provided to components, agencies, or instrumentalities of certain States. The list of States is included in [Attachment B](#). Agencies are required to include all programs and projects. This is a data-gathering exercise only. It does not involve withholding funds, and therefore does not violate any court order. If your agency counsel believes otherwise, they should immediately contact OMB OGC.

Agencies should provide as much information as possible by this deadline. If agencies do not have any spending to report, they should notify their OMB RMO representative. Agencies should also reach out to your RMO if there are issues with providing some of this information by the deadline.

Scope of Federal Funds: Agencies should report on Federal funding provided to any components, agencies, or instrumentalities of the States listed in [Attachment B](#). This includes all grants (including grants then provided as subcontracts or subgrants to other entities), cooperative agreements, loans, contracts (including subcontracts), and other monetary awards.

Agency reports should include funding provided to the following entities:

- States and localities;
- Institutions of higher education (IHEs), excluding Federal Student Aid provided on behalf of individual students; and

- Nonprofit organizations located, operating, or performing award activities within those States.

Agencies should report on Federal funding provided directly to the entities above, including Federal funding that is ultimately provided to other entities through subgrants or subawards. Agencies only need to report individual Federal contracts with nonprofit organizations when they support activities on behalf of the State government.

Federal Obligations: Agencies should report on actual obligations in fiscal year (FY) 2025 and estimated obligations in FY 2026 regardless of the year in which the funds were appropriated. In cases where FY 2026 appropriations have not yet been enacted into law, agencies should report the amounts reflected in the pending FY 2026 Conference bills. Agencies should also highlight potential obligations arising in the near future.

Obligations in the States included in [Attachment B](#) should be reported regardless of type (discretionary appropriations, mandatory, funding supplemental, fee-funded activities, etc.). In the case of loans, provide the loan level (rather than the subsidy rate) and indicate the amount is a loan level.

Data Fields on Attachment A: [Attachment A](#) includes separate worksheets for each State included on Attachment B. In each worksheet, agencies should report the following:

Budget Account.

Program. The program, project, or activity, as defined by the agency.

Type of Federal Funding. Report the type of Federal funding, in one of the following categories:

- Formula Grant
- Competitive Grant
- Subgrant/subaward
- Federal Loan (direct or guaranteed)
- Contract/subcontract
- Other (brief description)

Agency Spending (Actual). Report actual obligations in FY 2025, and obligations to date in FY 2026, regardless of the year in which the funds were appropriated. Obligations should be reported in dollars.

Estimated FY 2026 Spending. Report the total amount of estimated obligations in FY 2026. In cases where FY 2026 appropriations are not enacted into law, please report the amounts reflected in the recently released Conference versions of appropriations bills. If you cannot estimate these amounts for a particular program, please explain in the *Comments* column.

Potential Near-Term Obligations? (Y/N). Flag if agencies are planning to enter into new obligations with implicated States before the end of February. Also note the type of obligations that will be made.

Authorizing Statute. Provide a statutory citation for the reported program.

Source of Funding. Provide a source for the appropriations for the reported program. If funding is provided through the authorizing statute, please include “same as authorizing statute.”

Description of Federal Assistance. Use this column to report:

- The purpose of the Federal funding (no more than 1-2 sentences);
- Whether the Federal assistance is provided directly to local governments or nonprofit entities (as well as their components and instrumentalities), or provided through the sub-granting or sub-allocation of Federal funds from another entity (e.g., State government);
- Circumstances where the local jurisdictions function as a “pass through” to other entities; and

- Other information worth highlighting.

Comments. Provide any other notable information about the reported program. As indicated above, if you cannot estimate the FY 2026 amount, please note that here.

NOTE: Agencies should report any Federal funding provided to entities once – not each stage of the award/contract cycle. In other words, if agencies report funding provided to the States, they do not need to separately report the subgrant or subaward provided to entities.

Attachments:

[Attachment A—State Funding Template](#) (Excel)

[Attachment B— List of States Included](#) (PDF)

From: Nutt, Dawayne (HHS/ASFR) <Dawayne.Nutt@hhs.gov>

Sent: Thursday, January 22, 2026 8:12 AM

To: OS - BUDG OPDIV Contacts <OS-BUDGOPDIVContacts@hhs.gov>; OS - BUDG non-GDM StaffDiv Contacts <OS-BUDGnon-GDMStaffDivContacts@hhs.gov>

Subject: BDR - 26-9 Federal Awards to Entities in Select States

Colleagues,

Attached for your review is BDR 26-9 Federal Awards to Entities in Select States. Please review and submit by COB Monday, January 26th. The purpose is to collect a detailed report on Federal Awards provided to components, agencies, or instrumentalities of certain States.

DUE DATES: Agency Responses due to ASFR: COB Monday, January 26th
ASFR revised responses due to RMOs: COB Wednesday, January 28, 2026
RMOs Review of Agency Responses: COB Friday, January 30, 2026

CONTACTS: Agency-Specific Questions: OMB RMO Contact(s)
Note: BRD will provide guidance to RMOs on how to handle general questions, and where to submit agency responses.

Background: The purpose of this BDR is to collect a detailed spending report on Federal funds provided to entities in a select list of States. This information will be used to better understand the scope of funding in certain States and localities in order to facilitate efforts to reduce the improper and fraudulent use of those funds through administrative means or legislative proposals to Congress.

Action Required: All Federal Departments and Agencies should complete the attached template ([Attachment A](#)) to provide a detailed spending report on all Federal funds, as defined below, that are provided to components, agencies, or instrumentalities of certain States. The list of States is included in [Attachment B](#). Agencies are required to include all programs and projects. This is a data-gathering exercise only. It does not involve withholding funds, and therefore does not violate any court order. If your agency counsel believes otherwise, they should immediately contact OMB OGC.

Agencies should provide as much information as possible by this deadline. If agencies do not have any spending to report, they should notify their OMB RMO representative. Agencies should also reach out to your RMO if there are issues with providing some of this information by the deadline.

Scope of Federal Funds: Agencies should report on Federal funding provided to any components, agencies, or instrumentalities of the States listed in [Attachment B](#). This includes all grants (including grants then provided as subcontracts or subgrants to other entities), cooperative agreements, loans, contracts (including subcontracts), and other monetary awards.

Agency reports should include funding provided to the following entities:
States and localities;

- Institutions of higher education (IHEs), excluding Federal Student Aid provided on behalf of individual students; and

Nonprofit organizations located, operating, or performing award activities within those States.

Agencies should report on Federal funding provided directly to the entities above, including Federal funding that is ultimately provided to other entities through subgrants or subawards. Agencies only need to report individual Federal contracts with nonprofit organizations when they support activities on behalf of the State government.

Federal Obligations: Agencies should report on actual obligations in fiscal year (FY) 2025 and estimated obligations in FY 2026 regardless of the year in which the funds were appropriated. In cases where FY 2026 appropriations have not yet been enacted into law, agencies should report the amounts reflected in the pending FY 2026 Conference bills. Agencies should also highlight potential obligations arising in the near future.

Obligations in the States included in [Attachment B](#) should be reported regardless of type (discretionary appropriations, mandatory, funding supplemental, fee-funded activities, etc.). In the case of loans, provide the loan level (rather than the subsidy rate) and indicate the amount is a loan level.

Data Fields on Attachment A: [Attachment A](#) includes separate worksheets for each State included on Attachment B. In each worksheet, agencies should report the following:

Budget Account.

Program. The program, project, or activity, as defined by the agency.

Type of Federal Funding. Report the type of Federal funding, in one of the following categories:

- Formula Grant
- Competitive Grant
- Subgrant/subaward
- Federal Loan (direct or guaranteed)
- Contract/subcontract
- Other (brief description)

Agency Spending (Actual). Report actual obligations in FY 2025, and obligations to date in FY 2026, regardless of the year in which the funds were appropriated. Obligations should be reported in dollars.

Estimated FY 2026 Spending. Report the total amount of estimated obligations in FY 2026. In cases where FY 2026 appropriations are not enacted into law, please report the amounts reflected in the recently released Conference versions of appropriations bills. If you cannot estimate these amounts for a particular program, please explain in the *Comments* column.

Potential Near-Term Obligations? (Y/N). Flag if agencies are planning to enter into new obligations with implicated States before the end of February. Also note the type of obligations that will be made.

Authorizing Statute. Provide a statutory citation for the reported program.

Source of Funding. Provide a source for the appropriations for the reported program. If funding is provided through the authorizing statute, please include “same as authorizing statute.”

Description of Federal Assistance. Use this column to report:

- The purpose of the Federal funding (no more than 1-2 sentences);
- Whether the Federal assistance is provided directly to local governments or nonprofit entities (as well as their components and instrumentalities), or provided through the sub-granting or sub-allocation of Federal funds from another entity (e.g., State government);
- Circumstances where the local jurisdictions function as a “pass through” to other entities; and

Other information worth highlighting.

Comments. Provide any other notable information about the reported program. As indicated above, if you cannot estimate the FY 2026 amount, please note that here.

NOTE: Agencies should report any Federal funding provided to entities once – not each stage of the award/contract cycle. In other words, if agencies report funding provided to the States, they do not need to separately report the subgrant or subaward provided to entities.

Attachments:

[Attachment A—State Funding Template](#)
(Excel) [Attachment B— List of States](#)
[Included](#) (PDF)

Dawayne Nutt
ASFR – Office of Budget
Mobile 202.380.2745

From: [Wasserman, Daniel F. EOP/WHO](#)
To: [Sullivan, Katharine T. EOP/OMB](#)
Cc: [Miller, JC \(HHS/IOS\)](#); [Yokanovich, Colin T. EOP/OMB](#); [Dempsey, Donald A. EOP/OMB](#); [Milner, Clark EOP/WHO](#); [Paoletta, Mark R. EOP/OMB](#); [Shapiro, Daniel J. EOP/OMB](#); [Buckham, Matthew \(HHS/IOS\)](#); [Callahan, Kenneth \(HHS/IOS\)](#); [Beyda, Sam \(OS/IOS\)](#); [Faircloth, Jordan \(CDC/IOD\)](#)
Subject: Re: DPP
Date: Thursday, February 5, 2026 9:09:15 PM

Thanks, Katie. No, the DPP [REDACTED] had nothing to do with us — we were informed two nights ago when you were. We never had a call on the subject.

Daniel Wasserman

PII [REDACTED]

On Feb 5, 2026, at 9:51 PM, Sullivan, Katharine T. EOP/OMB
<Katharine.T.Sullivan@omb.eop.gov> wrote:

Agree with you Dan 100%z Please focus on the immediate issue at hand. And to be clear - DPP [REDACTED] Matt

suggested this DPP [REDACTED]

DPP [REDACTED] ?

Look forward to resolving the waste identified earlier this week DPP [REDACTED]

DPP [REDACTED]

Sent from my iPhone

On Feb 5, 2026, at 9:40 PM, Wasserman, Daniel F. EOP/WHO

<PII [REDACTED]> wrote:

Also JC—

You guys need to deal DPP [REDACTED]
before you do any more work on the DPP [REDACTED]

DPP [REDACTED]

DPP [REDACTED]

Daniel Wasserman

PII [REDACTED]

On Feb 5, 2026, at 8:52 PM, Sullivan, Katharine T.
EOP/OMB <PII [REDACTED]>
wrote:

Adding Mark Paoletta and Daniel Shapiro to help
inform their ongoing discussion with HHS OGC.

Thank you
Katie
Sent from my iPhone

Begin forwarded message:

From: "Miller, JC (HHS/IOS)"
<James.Miller@hhs.gov>
Date: February 5, 2026 at 8:44:54 PM EST
To: "Wasserman, Daniel F. EOP/WHO"
PII
"Sullivan, Katharine T. EOP/OMB"
PII
"Yokanovich, Colin T. EOP/OMB"
PII
"Milner, Clark EOP/WHO"
PII
Cc: "Buckham, Matthew (HHS/IOS)"
<Matthew.Buckham@hhs.gov>, "Beyda,
Sam (OS/IOS)" <Sam.Beyda@hhs.gov>,
"Callahan, Kenneth (HHS/IOS)"
<Kenneth.Callahan@hhs.gov>, "Faircloth,
Jordan (CDC/IOD)" <ba43@cdc.gov>,
"Decker, Paige (HHS/ASL)"
<Paige.Decker@hhs.gov>
Subject: DPP

Good evening,
Attached are the draft communications
plan deliverables DPP
DPP

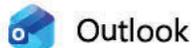
I am copying OMB contacts as well to
ensure open communications.

We are ready to execute once direction,
and approval is given regarding the DPP
DPP

JC

<CDC DPP .docx>
<Hill Notification.docx>
<Press Background.docx>

DPP Updated Work Plan Request (CDC).docx>
<CDC Grants Rollout.docx>



****URGENT** Grant Work Plans/Documents**

From Faircloth, Jordan (CDC/IOD) <ba43@cdc.gov>

Date Fri 2/6/2026 9:34 PM

To Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>; Byrd, Shirley K. (CDC/OCOO/OFR/OGS) <yuo6@cdc.gov>

Cc Beyda, Sam (OS/IOS) <Sam.Beyda@hhs.gov>; Jordan, Kody (CDC/OD/OCS) <aw85@cdc.gov>

Jamie, I also need ASAP the work plans and other related documents for the following 66 grants. I really appreciate the support in this.

NE11OE000095
NE11OE000002
NE11OE000036
NE11OE000071
NE11OE000044
NU50CD300862
U48DP006806
NH78TU000006
NUE1EH001455
U01PS005248
NH25PS005243
NH25PS005219
U01CE003753
NU38PW000045
NU62PS924771
NU62PS924778
U01PS005259
NUE1EH001458
NE11OE000074
NUE1EH001451
NU38PW000027
NU58DP007634
NU62PS924693
NU62PS924726
NU62PS924751
NU62PS924747
NU62PS924729
NU62PS924690
NU62PS924674
NU62PS924680
NU38PS004654
NU38PW000035
NH25PS005212
NH25PS005210
NU62PS924668
NU62PS924661
NE11OE000089
NE11OE000034
NU62PS924764
U01PS005290
NH25PS005164
NH25PS005254
NU38PW000029
NU58DP007617
NU62PS924704

NE11OE000048
NU17CE010056
NU58DP007607
NE11OE000027
NU58DP007641
NE11OE000090
NE11OE000094
NU58DP007844
NU17CE010045
NH25PS005247
NU62PS924862
NH25PS005255
NU38PW000023
U01PS005270
NU38PW000048
NU38PW000026
NU62PS924789
NU62PS924658
NU38PW000050
NU62PS924657
R01CE003582

Jordan Faircloth

Deputy Chief of Staff

Centers for Disease Control and Prevention (CDC)

Department of Health and Human Services (HHS)

770-797-8208

ba43@cdc.gov

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 3

Declaration of Stefanie Krajewski

DECLARATION OF STEFANIE KRAJEWSKI

I, Stefanie Krajewski, declare under penalty of perjury pursuant to 28 U.S.C. § 1746, as follows:

1. I am a resident of the State of Illinois. I am over the age of 18 and have personal knowledge of all the facts stated herein. If called as a witness, I could and would testify competently to the matters set forth below.

2. I am a Legal Assistant in the Public Interest Division at the Office of the Illinois Attorney General.

3. On March 2, 2025, counsel for Defendants produced to Plaintiff States, among other things, three native spreadsheets, including one bate stamped CDC_001297.

4. Attached as **Exhibit A** is a true and correct copy of Defendant Centers for Disease Control and Prevention native spreadsheet CDC_001297 that I have formatted into an PDF exhibit as follows:

a. I opened the native spreadsheet to the first tab titled “FY25 OP with Auth Legislation.” I unhid columns B through L, which were hidden columns when I opened the spreadsheet.

b. I then hid columns D through K for formatting purposes. The native spreadsheet showed columns A, B, C, L, and M. I checked these columns and rows 1 through 204 to make sure the text was visible in each.

c. I printed this native spreadsheet to PDF and added page numbers at the bottom and the title of the document “CDC_001297” at the top.

5. On March 6, 2026 at approximately 9:15 AM CST, I navigated to the webpage available at this URL: <https://www.fema.gov/openfema-data-page/hazard-mitigation-assistance-projects-v4>. A true and correct print-out of the webpage at the time I navigated to it is attached as **Exhibit B**.

6. The title of the webpage is “OpenFEMA Dataset: Hazard Mitigation Assistance Projects - v4.” It states that “This dataset contains Hazard Mitigation Assistance (HMA) subapplications/subgrants from the NEMIS Mitigation and eGrants grants management systems.” It also explains that “[t]he information in this dataset has been deemed appropriate for publication to empower public knowledge of mitigation activities and the nature of HMA grant programs.”

7. The webpage states in bold letters at the top: “**Last Data Refresh: 03-05-2026.**”

8. A .csv file is available for download on the webpage. I downloaded it and opened it in Microsoft Excel and re-saved it as a Microsoft Excel .xlsx file.

9. The webpage also provides a legend for the meaning of the different columns or “data fields” in the .csv file.

10. Column E in the spreadsheet is titled “state.” The webpage explains that this column means “Full name of the State (e.g., Virginia) associated with the project.”

11. Column V in the spreadsheet is titled “initialObligationDate.” The webpage explains that this column means “Date when funds were initially [sic] obligated.”

12. Column W in the spreadsheet is titled “initialObligationAmount.” The webpage explains that this column means “Initial obligation amount.”

13. I ran a PivotTable on the data set, which is a tool available in Microsoft Excel to analyze large datasets. I set up the PivotTable to display the “state” as rows and the “initialObligationAmount” as a sum on each row. I formatted “initialObligationAmount” to display as U.S. dollars.

14. I then set up a “filter” on the field “initialObligationDate” and filtered the table to display only obligations that have occurred on or after February 27, 2026.

15. The series of steps described above generates the following table:

initialObligationDate	(Multiple Items)
-----------------------	------------------

Row Labels	Sum of initialObligationAmount
Alabama	\$9,882,438.38
Alaska	\$1,467,178.76
Arizona	\$862,096.50
Connecticut	\$107,462.39
Delaware	\$340,470.00
Florida	\$131,888,141.06
Hawaii	\$6,457,070.03
Idaho	\$259,030.18
Iowa	\$1,649,007.71
Kansas	\$3,246,329.26
Louisiana	\$77,476,594.86
Maine	\$2,520,245.94
Maryland	\$35,522,069.10
Massachusetts	\$28,685,866.81
Michigan	\$5,664,400.72
Mississippi	\$1,739,538.79
Missouri	\$3,157,480.50
Montana	\$137,975.90
Nebraska	\$1,171,009.62
Nevada	\$863,979.55
New Hampshire	\$1,673,630.55
New Jersey	\$820,294.91
New Mexico	\$16,017,629.19
New York	\$16,684,992.43
North Carolina	\$12,261,974.51
North Dakota	\$4,895,464.53
Northern Mariana Islands	\$2,047,465.14
Ohio	\$763,781.39
Oklahoma	\$1,025,525.84
Oregon	\$9,786,771.87
Pennsylvania	\$692,517.94
Puerto Rico	\$45,459,242.77
Rhode Island	\$223,710.65
South Carolina	\$2,574,894.59
South Dakota	\$834,486.33
Tennessee	\$11,906,154.48
Texas	\$32,527,473.55
Utah	\$499,424.63
Vermont	\$4,359,025.74
Virgin Islands of the U.S.	\$2,852,987.49
Virginia	\$907,500.00
Washington	\$8,760,132.61
West Virginia	\$687,811.80
Wisconsin	\$2,645,560.13
Grand Total	\$494,006,839.13

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct. Executed on March 6, 2026, in Chicago, Illinois.

By: Stefanie Krajewski
Stefanie Krajewski
Legal Assistant
Office of the Illinois Attorney General

EXHIBIT A

to the Declaration of Stefanie Krajewski

CDC_001297

		Centers for Disease Control and Prevention Operating Plan for FY 2025 <i>Dollars in Millions</i>					
		A	B	C	L	M	
		FY 2024		FY 2025			
		Final	FY 2025 Enacted	FY 2024 Amounts Specified by Bill/Report (Select from List)		Amounts Authorized, Yes or No. If No, cite source of authorization	
				REQUIRED COLUMN		REQUIRED COLUMN	
1							
2							
3							
4	Activities						
5							
6							
7							
8	Immunization and Respiratory Diseases.....	\$919,291	\$237,358	FY 2024 bill sets a cap and a floor		42 USC § 245; 42 USC § 247b; 42 USC § 247d-3a; 42 USC § 247d-6; 42 USC § 300aa-2;	
9	Immunization and Respiratory Diseases - BA.....	\$237,358	\$237,358	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-25;	
10	Immunization and Respiratory Diseases - PPHF.....	\$681,933	\$0,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
11	-- Immunization and Other Respiratory Diseases.....	\$681,933	\$0,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
12	-- Immunization Program - BA.....	\$0,000	\$0,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
13	-- Immunization Program - PPHF.....	\$681,933	\$0,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
14	-- Acute Flaccid Myelitis.....	\$6,000	\$6,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
15	-- Influenza Planning and Response.....	\$231,358	\$231,358	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
16	HIV/AIDS, Viral Hepatitis, STI and TB Prevention/2.....	\$1,391,056	\$1,391,056	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
17	-- Domestic HIV/AIDS Prevention and Research.....	\$1,013,712	\$1,013,712	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
18	-- Ending HIV/AIDS Initiative (non-add).....	\$220,000	\$220,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
19	-- School Health - HIV (non-add).....	\$38,081	\$38,081	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
20	-- Viral Hepatitis.....	\$43,000	\$43,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
21	-- Sexually Transmitted Infections (STIs).....	\$174,310	\$174,310	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
22	-- Tuberculosis (TB).....	\$137,034	\$137,034	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
23	-- Infectious Diseases and the Opioid Epidemic.....	\$23,000	\$23,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
24	Emerging and Zoonotic Infectious Diseases.....	\$708,272	\$708,272	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
25	Emerging and Zoonotic Infectious Diseases - BA.....	\$708,272	\$708,272	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
26	Emerging and Zoonotic Infectious Diseases - PPHF.....	\$52,000	\$0,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
27	-- Antibiotic Resistance Initiative.....	\$197,000	\$197,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
28	-- Vector-borne Diseases.....	\$63,603	\$63,603	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
29	-- Lyme Disease and Related Tick-Borne Illnesses.....	\$27,000	\$27,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
30	-- Prion Disease.....	\$8,000	\$8,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
31	-- Chronic Fatigue Syndrome.....	\$5,400	\$5,400	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
32	-- Emerging Infectious Diseases.....	\$213,997	\$213,997	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	
33	-- Mycotic Diseases (non-add).....	\$16,000	\$16,000	FY 2024 bill sets a cap and a floor		42 USC § 241; 42 USC § 247b; 42 USC § 256c; 42 USC § 300aa-2; 42 USC § 300aa-27; 42 USC § 1396s	

CDC_001297

	A	B	C	L	M
82	Epilepsy.....	\$11,500	\$11,500	FY 2024 bill sets a cap and a floor	42 U.S.C. 254c-5
83	National Lupus Patient Registry.....	\$10,000	\$10,000	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b
84	Racial and Ethnic Approaches to Community Health - BA.....	\$68,950	\$68,950	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b
85	Good Health and Wellness in Indian Country (non-add).....	\$24,000	\$24,000	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b
86	Social Determinants of Health.....	\$6,000	\$6,000	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b
87	Million Hearts - PPHF.....	\$5,000	\$5,000	FY 2024 bill sets a cap and a floor	42 USC 300u-11
88	National Early Child Care Collaboratives - PPHF.....	\$5,000	\$5,000	FY 2024 bill sets a cap and a floor	42 USC 300u-11
89	Hospitals Promoting Breastfeeding - PPHF.....	\$9,750	\$9,750	FY 2024 bill sets a cap and a floor	42 USC 300u-11
90	Birth Defects, Developmental Disabilities, Disability and Health/2.....	\$206,060	\$206,060		
91	Child Health and Development.....	\$71,300	\$71,300	FY 2024 bill sets a cap and a floor	42 USC § 247b; 42 USC § 247b-4f; 42 USC § 247b-12
92	Birth Defects.....	\$19,000	\$19,000	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b
93	Fetal Death.....	\$0,900	\$0,900	FY 2024 bill sets a cap and a floor	42 USC § 247b; 42 USC § 247b-12; 42 USC § 247b-13
94	Fetal Alcohol Syndrome.....	\$11,500	\$11,500	FY 2024 bill sets a cap and a floor	42 USC § 247b; 42 USC § 247b-11
95	Folic Acid.....	\$3,150	\$3,150	FY 2024 bill sets a cap and a floor	42 USC § 247b; 42 USC § 247b-4f
96	Infant Health.....	\$8,650	\$8,650	FY 2024 bill sets a cap and a floor	42 USC § 247b; 42 USC § 247b-4; 42 USC §§ 280i, 280i-4
97	Autism.....	\$28,100	\$28,100	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b-4
98	Health and Development for People with Disabilities.....	\$86,410	\$86,410	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b-4
99	Disability and Health.....	\$45,500	\$45,500	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b-4
100	Tourette Syndrome.....	\$2,500	\$2,500	FY 2024 bill sets a cap and a floor	42 USC § 247b-4; 42 USC § 300b-7
101	Early Hearing Detection and Intervention.....	\$10,760	\$10,760	FY 2024 bill sets a cap and a floor	42 USC § 247b-4; 42 USC § 280g-1
102	Muscular Dystrophy.....	\$8,000	\$8,000	FY 2024 bill sets a cap and a floor	42 USC § 247b-4; 42 USC § 18
103	Attention Deficit Hyperactivity Disorder.....	\$1,900	\$1,900	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b-4
104	Fragile X.....	\$2,000	\$2,000	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b-4
105	Spina Bifida.....	\$7,500	\$7,500	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 247b-4
106	Congenital Heart Failure.....	\$8,250	\$8,250	FY 2024 bill sets a cap and a floor	42 USC § 247b-4; 42 USC § 280g-13
107	Public Health Approach to Blood Disorders.....	\$10,400	\$10,400	FY 2024 bill sets a cap and a floor	42 USC § 247b-4; 42 USC § 300b-5
108	Sickle Cell Research (non-add).....	\$6,000	\$6,000	FY 2024 bill sets a cap and a floor	42 USC § 300b-5; 42 USC § 247b-4; 42 USC § 243
109	Hemophilia CDC Activities.....	\$3,500	\$3,500	FY 2024 bill sets a cap and a floor	42 USC § 247b-4; 42 USC § 263
110	Hemophilia Treatment Centers.....	\$5,100	\$5,100	FY 2024 bill sets a cap and a floor	42 USC § 247b-4; 42 USC § 300c-22
111	Thalassemia.....	\$2,100	\$2,100	FY 2024 bill sets a cap and a floor	42 USC § 247b-4; 42 USC § 243; 42 USC § 300b-5
112	Neonatal Abstinence Syndrome.....	\$4,250	\$4,250	FY 2024 bill sets a cap and a floor	42 USC § 247b-12; 42 USC § 247b-13
113	Surveillance for Emerging Threats to Mothers and Babies.....	\$23,000	\$23,000	FY 2024 bill sets a cap and a floor	42 USC § 247b-4; 42 USC § 247b-12; 42 USC § 247b-13
114	Environmental Health.....	\$242,850	\$191,850	FY 2024 bill sets a cap and a floor	
115	Environmental Health - BA/2.....	\$191,850	\$191,850	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 242; 42 USC § 242a; 42 USC § 242b; 42 USC § 243; 42 USC § 247b; 42 USC § 254; 42 USC § 300u-5
116	Environmental Health - PPHF.....	\$51,000	\$0,000	FY 2024 bill sets a cap and a floor	42 USC § 300b-1 et seq.; 42 USC § 263
117	Environmental Health Laboratory.....	\$70,750	\$70,750	FY 2024 bill sets a cap and a floor	42 USC § 300b-1 et seq.; 42 USC § 263
118	Newborn Screening Quality Assurance Program (non-add).....	\$21,000	\$21,000	FY 2024 bill sets a cap and a floor	21 USC § 2224; 42 USC § 241; 42 USC § 242; 42 USC § 242a; 42 USC § 242b; 42 USC § 243; 42 USC § 247b; 42 USC § 254; 42 USC § 300u-5
119	Newborn Screening for Severe Combined Immuno. Diseases (non-add).....	\$1,250	\$1,250	FY 2024 bill sets a cap and a floor	254; 42 USC § 241; 42 USC § 242; 42 USC § 242a; 42 USC § 243; 42 USC § 247b; 42 USC § 254; 42 USC § 300u-5
120	Environmental Health Activities.....	\$48,600	\$48,600	FY 2024 bill sets a cap and a floor	42 USC 280g-7
121	All Other Environmental Health.....	\$17,000	\$17,000	FY 2024 bill sets a cap and a floor	254; 42 USC § 241; 42 USC § 242; 42 USC § 242a; 42 USC § 243; 42 USC § 247b; 42 USC § 254; 42 USC § 300u-5
122	Safe Water.....	\$8,600	\$8,600	FY 2024 bill sets a cap and a floor	254; 42 USC § 241; 42 USC § 242; 42 USC § 242a; 42 USC § 243; 42 USC § 247b; 42 USC § 254; 42 USC § 300u-5
123	Amyotrophic Lateral Sclerosis Registry (ALS).....	\$10,000	\$10,000	FY 2024 bill sets a cap and a floor	42 USC 280g-7
124	Climate and Health.....	\$10,000	\$10,000	FY 2024 bill sets a cap and a floor	254; 42 USC § 241; 42 USC § 242; 42 USC § 242a; 42 USC § 243; 42 USC § 247b; 42 USC § 254; 42 USC § 300u-5
125	Trevor's Law.....	\$3,000	\$3,000	FY 2024 bill sets a cap and a floor	42 USC 280g-17
126	Environmental and Health Outcome Tracking Network.....	\$34,000	\$34,000	FY 2024 bill sets a cap and a floor	42 USC § 241; 42 USC § 242; 42 USC § 242a; 42 USC § 243; 42 USC § 247b; 42 USC § 254; 42 USC § 300u-5; 42 U.S.C. § 300hh; 42 USC 300hh-33
127	Asthma.....	\$33,500	\$33,500	FY 2024 bill sets a cap and a floor	42 USC § 280g
128	Lead Exposure Registry.....	\$5,000	\$5,000	FY 2024 bill sets a cap and a floor	42 USC § 280g
129	Childhood Lead Poisoning Prevention - BA.....	\$0,000	\$0,000	FY 2024 bill sets a cap and a floor	42 USC 300j-27
130	Childhood Lead Poisoning Prevention - PPHF.....	\$51,000	\$51,000	FY 2024 bill sets a cap and a floor	42 USC § 247b-1; 42 USC § 247b-3
131	Injury Prevention and Control/2.....	\$761,379	\$761,379	FY 2024 bill sets a cap and a floor	
132	Intentional Injury.....	\$164,550	\$164,550	FY 2024 bill sets a cap and a floor	42 USC § 10414, Violence Against Women and Department of Justice Reauthorization Act of 2005 § 401 (P. L. 113-4), PHSA § 304, PHSA § 394, PHSA § 395, PHSA § 396, PHSA § 397, PHSA § 398, PHSA § 399, PHSA § 400, PHSA § 401, PHSA § 402, PHSA § 403
133	Domestic Violence and Sexual Violence.....	\$38,200	\$38,200	FY 2024 bill sets a cap and a floor	

CDC_001297

	A	B	C	L	M
134	-- Child Maltreatment (non-add).....	\$7,250	\$7,250	FY 2024 bill sets a cap and a floor	PHSA § 393
135	-- Child Sexual Abuse Prevention (non-add).....	\$3,000	\$3,000	FY 2024 bill sets a cap and a floor	PHSA § 394
136	-- Youth Violence Prevention.....	\$18,100	\$18,100	FY 2024 bill sets a cap and a floor	PHSA § 391, PHSA § 392
137	-- Domestic Violence Community Projects.....	\$7,500	\$7,500	FY 2024 bill sets a cap and a floor	Family Violence Prevention and Services Act § 314
138	-- Rape Prevention.....	\$61,750	\$61,750	FY 2024 bill sets a cap and a floor	PHSA § 393A, Violence Against Women and Department of Justice Reauthorization Act of 2005 § 402 (P. L. 113-4)
139	-- Suicide Prevention.....	\$30,000	\$30,000	FY 2024 bill sets a cap and a floor	PHSA § 396, PHSA § 397, PHSA § 398, PHSA § 399A(b) [42 USC § 280b-1(b)]; PHSA § 392(a)(1) [42 USC 280b-0(a)(1)]; PHSA § 301 (a) [42 U.S.C. 241(a)]; PHSA § 391 (a) [42 U.S.C. 280b(e)]
140	-- Adverse Childhood Experiences.....	\$9,000	\$9,000	FY 2024 bill sets a cap and a floor	PHSA § 399, PHSA § 393, Pub. L. 115-271 Sec. 713
141	-- National Violent Death Reporting System (NVDRS).....	\$24,500	\$24,500	FY 2024 bill sets a cap and a floor	PHSA § 393
142	-- Unintentional Injury.....	\$13,300	\$13,300	FY 2024 bill sets a cap and a floor	PHSA § 393B, PHSA § 393C
143	-- Traumatic Brain Injury (TBI).....	\$8,250	\$8,250	FY 2024 bill sets a cap and a floor	PHSA § 393D
144	-- Elderly Falls.....	\$3,050	\$3,050	FY 2024 bill sets a cap and a floor	PHSA § 301, PHSA § 392 [42 USC 280b-0(a)(1)]; PHSA § 301 (a) [42 U.S.C. 241(a)]; PHSA § 391
145	-- Drowning.....	\$2,000	\$2,000	FY 2024 bill sets a cap and a floor	45 USC § 280b-0
146	-- Injury Prevention Activities.....	\$29,950	\$29,950	FY 2024 bill sets a cap and a floor	PHSA § 3990, Comprehensive Addiction and Recovery (CARA) Act of 2016 § 102 (P. L. 114-198), PHSA § 392A, PHSA § 319
147	-- Opioid Overdose Prevention and Surveillance.....	\$505,579	\$505,579	FY 2024 bill sets a cap and a floor	PHSA § 301(e), PHSA 391(a)
148	-- Injury Control Research Centers.....	\$11,000	\$11,000	FY 2024 bill sets a cap and a floor	PHSA § 392, PHSA § 394
149	-- Firearm Injury and Mortality Prevention Research.....	\$12,500	\$12,500	FY 2024 bill sets a cap and a floor	
150	Public Health Scientific Services.....	\$754,497	\$754,497	FY 2024 bill sets a cap and a floor	
151	Public Health Scientific Services - BA.....	\$711,553	\$711,553	FY 2024 bill sets a cap and a floor	
152	Public Health Scientific Services - PHS Evaluation Transfer.....	\$42,944	\$42,944	FY 2024 bill sets a cap and a floor	
153	-- Health Statistics.....	\$187,397	\$187,397	FY 2024 bill sets a cap and a floor	PHSA § 306(h), PHSA § 306(k), PHSA § 308(a)(D)(2), PHSA § 310(b), PHSA § 306(h), PHSA § 308(a)(1)(D)(2), PHSA § 310(b), PHSA § 306(G), Food, Conservation, and Energy Act of 2008 § 4403, PHSA § 306(G), PHSA § 306(h)(2), PHSA § 306(b)(1)(H), PHSA § 306(b)(1)(B), PHSA § 306(b)(1)(F), PHSA § 306(b)(1)(F), PHSA § 306(k)(5)(B), PHSA § 306(b)(1)(F), PHSA § 308(d)(2), PHSA § 306(e), PHSA § 306(f), 5 USC § 301 note
154	-- Health Statistics - BA.....	\$144,453	\$144,453	FY 2024 bill sets a cap and a floor	42 USC § 247d-4; 42 USC § 242u; 42 USC § 280g-7a; 42 USC § 300hh-31; 25 USC § 5301 et seq.; 25 USC § 2801 et seq.; 42 USC § 247b(k)(2); 42 USC § 300u-2; 25 USC § 1621q; 42 USC § 241 et seq.; 42 USC § 2991 et seq.; 42 USC § 240; 42 USC § 243; 42 USC § 247b-8; 42 USC § 247d-2; 42 USC § 263; 42 USC § 247b
155	-- Health Statistics - PHS Evaluation Transfer.....	\$42,944	\$42,944	FY 2024 bill sets a cap and a floor	42 USC § 247d-4; 42 USC § 242u; 42 USC § 280g-7a; 42 USC § 300hh-31; 25 USC § 5301 et seq.; 25 USC § 2801 et seq.; 42 USC § 247b(k)(2); 42 USC § 300u-2; 25 USC § 1621q; 42 USC § 241 et seq.; 42 USC § 2991 et seq.; 42 USC § 240; 42 USC § 243; 42 USC § 247b-8; 42 USC § 247d-2; 42 USC § 263; 42 USC § 247b
156	-- Surveillance, Epidemiology, and Informatics.....	\$298,100	\$298,100	FY 2024 bill sets a cap and a floor	42 USC § 300hh-33; 42 USC § 242u; 42 USC § 247d-4; 42 USC § 300h-35; 42 USC § 241; ARP 2021 (P.L. 117-2); Funding for data modernization and forecasting center;
157	-- Primary Immunodeficiencies (non-add).....	\$3,500	\$3,500	FY 2024 bill sets a cap and a floor	42 USC § 247d-2; 42 USC § 247d-4; 42 USC § 263a
158	-- Advancing Laboratory Science.....	\$23,000	\$23,000	FY 2024 bill sets a cap and a floor	42 USC § 295f-3; 42 USC § 295c; 42 USC § 241; 42 USC § 242c; 42 USC § 247b-7; 42 USC § 247b-8; 42 USC § 300cc-31; 42 USC § 243; 42 USC § 204; 42 USC § 300u-2; 42 USC § 247b-8; 42 USC § 300cc-31; 42 USC § 243; 42 USC § 204; 42 USC § 300u-2; 42 USC § 247b
159	-- Public Health Data Modernization.....	\$175,000	\$175,000	FY 2024 bill sets a cap and a floor	42 USC § 247d-2; 42 USC § 247d-4; 42 USC § 263a
160	-- Public Health Workforce.....	\$71,000	\$71,000	FY 2024 bill sets a cap and a floor	42 USC § 247d-2; 42 USC § 247d-4; 42 USC § 300h-35; 42 USC § 241; ARP 2021 (P.L. 117-2); Funding for data modernization and forecasting center; Sec. 2401 and 2404; 42 USC § 242b;
161	Occupational Safety and Health/2.....	\$562,800	\$562,800	FY 2024 bill sets a cap and a floor	42 USC § 295f-3; 42 USC § 295c; 42 USC § 241; 42 USC § 242c; 42 USC § 247b-7; 42 USC § 247b-8; 42 USC § 300cc-31; 42 USC § 243; 42 USC § 204; 42 USC § 300u-2; 42 USC § 247b
162	-- National Occupational Research Agenda (NORA).....	\$119,500	\$119,500	FY 2024 bill sets a cap and a floor	29 USC § 6669; 29 USC § 670; 29 USC § 671; 30 USC § 813; 30 USC § 951; 42 USC § 241(a)
163	-- Agriculture, Forestry, Fishing (AgFF) (non-add).....	\$29,000	\$29,000	FY 2024 bill sets a cap and a floor	29 USC § 6669; 29 USC § 670; 29 USC § 671; 30 USC § 813; 30 USC § 951; 42 USC § 241(a)
164	-- Education and Research Centers.....	\$32,000	\$32,000	FY 2024 bill sets a cap and a floor	42 USC § 247d-60; 30 USC § 95; 30 USC § 97; 30 USC § 811; 30 USC § 842; 30 USC § 844; 42 USC § 247d-60
165	-- Personal Protective Technology.....	\$23,000	\$23,000	FY 2024 bill sets a cap and a floor	29 USC § 6669; 29 USC § 670; 29 USC § 671; 30 USC § 813; 30 USC § 951; 42 USC § 241(a)
166	-- Mining Research.....	\$66,500	\$66,500	FY 2024 bill sets a cap and a floor	29 USC § 6669; 29 USC § 670; 29 USC § 671; 30 USC § 813; 30 USC § 951; 42 USC § 241(a); Mine Improvement and New Emergency Response (MINER) Act § 13
167	-- Other Occupational Safety and Health Research.....	\$115,100	\$115,100	FY 2024 bill sets a cap and a floor	15 USC § 2601 et seq.; 29 USC § 6669; 29 USC § 670; 29 USC § 671; 30 USC § 813; 30 USC § 951; 42 USC § 241(a); 42 USC § 2944
168	-- Total Worker Health (non-add).....	\$11,800	\$11,800	FY 2024 bill sets a cap and a floor	29 USC § 6669; 29 USC § 670; 29 USC § 671; 42 USC § 241; 42 USC § 242i; 42 USC § 2601
169	-- National Mesothelioma Registry and Tissue Bank.....	\$1,200	\$1,200	FY 2024 bill sets a cap and a floor	42 USC § 241(a); 29 USC § 6669; 29 USC § 670; 29 USC § 671

CDC_001297

	A	B	C	L	M
193	-- Public Health Infrastructure and Capacity.....	\$350,000	\$350,000	FY 2024 bill sets a cap and a floor	42 USC § 247b(k)(2); 25 USC § 5301 et seq.; 25 USC § 2801 et seq.; 42 USC § 300u-2; 42 USC § 300gg-11; 42 USC § 241; 25 USC § 1621q; 42 USC § 241 et seq.; 42 USC § 2991 et seq.; American Rescue Plan Act § 2404, Subtitle F-Public Health Workforce, Sec. 2502; 42 USC § 300hh-31
194	Building and Facilities - BA.....	\$40,000	\$40,000	FY 2024 bill sets a cap and a floor	
195	-- Building and Facilities - BA.....	\$40,000	\$40,000	FY 2024 bill sets a cap and a floor	42 USC § 247d-4; Appropriations Report language
196	Totals				
197	Discretionary Budget Authority.....	\$7,937,588	\$7,937,588	FY 2024 bill sets a cap and a floor	
198	Prevention and Public Health Fund (PPHF).....	\$1,186,200	\$0,000	FY 2024 bill sets a cap and a floor	
199	PHS Evaluation Transfer.....	\$42,944	\$42,944	FY 2024 bill sets a cap and a floor	
200	Energy Employees Occupational Illness Compensation Act (EEOICPA).....	\$50,763	\$55,358	FY 2024 bill sets a cap and a floor	
201	Total Program Level.....	\$9,217,495	\$8,095,890	FY 2024 bill sets a cap and a floor	
202	1 FY 2025 level reflects full year Continuing Resolution (CR) level, which grants flexibility at the PPA level. PPA funding levels, including non-add PPAs, displayed in this Operating Plan are subject to change due to ongoing CDC reorganizational efforts. PPAs showing a reduction relative to FY 2024 will provide additional flexibilities for CDC and are not intended to reflect an elimination.				
203	2 Given the Reduction in Force and upcoming reorganization, PPAs in the following accounts will need to be evaluated and updated: 1) HIV/AIDS, Viral Hepatitis, STI, and TB Prevention; 2) Chronic Disease Prevention and Health Promotion; 3) Birth Defects, Developmental Disabilities, Disability and Health; 4) Environmental Health; 5) Injury Prevention and Control and 6) Occupational Safety and Health.				
204	3 The total estimated costs savings related to cancellations is approximately \$268M for contracts as of 3/26/2025. This effort is ongoing and as a result these amounts are subject to change. There are no cost savings related to grant cancellations.				
205					
206					
207					
208					
209					
210					
211					

EXHIBIT B

to the Declaration of Stefanie Krajewski



NOTICE: Due to the lapse in federal funding, portions of this website may not be updated and some non-disaster assistance transactions submitted via the website may not be processed or responded to until after appropriations are enacted. [Get more information.](#)

 An official website of the United States government [Here's how you know](#)



FEMA

[Apply for Assistance](#)

[Reports & Data](#)

OpenFEMA Dataset: Hazard Mitigation Assistance Projects - v4

Version: 4

Last Data Refresh: 03-05-2026

Key	Value
Entity Name	HazardMitigationAssistanceProjects
API Endpoint	https://www.fema.gov/api/open/v4/HazardMitigationAssistanceProjects
Update Frequency	R/P1D
Program URL	https://www.fema.gov/grants/mitigation
Category	Hazard Mitigation
Keywords	mitigation

Description

This dataset contains Hazard Mitigation Assistance (HMA) subapplications/subgrants from the NEMIS Mitigation and eGrants grants management systems. For details on HMA subapplications/subgrants not captured in these systems, visit <https://www.fema.gov/openfema-data-page/hma-subapplications-v2>.

This dataset contains information on the HMA subapplications/subgrants that have been submitted to or awarded in source systems mentioned above, as well as amendments made to the awarded subgrants. Sensitive information, such as Personally Identifiable Information (PII), has been removed to protect privacy. The information in this dataset has been deemed appropriate for publication to empower public knowledge of mitigation activities and the nature of HMA grant programs. For more information on the HMA grant programs, visit: <https://www.fema.gov/grants/mitigation>.

This dataset comes from the source systems mentioned above and is subject to a small percentage of human error. In some cases, data was not provided by the subapplicant, applicant, and/or entered into the grant management system. The financial information in this dataset is not derived from FEMA's official financial systems. Due to differences in reporting periods, status of obligations, and how business rules are applied, this financial information may differ slightly from official publication on public websites such as <https://www.usaspending.gov>. This dataset is not intended to be used for any official federal financial reporting.

If you have media inquiries about this dataset, please email the FEMA Press Office at FEMA-Press-Office@fema.dhs.gov. For inquiries about FEMA's data and Open Government program, please email the OpenFEMA team at OpenFEMA@fema.dhs.gov.

Full Data

Format	Address	Record Count	Approximate File Size
csv	Link to csv	55010	small (10MB - 50MB)
json	Link to json	55010	small (10MB - 50MB)

Download the FEMA App

Get real-time weather and emergency alerts, disaster news, and more with the FEMA app.



name	title	type	description	is searchable
projectId	Project Identifier	text	Single-value that uniquely identifies the project. Disaster-based projects use the convention of DR-disaster number-project number-suffix (e.g., DR-1761-0001-M) while non-disaster projects use the unique project number (e.g., FMA-PJ-10-WA-2017-006)	yes
programArea	Program Area	text	Hazard Mitigation Assistance grant program areas such as BRIC - Building Resilient Infrastructure and Communities grant program, FMA - Flood Mitigation Assistance grant program, HMGP - Hazard Mitigation Grant Program, LPDM - Legislative Pre-disaster Mitigation grant program, PDM - Pre-disaster Mitigation grant program, RFC - Repetitive Flood Claims grant program, SRL - Severe Repetitive Loss grant program	yes
programFy	Program FY	smallint	The fiscal year the disaster declaration date for disaster programs; the fiscal year from the Project Identifier for non-disaster programs (e.g., 2005 from PDMC-PJ-04-AL-2005-001)	yes
region	Region	smallint	Number (1-10) used to represent the Region associated with the project	yes
state	State	text	Full name of the State (e.g., Virginia) associated with the project	yes
stateNumberCode	State Number Code	text	FIPS code corresponding to the State (e.g., 51 represents Virginia/VA) associated with the project	yes
county	County	text	Full name of the primary county (e.g., Broward) associated with the project. Note, projects can be associated with more than one county (see the Project Counties field) and are often reported as Statewide (e.g., 000 represents Statewide)	yes
countyCode	County Code	text	FIPS code uniquely identifying the primary county (e.g., 011 represents Broward County) associated with the project. Note, projects can be associated with more than one county (see the Project Counties field) and are often	yes

Download the FEMA App

Get real-time weather and emergency alerts, disaster news, and more with the FEMA app.



name	title	type	description	is searchable
projectCounties	Project Counties	text	County, or Counties, associated with the project. When a project involves more than one county, a semicolon-delimited list of counties is displayed	yes
projectType	Project Type	text	Project, or activity, type(s) for the project. When a project involves more than one type/activity, a semicolon-delimited list of types/activities is displayed	yes
status	Status	text	Current status of the project. The following options for status are: Approved: Refers to HMGP projects that have been approved for award by FEMA and for which funds have been obligated Awarded: Refers to PDM and FMA projects from before FY2004 that have been approved for award by FEMA and for which funds have been obligated Obligated: Refers to PDM and FMA projects from FY2004 onward and FY19 BRIC projects that have been approved for award by FEMA and for which funds have been obligated Completed: Refers to FMA projects from FY2003 and earlier that were approved for award and fiscally reconciled at the end of the performance period Closed: Refers to all HMGP and PDM projects and FMA projects from FY2004 onward that were approved for award and fiscally reconciled at the end of the performance period. Void: Represents grants that were nullified. Pending: Represents grants that are still under review and do not have a final decision. Revision Requested: Represents grants that upon review, the reviewers requested additional information from the (sub)applicant before making the final decision. Withdrawn: Represents applications that have been withdrawn by the subapplicant for various reasons. Please note that there might be projects in these categories that do not meet these definitions.	yes
recipient	Recipient	text	Name of the recipient (previously referred to as grantee) to which the grant is awarded. The recipient is accountable for the use of the funds provided by FEMA and is responsible for disbursing those funds to the subrecipient	yes
recipientTri	Recipient	boolean	Indicates if the recipient (or formally referred to as grantee)	no

Download the FEMA App

Get real-time weather and emergency alerts, disaster news, and more with the FEMA app.



name	title	type	description	is searchable
dataSource	Data Source	text	Indicates which source system provided the data (e.g., eGrants, FMA, HMGP, HMGP-Historical)	yes
dateApproved	Date Approved	date	Date the project was approved by FEMA. For HMGP projects, this date is based on the Regional Directors signature date for the latest amendment that was approved.	yes
dateClosed	Date Closed	date	Date the project was closed by FEMA.	yes
dateInitiallyApproved	Date Initially Approved	date	Date the project was initially approved by FEMA. For HMGP projects, this date is based on the Regional Directors signature date for the first amendment that was approved.	yes
projectAmount	Project Amount	decimal	Total cost of the project as submitted in the project subapplication.	yes
initialObligationDate	Initial Obligation Date	date	Date when funds were initially obligated.	yes
initialObligationAmount	Initial Obligation Amount	decimal	Initial obligation amount	yes
federalShareObligated	Federal Share Obligated	decimal	Federal share obligated for eligible project activities. For HMGP this field does not include Admin Costs or Management Costs obligated with the project.	yes
subrecipientAdminCostAmt	Subrecipient Administrative Costs Obligated	bigint	Amount obligated for eligible subrecipient administrative activities (previously referred to as Federal Share Subgrantee Admin Amount). Subrecipient Administrative Costs only apply to disasters prior to November 13, 2007.	yes
srmcObligatedAmt	Subrecipient Management Costs Obligated	decimal	Amount obligated for eligible subrecipient management costs activities. Subrecipient Management Costs only apply to disasters declared on or after August 1, 2017.	yes

Download the FEMA App

Get real-time weather and emergency alerts, disaster news, and more with the FEMA app.



name	title	type	description	is searchable
			cost. Composite BCRs of 1.0 or greater have more benefits than costs, and are therefore cost-effective.	
netValueBenefits	Net Value Benefits	decimal	Net present value of benefits from the Benefit-Cost Analysis that represents the amount of benefits that will occur for the life of the project.	yes
numberOfFinalProperties	Number of Final Properties	smallint	Actual number of properties mitigated by the project as provided by project closeout activities.	yes
numberOfProperties	Number of Properties	smallint	Proposed number of properties to be mitigated by the project. Note, a zero values means the project does not apply mitigation directly to structures.	yes
id	ID	uuid	Unique ID assigned to the record	yes

See Also

Access the metadata API calls for additional information:

- [https://www.fema.gov/api/open/v1/OpenFemaDataSets?\\$filter=name%20eq%20%27HazardMitigationAssistanceProjects%27](https://www.fema.gov/api/open/v1/OpenFemaDataSets?$filter=name%20eq%20%27HazardMitigationAssistanceProjects%27)
- [https://www.fema.gov/api/open/v1/OpenFemaDataSetFields?\\$filter=openFemaDataSet%20eq%20%27HazardMitigationAssistanceProjects%27%20and%20datasetVersion%20eq%204](https://www.fema.gov/api/open/v1/OpenFemaDataSetFields?$filter=openFemaDataSet%20eq%20%27HazardMitigationAssistanceProjects%27%20and%20datasetVersion%20eq%204)

Last updated March 6, 2026

[Return to top](#)

Download the FEMA App

Get real-time weather and emergency alerts, disaster news, and more with the FEMA app.



About

Work With Us



FEMA

[Contact FEMA](#)



FEMA.gov

An official website of the U.S. Department of Homeland Security



[Accessibility](#)

[Accountability](#)

[Careers](#)

[Civil Rights](#)

[Contact Us](#)

[FOIA](#)

[Glossary](#)

[No FEAR Act](#)

[Plug-Ins](#)

[Privacy](#)

[Report Disaster Fraud](#)

[Website Information](#)

[DHS.gov](#)

[USA.gov](#)

[Inspector General](#)

Download the FEMA App

Get real-time weather and emergency alerts, disaster news, and more with the FEMA app.



UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official
capacity as Director of the Office of
Management & Budget, et al.*;

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 4

DECLARATION OF SHERIEF GABER

I, Sherief Gaber, declare as follows:

1. I am an Assistant Attorney General in the Office of the Illinois Attorney General, counsel for Plaintiff State of Illinois in this matter and make this declaration on personal knowledge and the records maintained by my office.

2. Defendants' March 2 document production redacts a number of names, email addresses and agency identifications of email recipients. Plaintiffs raised this with defendants as a priority issue during the meet-and-confer process, and defendants agreed to provide a list of the names and agencies from the redacted email headers.

3. On March 5, defendants provided a list of the recipients of the email at OMB_00000023 (ECF No. 55-3 at 24), a 22 January email from Eric Ueland, Deputy Director of the Office of Management and Budget, titled "PMC Deputies Call".

4. That list shows that individuals from a number of departments received that email: The Department of Homeland Security, Department of Transportation, United States Department of Agriculture, Department of Corrections, Department of Defense, Health and

Human Services, Department of Energy, Housing and Urban Development, Department of Interior, Treasury Department, Small Business Administration, Veterans Administration, General Services Agency, Nuclear Regulatory Commission, NASA, Office of Personnel Management, National Science Foundation, Environmental Protection Agency and Department of State.

5. Specifically, the email was sent to the following individuals:

Steven Vaden, USDA	Paul Dabber, DOC	Robert Salesses, DOD
Chase Forrester, ED	Rebecca Michael, DOE	Jim O’Neill, HHS
Troy Edgar, DHS	Andrew Hughes, HUD	Katharine MacGregor, DOI
Todd Blanche, DOJ	Keith Sonderling, DOL	Michael Rigas, State
Derek Theurer, Treasury	Steven Bradbury, DOT	Paul Lawrence, VA
David Fotouhi, EPA	Bill Briggs, SBA	Edward Forst, GSA
Jaelyn Jester, NASA	Brian Stone, NSF	David Wright, NRC
Scott Kupor, OPM	Thomas Holland, SSA	Steven Vaden, USDA
Bryn MacDonnell, DOD	David Taggart, NRC	TBD, DOC
Bryn MacDonnell, DOD	TBD, DHS	TBD, DOT
David Taggart, NRC		

6. Three of the names, identified with “TBD” had not yet been produced at this time and were identified by agency only.

Executed on March 6, 2026, in Chicago, Illinois.

By: /s/ Sherief Gaber
 Sherief Gaber
 Assistant Attorney General
 Office of the Illinois Attorney General

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 5

Declaration of Ashley Thoele

DECLARATION OF ASHLEY THOELE

I, Ashley Thoele, declare under penalty of perjury pursuant to 28 U.S.C. § 1746, as follows:

1. I am a resident of the State of Illinois. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

2. I am currently employed by the Illinois Department of Public Health (“IDPH”) as Chief Operating Officer since October 16, 2024. I also functioned as Division Chief of Emergency Medical Services and Highway Safety from January 16, 2020 until September 15, 2021, and January 23, 2022 until May 15, 2022; Interim Deputy Director, Office of Preparedness and Response from September 16, 2021 until January 23, 2022, and May 16, 2022 until October 15, 2024.

3. My educational background includes the following: Master of Science in Nursing (MSN), Executive Leadership from Benedictine University, Lisle, IL in May of 2020; Master of Business Administration (MBA), Healthcare Administration from Benedictine University, Lisle, IL in August of 2016; Bachelor of Science in Nursing (BSN) from MacMurray College, Jacksonville, IL in May of 2008; and Bachelor of Sciences (BS), Biology from Illinois State University, Normal, IL in May of 2002.

4. As the Chief Operating Officer (COO) of IDPH, I am responsible for overseeing the daily operations related to programs, grants, personnel, and budgeting. This includes managing and overseeing public health programs and ensuring compliance with federal and state grant requirements, supervising workforce operations and implementing human resource related policies, developing and monitoring multi-million-dollar budgets to ensure fiscal accountability. I work

closely with grant programs and staff that implement public health surveillance, disease control, violence prevention activities and workforce planning.

5. In Illinois, IDPH is the state's public health agency and has powers and duties relating to protecting, maintaining, and improving the health of all Illinoisans (see, for example, Illinois Statute, 20 Ill. Comp. Stat. Ann. 2305/2). Among other things, IDPH is an advocate for and partner with the people of Illinois to promote health equity and access, prevent and protect against disease and injury, and prepare for public health emergencies.

6. Illinois faces irreparable harm if threatened Centers for Disease Control and Prevention (CDC) grant cuts are carried out. To date, CDC has never notified IDPH, in writing or otherwise, that our performance under these grants is anything but satisfactory.

February 9, 2026 – HHS Notices Intent to Cancel Public Health Grants to Congress

7. On or about February 9, 2026, IDPH learned that members of the Senate Appropriations Committee received notice ("February 9 Notice") of the federal administration's plan to terminate at least five federal awards to IDPH by the CDC, part of the U.S. Department of Health and Human Services ("HHS").

8. Illinois stands to abruptly lose over \$68,044,838.67 in awarded IDPH funds alone based on the February 9 Notice. Below are five IDPH grants that CDC plans to terminate based on the February 9 Notice:

- Strengthening Illinois's Public Health Administration (NE11OE000090), under the Public Health Infrastructure Grant;
- Behavioral Risk Factor Surveillance System (NU58DP007844);
- Injury Prevention and Control Research and State and Community Based Programs Grant (NU17CE010045);

- HIV Medical Monitoring Program Grant (NU62PS924862); and
- HIV Prevention and Surveillance Activities Grant (NU62PS924843).

9. As of the date of this declaration, IDPH has not received any communication from CDC or HHS, written or otherwise, about the federal administration's plan to target Illinois and CDC's implementation of it through the impending grant terminations.

February 11, 2026 – HHS Notices Intent to Cancel Additional Public Health Grants to Congress

10. On or about February 11, 2026, IDPH learned that the Senate Appropriations Committee received notice ("February 11 Notice") of the federal administration's plan to terminate at least three additional federal awards to IDPH by CDC.

11. Illinois stands to abruptly lose approximately \$4,652,110.73 in additional awarded IDPH funds contained in the February 11 Notice.

12. Below are four IDPH grants that CDC plans to terminate based on the February 11 Notices:

- Preventative Health and Health Services Block Grant (NB01PW000090);
- Strengthening STD Prevention and Control for Health Departments Grant (NH25PS005138);
- Viral Hepatitis Prevention and Control Grant (NU51PS005172); and
- HIV Prevention and Surveillance Activities Grant to IDPH (NU62PS924843).

13. The HIV Prevention and Surveillance Activities Grant to IDPH (NU62PS924843) was noticed in both the February 9 Notice and the February 11 Notice. Therefore, the February 11 Notice identified three additional IDPH grants that CDC plans to terminate, for a total of eight.

CDC-Awarded Grants to IDPH

14. Below is a description of each of the eight IDPH grants that CDC has indicated it will terminate, and the irreparable harm that would result.

15. The **Public Health Infrastructure Block Grant** (“PHIG”) is a five-year grant allocated in multiple components which are issued on different timelines. IDPH was awarded a PHIG grant starting December 1, 2022. PHIG is a key part of Illinois’s efforts to address public health infrastructure, including enhancing the public health infrastructure for disease surveillance, data modernization and analysis, workforce enhancements, including training and education of public health workers, and regulatory compliance.

16. PHIG is organized into three major components:

- Workforce (Component A1): funding was provided for a 5-year period (December 1, 2022 - November 30, 2023).
- Foundational Capabilities (Component A2): funding is provided annually for one year with the authority to spend down the funds until the end of the grant period (November 30, 2027).
- Data Modernization (Component A3): funds are provided for various data infrastructure initiatives beginning at different years in the grant cycle. The funding is provided annually with the authority to expend funds until the end of the grant term.

17. IDPH was awarded funds for all three PHIG Components, A1, A2 and A3. Approximately \$126,671,970.00 in total was awarded to IDPH for PHIG between December 1, 2022 through November 30, 2027. As of the date of this declaration, the approximate total PHIG remaining unspent and available funds for IDPH is \$64,255,989.25.

18. For PHIG, we are required to submit detailed workplans to CDC. The workplans contain information such as a description of proposed activities, their focus, and expected outcomes according to defined milestones in alignment with defined CDC PHIG priority areas.

Illinois' most recent workplans were submitted in January 2026 and early February 2026. As of the date of this declaration, CDC never asked us, in writing or otherwise, to change or modify our submitted and complete approved workplans.

19. In August 2024, CDC awarded IDPH the **Behavioral Risk Factor Surveillance System Grant** ("BRFSS Grant") for the period of August 1, 2024 through July 31, 2029. The total amount over the full period of the grant would be approximately \$4,315,000.00. As of the date of this declaration, the approximate total BRFSS Grant remaining unspent and available funds for IDPH is \$952,500.00.

20. In August 2021, CDC awarded IDPH the **Injury Prevention and Control Research and State and Community Based Programs Grant** ("Injury Prevention Grant") for the period of August 1, 2021 through July 31, 2026. The total amount of the award was \$1,250,000.00. As of the date of this declaration, the approximate total Injury Prevention Grant remaining unspent and available funds for IDPH is \$141,030.24.

21. In September 2025, CDC awarded IDPH the **HIV Medical Monitoring Program Grant** for a period of September 30, 2025 through September 29, 2031. The total amount over the full period of the grant would be \$4,654,205.00. As of the date of this declaration, the approximate total HIV Medical Monitoring Grant remaining unspent and available funds for IDPH is \$815,223.66.

22. In August 2024, CDC awarded IDPH the **HIV Prevention and Surveillance Activities Grant** ("HIV Prevention Grant") for a period of August 1, 2024 through May 31, 2029. The total amount over the full period of the grant would be \$22,696,338.00. As of the date of this declaration, the approximate total HIV Prevention Grant remaining unspent and available funds for IDPH is \$1,880,095.52.

23. CDC has provided **Preventative Health and Health Services (“PHHS”) Block Grant** funding for over 40 years in all 50 states, 5 U.S. territories, 3 freely associated states, and 2 tribes to help support essential public health services, including prevention services and outbreak control. PHHS Grant funding allows states to address emerging health issues and gaps, decrease premature death and disability, support local health programs, and establish health data and surveillance systems.

24. The PHHS Grant is a non-competitive grant that is awarded each year based on a statutory formula. The current period for performance for IDPH’s PHHS Grant is October 1, 2024 through September 30, 2026. As of the date of this declaration, the approximate total remaining in PHHS funds is \$2,812,142.48.

25. Each year Illinois’s work plan, budget, objectives and activities go through a thorough technical review by the assigned CDC Project Officer. Illinois has never been asked to change the programs that are being funded or activities within the programs. Illinois submitted final work plans and budget for the current federal fiscal year, October 1, 2025 through September 30, 2026, receiving full approval from CDC.

26. In January 2023, CDC awarded IDPH the **Strengthening STD Prevention and Control for Health Departments Grant (“STD PCHD Grant”)** for the period of January 1, 2023 through February 28, 2026. The total amount over the full period of the grant would be approximately \$29,949,307.00. As of the date of this declaration, the approximate total STD PCHD Grant remaining unspent and available funds for IDPH is \$1,498,093.54.

27. On December 22, 2025, CDC sent all PCHD recipients, including Illinois, a notice stating that existing PCHD recipients were eligible to extend the grant period for one year, through February 28, 2027. This notice included a table of “Anticipated Supplement Funding” amounts for

each of the eligible grantees, and instructed recipients to submit applications based on that “anticipated” amount. The table included anticipated funding for Plaintiff States, such as \$2,321,235 for the Illinois Department of Public Health. On March 2, 2026, Illinois received a notification that Illinois is approved to incur costs for the budget period of March 1, 2026 through February 28, 2027. CDC stated that the Notice of Award for the extended year would be issued no later than March 4, 2026. As of the date of this declaration, Illinois has not received the promised notice.

28. In May 2021, CDC awarded IDPH the **Viral Hepatitis Prevention and Control Grant** (“Viral Hepatitis Prevention Grant”) for the period of May 1, 2021 through April 30, 2026. The total amount over the full period of the grant would be approximately \$1,445,000.00. As of the date of this declaration, the approximate total Viral Hepatitis Prevention Grant remaining unspent and available funds for IDPH is \$341,874.71.

29. On January 9, 2026, CDC sent all Viral Hepatitis Prevention Grant recipients, including Illinois, a notice stating that existing recipients were eligible to extend the grant period for one year, through April 30, 2027. This notice instructed recipients to submit applications based on the current year’s award amount; which for Illinois is \$250,00.00. Many of IDPH’s grants were awarded before October 1, 2025 and some did not contain any provision allowing terminations for “agency priorities” at the time the award was accepted. Instead, CDC sent notices purporting to unilaterally amend earlier issued grants with updated terms and conditions. True and correct examples of such notices for IDPH’s PHIG (NE11OE000090), HIV Prevention Grant (NU62PS924843), and Viral Hepatitis Prevention Grant (NU51PS005172) are attached as **Exhibit A**. The notices state that “by accepting this award” the recipient agrees that “continued funding for the award is contingent upon . . . a decision by the agency that award continues to effectuate

program goals or agency priorities.” But the awards had already been accepted under different conditions that did not allow such terminations. IDPH was not asked to accept these new terms and conditions and did not accept them.

30. To date, CDC has never provided IDPH with notice, written or otherwise, that IDPH’s administration of any of the above identified IDPH grants was in any way unsatisfactory. IDPH has fully performed all of its obligations with respect to these grants, including making timely submissions to CDC and complying with the terms and conditions set forth in the notice of grant award.

31. In the ordinary course of business for the eight above-identified IDPH grants, IDPH typically draws down on grant funds on a monthly basis. The specific process of how we draw down funds depends on the grant.

Irreparable Injury to Illinois from Federal Agency Action

32. IDPH relied and acted upon its expectation and understanding that CDC would fulfill its commitment to provide funding it had awarded to IDPH. The lack of any prior notice and the sudden planned termination of the funding has caused IDPH hardship in the administration of the programs supported by that funding. For example, IDPH does not know whether it can fulfill its outstanding obligations to providers who performed work in the programs funded by this grant.

33. If the CDC terminates the IDPH grants identified above, Illinois will lose over \$72,696,949.40 in funds already awarded, along with future funds anticipated covering the whole grant periods, estimated to total approximately \$99,792,505.40.

34. Termination or disruption of **PHIG** alone would result in immediate and severe impairment of Illinois’s public health capacity.

35. At least ninety-nine (99) IDPH positions (78 full-time and 21 contractual) would be reduced or eliminated. This includes individual essential staff members supporting data

modernization, public health and healthcare system preparedness and response, fiscal monitoring, workforce development, public health daily and crisis communications, regulation and provision of statewide emergency medical services, community initiatives in medically underserved areas, and public health surveillance laboratory testing, lead surveillance and case management and environmental health monitoring. This would drastically reduce IDPH's capacity to perform core public health functions including disease surveillance, data analysis, workforce management, and regulatory compliance.

36. IDPH would be forced to cancel fifty-five (55) contracts that support strategic planning, data modernization, emergency preparedness, training, and community engagement—halting multi-year initiatives that are foundational to a modernized public health system.

37. Six hundred and seventy-four (674) local health department positions across ninety-six (96) agencies would lose support from the Local Health Department Workforce Development Grants (sub-grants of pass-through PHIG funds), undermining the frontline workforce that delivers essential services to communities statewide. These critical public health positions have been utilized to fill long-standing workforce gaps and strengthen core infrastructure. They include public health professionals providing health education and assessments for vaccinations, screening and education for sexually transmitted diseases, environmental health and food safety inspections, disease surveillance coordination, disease epidemiology, health promotion, public health data analysis, and public health emergency response coordination to ensure preparedness for emerging threats. The loss of these essential public health workers will result in slower identification of outbreaks; environmental hazards due to reduced inspections of restaurants, water systems, and private sewage; and delayed reaction to emerging public health threats. This also will increase the rate of preventable diseases due to missed vaccinations, screenings, and early intervention,

worsening chronic disease outcomes and leading to higher healthcare costs.

38. Twenty-five (25) communities would lose Lead Poisoning Prevention programs, removing critical protections for children at highest risk of lead exposure and its irreversible developmental consequences.

39. CDC's planned termination of PHIG would reverse years of infrastructure progress, dismantling the workforce pipelines, data systems, strategic plans, and community partnerships that Illinois has invested in building. Once lost, these capabilities and the individuals who serve in these critical public health positions cannot be quickly or easily replaced or rebuilt. The workforce and systems that PHIG has built represent a generational investment in the health and safety of more than 12 million Illinois residents—an investment that state and local funding sources alone cannot replace.

40. Illinois would also lose the institutional knowledge of hundreds of trained public health professionals and interrupt long-term strategic initiatives, abandoning communities. Public health is especially crucial for those residents who live in isolated, underdeveloped, medically underserved or rural communities. These communities depend on local health departments as their primary connection to public health services.

41. In short, termination of IDPH's PHIG awards would have immediate adverse impacts on Illinois's skilled public health workforce and the critical services they provide—impacts that cannot simply be undone if these awards are terminated and then later restored.

42. IDPH draws funds from its PHIG awards on a monthly basis, and any disruption of PHIG awards would be felt immediately.

43. As another example, one of the grants slated for termination, the **BRFSS Grant**, funds the collection of basic survey data about Illinoisans' health, including health behaviors,

demographics, chronic disease, screening, and health care access—which is used by stakeholders to make data-driven decisions about allocation of public health resources, and which CDC itself uses for its national Behavioral Research dataset. In particular, through BRFSS, IDPH tracks and monitors immunization rates across the state to determine areas where populations are suffering from low immunization rates, creating outbreak situations and potentially epidemics. Terminating this grant would require Illinois to seek other data resources that are less reliable and less representative.

44. The **Injury Prevention Grant**, which is also at risk, funds the collection and publication of Illinois injury data, which Illinois and local health departments need to track trends in preventable injuries and accurately target prevention efforts. Losing these funds would undermine educational and preventative resources for communities throughout Illinois who utilize suicide and violence data to target areas that need assistance and intervention.

45. Another targeted grant, the **HIV Prevention Grant**, funds Illinois' implementation of the CDC's own Medical Monitoring Project (MMP) for patients living with HIV, which gathers data that the State needs to evaluate the effectiveness of HIV care programs, and to focus interventions on the populations most at risk. Without this grant, Illinois will lose funding to test more than 60,000 residents for HIV, other sexually transmitted infections (STIs) and hepatitis C on an annual basis. These grants are vital to provide Illinois residents with medical care, testing, pre-exposure prophylaxis (PrEP) and educational strategies to prevent further HIV infection and adverse health outcomes.

46. The **HIV Medical Monitoring Program** is a data-focused grant slated to be cut, and it funds Illinois' HIV surveillance system. Without that system, Illinois would have no reliable way of tracking the spread of HIV within the State, and the State's capacity to detect

and respond to HIV outbreaks would collapse.

47. The loss of **PHHS** funding will significantly impact IDPH's ability to reduce preventable diseases and will harm public health outcomes. For example, PHHS funds the development and oversight of the State Health Improvement Plan and the Illinois Project for Local Assessment of Needs. The loss of these funds and plans could severely disrupt Illinois' public health surveillance, planning, and prevention efforts, including maternal and infant health monitoring, early hearing intervention, and sexual assault education. In particular, cuts to PHHS funding would impact administration of the Pregnancy Risk Assessment Monitoring System, which aims to identify groups of women and infants at high risk for health problems, monitor changes in health status, and measure progress towards goals in improving health of mothers and infants. Disruption of funds would also impact the early identification and intervention for infants with atypical hearing.

48. The **STD PCHD Grant**, another targeted grant, funds Illinois' core capacity to conduct statewide surveillance, investigation, prevention, and treatment activities for sexually transmitted diseases (STD), like chlamydia, gonorrhea, and syphilis, including detecting and responding to STD-related outbreaks. For example, just in 2024, this grant funded activities that prevented approximately 100 cases of congenital syphilis, while Illinois is in the middle of a congenital syphilis emergency where each rising case representing a preventable tragedy of stillbirth, infant death, or lifelong disability. Terminating this grant would create not only create a significant increase for the Illinois population in STDs but further compromise the health of newborns and infants in Illinois.

49. Another grant at risk is the **Viral Hepatitis Prevention Grant**, CDC's flagship cooperative agreement for state viral hepatitis infrastructure. If CDC terminates this grant, Illinois

loses its entire dedicated infrastructure for viral hepatitis surveillance and outbreak response. The state would be unable to detect hepatitis outbreaks including among people who inject drugs, where hepatitis C clusters are early warning signals for HIV outbreaks. Case reporting to CDC would degrade or cease, blinding both state and national efforts to track an epidemic affecting an estimated over 50,000 Illinoisans living with chronic hepatitis C, the majority undiagnosed.

50. In summary, implementation of the CDC funding terminations and disruptions will cause severe and irrevocable harm to Illinois.

Improper February 12, 2026 Termination Notices to IDPH

51. On February 12, 2026, at approximately 7:12 AM Eastern Standard Time, IDPH received emails notifying us that our PHIG (No. NE11OE000090), BRFSS (No. NU58DP007844); Injury Prevention Grant (No. NU17CE010045), and HIV Monitoring Grant (No. NU62PS924862) had been terminated. A true and correct copy of the termination notice for our PHIG grant is attached as **Exhibit B**. The other termination notices are substantially identical.

52. All four termination notices purport to terminate the grants effective February 11, 2026, and cite “agency priorities” as the reason for the terminations.

53. As of the date of this declaration, CDC has never provided IDPH with notice, written or otherwise, that IDPH’s administration of our PHIG, BRFSS Grant, Injury Prevention Grant, and/or our HIV Monitoring Grant was in any way unsatisfactory. IDPH has fully performed all of its obligations with respect to these grants, including making timely submissions to CDC and complying with the terms and conditions set forth in the notice of grant award.

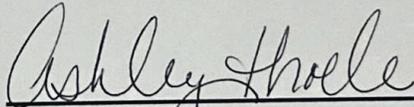
54. On February 16, 2026, at approximately 7:13 AM Eastern Standard Time, IDPH received emails notifying us that the above-mentioned termination notices of our PHIG, BRFSS; Injury Prevention Grant, and HIV Monitoring Grant had been rescinded for 14 days, referencing the temporary restraining order (ECF No. 21) issued on February 12, 2026 in the above captioned

case (*Illinois et al., v. Vought et al.*, Case No. 26-cv-1566). A true and correct copy of the February 16 notice rescinding termination of our PHIG grant is attached as **Exhibit C**. The other notices are substantially identical.

55. On February 27, 2026, at approximately 7:12 AM Eastern Standard Time, IDPH received emails notifying us that CDC is “extend[ing] the rescission of termination to March 12, 2026, to align with the extension of the TRO by the Court” for the same four grants. A true and correct copy of the February 27 notice rescinding termination of our PHIG grant is attached as **Exhibit D**. The other notices are substantially identical.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Executed on March 4, 2026, in Springfield, Illinois.



Ashley Thoele
Chief Operating Officer
Illinois Department of Public Health

EXHIBIT A

to the Declaration of Ashley Thoele



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000090-03-03

FAIN# NE11OE000090

Federal Award Date: 11/13/2025

Recipient Information

1. Recipient Name

DEPARTMENT OF PUBLIC HEALTH ILLINOIS
535 W Jefferson Floor 1
Springfield, IL 62761-0001
[NO DATA]

2. Congressional District of Recipient

13

3. Payment System Identifier (ID)

1010632628A1

4. Employer Identification Number (EIN)

010632628

5. Data Universal Numbering System (DUNS)

806660296

6. Recipient's Unique Entity Identifier (UEI)

NN66PR7QMLR8

7. Project Director or Principal Investigator

Ms. Ashley Thoele
Principle Investigator
ashley.thoele@illinois.gov
217-557-3699

8. Authorized Official

Ms. Heather Whetsell
heatherwhetsell@outlook.com
217-785-9144

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Derick Wheeler, II
Grants Management Specialist
tie2@cdc.gov
678-475-4972

10. Program Official Contact Information

Gabrielle N Bires
Program Officer
ugt2@cdc.gov
404-368-3908

Federal Award Information

11. Award Number

6 NE11OE000090-03-03

12. Unique Federal Award Identification Number (FAIN)

NE11OE000090

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

CDC-RFA-OE22-2203 Strengthening Illinois's Public Health Administration (SIPA)

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

Table with 2 columns: Item Number and Amount. Rows include Budget Period Start Date (12/01/2024 - End Date 11/30/2025), Total Amount of Federal Funds Obligated by this Action (\$0.00), Total Amount of Federal Funds Obligated this budget period (\$6,299,354.00), Total Approved Cost Sharing or Matching, where applicable (\$0.00), Total Federal and Non-Federal Approved this Budget Period (\$6,299,354.00), Period of Performance Start Date (12/01/2022 - End Date 11/30/2027), Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance (\$120,372,620.00).

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Damond Barnes
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000090-03-03

FAIN# NE11OE000090

Federal Award Date: 11/13/2025

Recipient Information	
Recipient Name DEPARTMENT OF PUBLIC HEALTH ILLINOIS 535 W Jefferson Floor 1 Springfield, IL 62761-0001 [NO DATA]	
Congressional District of Recipient 13	
Payment Account Number and Type 1010632628A1	
Employer Identification Number (EIN) Data 010632628	
Universal Numbering System (DUNS) 806660296	
Recipient's Unique Entity Identifier (UEI) NN66PR7QMLR8	

31. Assistance Type Project Grant
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$907,013.00
b. Fringe Benefits	\$799,404.00
c. Total Personnel Costs	\$1,706,417.00
d. Equipment	\$0.00
e. Supplies	\$34,645.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$33,561.00
i. Contractual	\$4,309,186.00
j. TOTAL DIRECT COSTS	\$6,083,809.00
k. INDIRECT COSTS	\$215,545.00
l. TOTAL APPROVED BUDGET	\$6,299,354.00
m. Federal Share	\$6,299,354.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390LM6	23NE11OE000090DMIC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390LFD	23NE11OE000090LDXC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390JXA	23NE11OE000090A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000090A1C6	OE	410U	93.967	\$0.00	75-X-0140
3-9390EV2	23NE11OE000090A3	OE	410U	93.967	\$0.00	75-23-0959
4-9390LFF	23NE11OE000090A2	OE	410U	93.967	\$0.00	75-2324-0943
4-9390MFC	23NE11OE000090C5	OE	410U	93.967	\$0.00	75-2124-0943
5-9390MR5	23NE11OE000090A2	OE	410U	93.967	\$0.00	75-2425-0943
4-9390MV6	23NE11OE000090DMIC6	OE	410U	93.967	\$0.00	75-X-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000090-03-03

FAIN# NE11OE000090

Federal Award Date: 11/13/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

DEPARTMENT OF PUBLIC HEALTH ILLINOIS

6 NE11OE000090-03-03

1. TERMS AND CONDITIONS

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.



Recipient Information

1. Recipient Name

DEPARTMENT OF PUBLIC HEALTH ILLINOIS
535 W Jefferson St
-DUP
Springfield, IL 62702-5076
[NO DATA]

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1010632628A1

4. Employer Identification Number (EIN)

010632628

5. Data Universal Numbering System (DUNS)

806660296

6. Recipient's Unique Entity Identifier (UEI)

NN66PR7QMLR8

7. Project Director or Principal Investigator

Ms. Cheryl Ward
HIV Surveillance Program Administrator
Cheryl.Ward@illinois.gov
312-814-1960

8. Authorized Official

Ms. Nicole Hildebrand
CFO, Deputy Director, Office of Finance and
Administration
nicole.hildebrand@illinois.gov
217-993-2367

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Benita Bosier-Ingram
Grant Management Specialist
ula8@cdc.gov
404-638-7434

10. Program Official Contact Information

Veronica McCants
vrm0@cdc.gov
404.639.5194

Federal Award Information

11. Award Number

6 NU62PS924843-02-01

12. Unique Federal Award Identification Number (FAIN)

NU62PS924843

13. Statutory Authority

Section 318(b-c) of the Public Health Service Act (42USC Sections 247c(b-c), as amended and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113)

14. Federal Award Project Title

Implement and maintain a comprehensive HIV surveillance and prevention program to prevent new HIV infections, improve health outcomes for persons living with HIV and reduce health-related disparities.

15. Assistance Listing Number

93.940

16. Assistance Listing Program Title

HIV Prevention Activities_Health Department Based

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/01/2025	- End Date	05/31/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$4,738,446.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$4,738,446.00
26. Period of Performance Start Date	08/01/2024	- End Date	05/31/2029
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$8,481,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924843-02-01

FAIN# NU62PS924843

Federal Award Date: 11/18/2025

Recipient Information	
Recipient Name	
DEPARTMENT OF PUBLIC HEALTH ILLINOIS	
535 W Jefferson St	
-DUP	
Springfield, IL 62702-5076	
[NO DATA]	
Congressional District of Recipient	
18	
Payment Account Number and Type	
1010632628A1	
Employer Identification Number (EIN) Data	
010632628	
Universal Numbering System (DUNS)	
806660296	
Recipient's Unique Entity Identifier (UEI)	
NN66PR7QMLR8	

31. Assistance Type	Cooperative Agreement
32. Type of Award	Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$1,127,108.00
b. Fringe Benefits	\$761,101.00
c. Total Personnel Costs	\$1,888,209.00
d. Equipment	\$0.00
e. Supplies	\$476,649.00
f. Travel	\$9,571.00
g. Construction	\$0.00
h. Other	\$7,368.00
i. Contractual	\$1,971,180.00
j. TOTAL DIRECT COSTS	\$4,352,977.00
k. INDIRECT COSTS	\$385,469.00
l. TOTAL APPROVED BUDGET	\$4,738,446.00
m. Federal Share	\$4,738,446.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390N51	24NU62PS924843	PS	410Q	93.940	\$0.00	75-24-0950
4-9390N5M	24NU62PS924843	PS	410Q	93.940	\$0.00	75-24-0950
5-9390N51	24NU62PS924843	PS	410Q	93.940	\$0.00	75-25-0950
5-9390N5M	24NU62PS924843	PS	410Q	93.940	\$0.00	75-25-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924843-02-01

FAIN# NU62PS924843

Federal Award Date: 11/18/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

DEPARTMENT OF PUBLIC HEALTH ILLINOIS

6 NU62PS924843-02-01

1. Revised Terms and Conditions

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.



Recipient Information

1. Recipient Name

DEPARTMENT OF PUBLIC HEALTH ILLINOIS
525 W JEFFERSON ST
Illinois Department of Public Health
SPRINGFIELD, IL 62702-5056
[NO DATA]

2. Congressional District of Recipient

13

3. Payment System Identifier (ID)

1010632628A1

4. Employer Identification Number (EIN)

010632628

5. Data Universal Numbering System (DUNS)

806660296

6. Recipient's Unique Entity Identifier (UEI)

NN66PR7QMLR8

7. Project Director or Principal Investigator

Ms. KATHYLEEN PITNER
Chief, Division of HIV/Aids
Kathyleen.Pitner@illinois.gov
312-814-3779

8. Authorized Official

Ms. Vickie Wilson
Vicki.Wilson@illinois.gov
217-782-6237

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Ryan Springer
Grants Management Specialist (GMS)
rji2@cdc.gov
678-475-4693

10. Program Official Contact Information

Ms. Courtney Allen
Project Officer
Division of Viral Hepatitis
qqd1@cdc.gov
4046398090

Federal Award Information

11. Award Number

6 NU51PS005172-05-01

12. Unique Federal Award Identification Number (FAIN)

NU51PS005172

13. Statutory Authority

PHS ACT, SECT. 318 (42U.S.C. SEC 247C)

14. Federal Award Project Title

Support of initiatives focused on surveillance and prevention of viral hepatitis

15. Assistance Listing Number

93.270

16. Assistance Listing Program Title

Adult Viral Hepatitis Prevention and Control

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	05/01/2025	- End Date	04/30/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$65,000.00
23. Total Amount of Federal Funds Obligated this budget period			\$250,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$250,000.00
26. Period of Performance Start Date	05/01/2021	- End Date	04/30/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$1,445,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Benita Bosier-Ingram
Grant Management Specialist

30. Remarks

Administrative Action to the NoA



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU51PS005172-05-01

FAIN# NU51PS005172

Federal Award Date: 11/13/2025

Recipient Information	
Recipient Name	
DEPARTMENT OF PUBLIC HEALTH ILLINOIS 525 W JEFFERSON ST Illinois Department of Public Health SPRINGFIELD, IL 62702-5056 [NO DATA]	
Congressional District of Recipient	
13	
Payment Account Number and Type	
1010632628A1	
Employer Identification Number (EIN) Data	
010632628	
Universal Numbering System (DUNS)	
806660296	
Recipient's Unique Entity Identifier (UEI)	
NN66PR7QMLR8	

31. Assistance Type	Cooperative Agreement
32. Type of Award	Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$102,929.00
b. Fringe Benefits	\$95,245.00
c. Total Personnel Costs	\$198,174.00
d. Equipment	\$0.00
e. Supplies	\$4,055.00
f. Travel	\$6,822.00
g. Construction	\$0.00
h. Other	\$4,007.00
i. Contractual	\$63,360.00
j. TOTAL DIRECT COSTS	\$276,418.00
k. INDIRECT COSTS	\$38,582.00
l. TOTAL APPROVED BUDGET	\$315,000.00
m. Federal Share	\$315,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390C2C	21NU51PS005172	PS	41.51	93.270	\$0.00	75-21-0950
1-9390E3N	21NU51PS005172	PS	41.51	93.270	\$0.00	75-75-X-0512-009
1-9390EVQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-21-0950
1-9390GDH	21NU51PS005172	PS	41.51	93.270	\$0.00	75-21-0950
1-939ZRPQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-21-0950
1-939ZSEH	21NU51PS005172	PS	41.51	93.270	\$0.00	75-21-0949
2-9390EVQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-22-0950
2-9390G5D	21NU51PS005172	PS	41.51	93.270	\$0.00	75-22-0950
2-9390GDH	21NU51PS005172	PS	41.51	93.270	\$0.00	75-22-0950
2-9390JTR	21NU51PS005172	PS	41.51	93.270	\$0.00	75-75-X-0512-009
2-939ZRPQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-22-0950
3-9390EVQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-23-0950
3-9390G5D	21NU51PS005172	PS	41.51	93.270	\$0.00	75-23-0950
3-9390GDH	21NU51PS005172	PS	41.51	93.270	\$0.00	75-23-0950
3-9390JTR	21NU51PS005172	PS	41.51	93.270	\$0.00	75-75-X-0512-009
3-9390K37	21NU51PS005172	PS	41.51	93.270	\$0.00	75-23-0949
3-939ZRPQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-23-0950
4-9390K37	21NU51PS005172	PS	41.51	93.270	\$0.00	75-24-0949
4-9390JTR	21NU51PS005172	PS	41.51	93.270	\$0.00	75-75-X-0512-009
4-9390GDH	21NU51PS005172	PS	41.51	93.270	\$0.00	75-24-0950
4-9390G5D	21NU51PS005172	PS	41.51	93.270	\$0.00	75-24-0950
4-939ZRPQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-24-0950
4-9390EVQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-24-0950
5-9390EVQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-25-0950
5-9390G5D	21NU51PS005172	PS	41.51	93.270	\$0.00	75-25-0950
5-9390GDH	21NU51PS005172	PS	41.51	93.270	\$0.00	75-25-0950
5-9390JTR	21NU51PS005172	PS	41.51	93.270	\$0.00	75-75-X-0512-009
5-9390K37	21NU51PS005172	PS	41.51	93.270	\$0.00	75-25-0949
5-939ZRPQ	21NU51PS005172	PS	41.51	93.270	\$0.00	75-25-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU51PS005172-05-01

FAIN# NU51PS005172

Federal Award Date: 11/13/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

DEPARTMENT OF PUBLIC HEALTH ILLINOIS

6 NU51PS005172-05-01

1. Terms & Conditions - Admin Action

TERMS AND CONDITIONS OF AWARD

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.

EXHIBIT B

to the Declaration of Ashley Thoele



Recipient Information

1. Recipient Name

DEPARTMENT OF PUBLIC HEALTH ILLINOIS
535 W Jefferson Floor 1
Springfield, IL 62761-0001
[NO DATA]

2. Congressional District of Recipient
13

3. Payment System Identifier (ID)
1010632628A1

4. Employer Identification Number (EIN)
010632628

5. Data Universal Numbering System (DUNS)
806660296

6. Recipient's Unique Entity Identifier (UEI)
NN66PR7QMLR8

7. Project Director or Principal Investigator

Ms. Ashley Thoele
Principle Investigator
ashley.thoele@illinois.gov
217-557-3699

8. Authorized Official

Mr. Jacob Cisco
Chief Fiscal Officer
Jacob.Cisco@Illinois.gov
217-558-0264

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Derick Wheeler, II
Grants Management Specialist
tie2@cdc.gov
678-475-4972

10. Program Official Contact Information

Gabrielle N Bires
Program Officer
ugt2@cdc.gov
404-368-3908

Federal Award Information

11. Award Number

6 NE11OE000090-04-04

12. Unique Federal Award Identification Number (FAIN)

NE11OE000090

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening Illinois's Public Health Administration (SIPA)

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	02/11/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$6,299,354.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$6,299,354.00
26. Period of Performance Start Date	12/01/2022	- End Date	02/11/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$126,671,974.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Damond Barnes
Grants Management Officer

30. Remarks

Termination for Departmental Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000090-04-04

FAIN# NE11OE000090

Federal Award Date: 02/11/2026

Recipient Information	
Recipient Name DEPARTMENT OF PUBLIC HEALTH ILLINOIS 535 W Jefferson Floor 1 Springfield, IL 62761-0001 [NO DATA]	
Congressional District of Recipient 13	
Payment Account Number and Type 1010632628A1	
Employer Identification Number (EIN) Data 010632628	
Universal Numbering System (DUNS) 806660296	
Recipient's Unique Entity Identifier (UEI) NN66PR7QMLR8	
31. Assistance Type Project Grant	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$306,534.00
b. Fringe Benefits	\$251,358.00
c. Total Personnel Costs	\$557,892.00
d. Equipment	\$0.00
e. Supplies	\$31,881.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$2,740,785.00
i. Contractual	\$2,891,387.00
j. TOTAL DIRECT COSTS	\$6,221,945.00
k. INDIRECT COSTS	\$77,409.00
l. TOTAL APPROVED BUDGET	\$6,299,354.00
m. Federal Share	\$6,299,354.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
3-9390LM6	23NE11OE000090DMIC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390LFD	23NE11OE000090LDXC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390JXA	23NE11OE000090A2	OE	410U	93.967		\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000090A1C6	OE	410U	93.967		\$0.00	75-X-0140
3-9390EV2	23NE11OE000090A3	OE	410U	93.967		\$0.00	75-23-0959
4-9390LFF	23NE11OE000090A2	OE	410U	93.967		\$0.00	75-2324-0943
4-9390MFC	23NE11OE000090C5	OE	410U	93.967		\$0.00	75-2124-0943
5-9390MR5	23NE11OE000090A2	OE	410U	93.967		\$0.00	75-2425-0943
4-9390MV6	23NE11OE000090DMIC6	OE	410U	93.967		\$0.00	75-X-0140
6-9390QMC	23NE11OE000090A2	OE	410U	93.967		\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000090-04-04

FAIN# NE11OE000090

Federal Award Date: 02/11/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

DEPARTMENT OF PUBLIC HEALTH ILLINOIS

6 NE11OE000090-04-04

1. Terms and Conditions

**NOTIFICATION LETTER TO RECIPIENT FOR TERMINATION OF FEDERAL
AWARD FOR NON-ALIGNMENT WITH PROGRAM GOALS OR AGENCY
PRIORITIES**

To: Department Of Public Health Illinois
Representative of Award Number NE11OE000090

Funding for NE11OE000090 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective February 11, 2026.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

CDC's current priorities, published on CDC's website⁵¹ and issued to all other grantees, include focusing agency resources in line with the fundamental role CDC plays in the public health sphere. CDC's priorities illustrate the overall direction of CDC, in furtherance of the goals of the Trump Administration and the Department of Health and Human Services (HHS) Secretary. The Priorities Statement highlights CDC goals and priorities, all through the lens of providing Gold-Standard Science, as envisioned in the [Make America Healthy Again Commission Report](#) and the [Make Our Children Healthy Again Strategy](#).

CDC is specifically prioritizing a commitment to: gold-standard science; global leadership; rebuilding trust, transparency, and credibility; rapid, evidence-based responses to crises; vaccine safety and efficacy research; advancing our understanding of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease; modernizing public health infrastructure while enhancing our approach to health data; and otherwise ensuring compliance with the goals and priorities of the Trump Administration and HHS.

As a result, CDC is adjusting its discretionary Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems - 2023 award portfolio, which includes terminating some of the program awards, in order to better prioritize agency resources towards the above-mentioned priorities.

Although in its discretion CDC may suspend (rather than immediately terminating) an award to allow the recipient an opportunity to take appropriate corrective action before CDC makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency.

Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120

⁵¹ See [CDC priorities](#) | [About CDC](#) | [CDC](#); [Grants](#) | [Grants](#) | [CDC](#); [Acting CDC Director](#) | [About CDC](#) | [CDC](#)

days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Sincerely,

Office of Grants Services
Centers for Disease Control and Prevention
Department of Health and Human Services

EXHIBIT C

to the Declaration of Ashley Thoele



Recipient Information

1. Recipient Name

DEPARTMENT OF PUBLIC HEALTH ILLINOIS
535 W Jefferson Floor 1
Springfield, IL 62761-0001
[NO DATA]

2. Congressional District of Recipient

13

3. Payment System Identifier (ID)

1010632628A1

4. Employer Identification Number (EIN)

010632628

5. Data Universal Numbering System (DUNS)

806660296

6. Recipient's Unique Entity Identifier (UEI)

NN66PR7QMLR8

7. Project Director or Principal Investigator

Ms. Ashley Thoele
Principle Investigator
ashley.thoele@illinois.gov
217-557-3699

8. Authorized Official

Mr. Jacob Cisco
Chief Fiscal Officer
Jacob.Cisco@Illinois.gov
217-558-0264

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Derick Wheeler, II
Grants Management Specialist
tie2@cdc.gov
678-475-4972

10. Program Official Contact Information

Gabrielle N Bires
Program Officer
ugt2@cdc.gov
404-368-3908

Federal Award Information

11. Award Number

6 NE11OE000090-04-05

12. Unique Federal Award Identification Number (FAIN)

NE11OE000090

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening Illinois's Public Health Administration (SIPA)

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	11/30/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$6,299,354.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$6,299,354.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$126,671,974.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Damond Barnes
Grants Management Officer

30. Remarks

Reinstatement.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000090-04-05

FAIN# NE11OE000090

Federal Award Date: 02/13/2026

Recipient Information	
Recipient Name DEPARTMENT OF PUBLIC HEALTH ILLINOIS 535 W Jefferson Floor 1 Springfield, IL 62761-0001 [NO DATA]	
Congressional District of Recipient 13	
Payment Account Number and Type 1010632628A1	
Employer Identification Number (EIN) Data 010632628	
Universal Numbering System (DUNS) 806660296	
Recipient's Unique Entity Identifier (UEI) NN66PR7QMLR8	
31. Assistance Type Project Grant	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$306,534.00
b. Fringe Benefits	\$251,358.00
c. Total Personnel Costs	\$557,892.00
d. Equipment	\$0.00
e. Supplies	\$31,881.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$2,740,785.00
i. Contractual	\$2,891,387.00
j. TOTAL DIRECT COSTS	\$6,221,945.00
k. INDIRECT COSTS	\$77,409.00
l. TOTAL APPROVED BUDGET	\$6,299,354.00
m. Federal Share	\$6,299,354.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
3-9390LM6	23NE11OE000090DMIC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390LFD	23NE11OE000090LDXC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390JXA	23NE11OE000090A2	OE	410U	93.967		\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000090A1C6	OE	410U	93.967		\$0.00	75-X-0140
3-9390EV2	23NE11OE000090A3	OE	410U	93.967		\$0.00	75-23-0959
4-9390LFF	23NE11OE000090A2	OE	410U	93.967		\$0.00	75-2324-0943
4-9390MFC	23NE11OE000090C5	OE	410U	93.967		\$0.00	75-2124-0943
5-9390MR5	23NE11OE000090A2	OE	410U	93.967		\$0.00	75-2425-0943
4-9390MV6	23NE11OE000090DMIC6	OE	410U	93.967		\$0.00	75-X-0140
6-9390QMC	23NE11OE000090A2	OE	410U	93.967		\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000090-04-05

FAIN# NE11OE000090

Federal Award Date: 02/13/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

DEPARTMENT OF PUBLIC HEALTH ILLINOIS

6 NE11OE000090-04-05

1. term

TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on February 12, 2026, in the United States District Court for the District of Illinois as it relates to *State of Illinois, et al vs. Russell Vought, et al* (case 1:26-cv-01566). The Notice of Award (NOA) issued on February 11, 2026, that terminated this award is officially **rescinded** for 14 days from the date of the court order. Activities and funding under this award are no longer terminated. Accordingly, award activities may continue consistent with the existing terms and conditions of the award, including applicable regulations.

The costs associated with any such termination of activities and stoppage of work, including reasonable and legitimate costs of compliance with local labor laws, existing contractual obligations that cannot be legally paused, and costs associated with the security of assets – that occurred during this time period may be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award. Any costs incurred prior to termination, may also be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

EXHIBIT D

to the Declaration of Ashley Thoele



Recipient Information

1. Recipient Name

DEPARTMENT OF PUBLIC HEALTH ILLINOIS
535 W Jefferson Floor 1
Springfield, IL 62761-0001
[NO DATA]

2. Congressional District of Recipient

13

3. Payment System Identifier (ID)

1010632628A1

4. Employer Identification Number (EIN)

010632628

5. Data Universal Numbering System (DUNS)

806660296

6. Recipient's Unique Entity Identifier (UEI)

NN66PR7QMLR8

7. Project Director or Principal Investigator

Ms. Ashley Thoele
Principle Investigator
ashley.thoele@illinois.gov
217-557-3699

8. Authorized Official

Mr. Jacob Cisco
Authorized Official - Chief Budget and Finance
Analyst
Jacob.Cisco@Illinois.gov
(217) 785-4303

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Kasheena Holland
Grants Management Specialist
dfb7@cdc.gov
4044980773

10. Program Official Contact Information

Molly McKenna
Program Officer
owf5@cdc.gov
404 498 1055

Federal Award Information

11. Award Number

6 NE11OE000090-04-06

12. Unique Federal Award Identification Number (FAIN)

NE11OE000090

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening Illinois's Public Health Administration (SIPA)

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	11/30/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$6,299,354.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$6,299,354.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$126,671,974.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Damond Barnes
Grants Management Officer

30. Remarks

Reinstatement



Recipient Information
Recipient Name DEPARTMENT OF PUBLIC HEALTH ILLINOIS 535 W Jefferson Floor 1 Springfield, IL 62761-0001 [NO DATA]
Congressional District of Recipient 13
Payment Account Number and Type 1010632628A1
Employer Identification Number (EIN) Data 010632628
Universal Numbering System (DUNS) 806660296
Recipient's Unique Entity Identifier (UEI) NN66PR7QMLR8

31. Assistance Type Project Grant
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$306,534.00
b. Fringe Benefits	\$251,358.00
c. Total Personnel Costs	\$557,892.00
d. Equipment	\$0.00
e. Supplies	\$31,881.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$2,740,785.00
i. Contractual	\$2,891,387.00
j. TOTAL DIRECT COSTS	\$6,221,945.00
k. INDIRECT COSTS	\$77,409.00
l. TOTAL APPROVED BUDGET	\$6,299,354.00
m. Federal Share	\$6,299,354.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390LM6	23NE11OE000090DMIC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390LFD	23NE11OE000090LDXC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390JXA	23NE11OE000090A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000090A1C6	OE	410U	93.967	\$0.00	75-X-0140
3-9390EV2	23NE11OE000090A3	OE	410U	93.967	\$0.00	75-23-0959
4-9390LFF	23NE11OE000090A2	OE	410U	93.967	\$0.00	75-2324-0943
4-9390MFC	23NE11OE000090C5	OE	410U	93.967	\$0.00	75-2124-0943
5-9390MR5	23NE11OE000090A2	OE	410U	93.967	\$0.00	75-2425-0943
4-9390MV6	23NE11OE000090DMIC6	OE	410U	93.967	\$0.00	75-X-0140
6-9390QMC	23NE11OE000090A2	OE	410U	93.967	\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000090-04-06

FAIN# NE11OE000090

Federal Award Date: 02/26/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

DEPARTMENT OF PUBLIC HEALTH ILLINOIS

6 NE11OE000090-04-06

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

In compliance with the Temporary Restraining Order (TRO) issued in the United States District Court for the District of Illinois as it relates to *State of Illinois, et al vs. Russell Vought, et al* (case 1:26-cv-01566), CDC rescinded all terminations issued on February 11, 2026, for 14 days.

The purpose of this Notice of Award is to extend the rescission of termination to March 12, 2026, to align with the extension of the TRO by the Court.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 6

Declaration of Olusimbo Ige

DECLARATION OF DR. OLUSIMBO IGE

I, Olusimbo Ige, declare under penalty of perjury pursuant to 28 U.S.C. § 1746, as follows:

1. I am a resident of the City of Chicago in the State of Illinois. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

2. I currently serve as Commissioner of Chicago's Department of Public Health (CDPH). I have held this position since December 2023. Before my appointment as CDPH Commissioner, I served as the Managing Director of Programs at the Robert Wood Johnson Foundation. There, I oversaw partnerships with health organizations nationwide working towards making public health and health care systems accountable and equitable.

3. As Commissioner of CDPH, I make strategic decisions, in collaboration with the Mayor's Office and stakeholders across the City, to manage public health threats; design and deliver disease control services; and protect the food, air and environment for 3 million Chicago residents. I serve as a liaison and subject matter expert on all related policy matters, and use of authorities and resources to promote and protect public health. I have built and currently manage an executive team of 10, a budget of \$335M, and approximately 656 employees, with a dedication to sustaining a strong public health workforce and capacity.

4. While Chicago does not operate a fully integrated health and hospital system, CDPH operates seven mental health centers that provide low-barrier services to uninsured and underinsured Chicago residents, four immunization clinics, and three clinics that provide free testing and treatment for sexually transmitted infections. CDPH also provides certain at-home and in-field health programs, such as nursing home support for pregnant people and newborn babies

and directly observed therapy for tuberculosis. Additionally, the City funds and staffs a network of Women, Infants, and Children clinics providing nutrition counseling and supplemental food to pregnant, post-partum and breastfeeding women and their children. Collectively, these clinics and services serve thousands of uninsured and underinsured Chicago residents and support Chicago's safety net for health-related services.

5. On or about February 9, 2026, CDPH learned that the Senate Appropriations Committee received notice of the federal administration's plan to terminate at least three federal awards to CDPH by the U.S. Centers for Disease Control and Prevention (CDC), of the U.S. Department of Health and Human Services (HHS). My understanding is that this funding notification followed a directive from the Office of Management and Budget (OMB) commanding other agencies (of which CDC is the first) to punish states and cities disfavored by this administration, like Illinois and Chicago, by stripping them of critical funding. I also understand that the only reason given by the CDC for its implementation of this OMB directive through grant terminations was that the grants are "inconsistent with agency priorities," with no explanation of why that is the case. Below are three CDPH grants that CDC planned to terminate:

- a. Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems (Federal Award Identification Number NE11OE000094);
- b. Support & Scale Up of HIV Prevention in Sexual Health Clinics (Federal Award Identification Number NH25PS005247); and
- c. Sexually Transmitted Infection Surveillance Network (Federal Award Identification Number NH25PS005255).¹

¹ On February 16, 2026, CDPH received revised Notice of Awards for the above grants, which officially rescinded the terminations for 14 days from the date of the Court's temporary restraining order in this case.

6. On February 11, 2026, at approximately 7:15 a.m. Eastern Time, CDPH received emails notifying it that these grants (Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems (Federal Award Identification Number NE11OE000094); Support & Scale Up of HIV Prevention in Sexual Health Clinics (Federal Award Identification Number NH25PS005247); and Sexually Transmitted Infection Surveillance Network (Federal Award Identification Number NH25PS005255)) had been terminated. A true and correct copy of the termination notice for our Strengthening U.S. Public Health Infrastructure, Workforce and Data Systems grant is attached as Exhibit A. The other termination notices are substantially identical. They purport to terminate the grants effective February 11, 2026, and cite “agency priorities” as the reason for the terminations.

7. Also, on or about February 11, 2026, CDPH learned that the Senate Appropriations Committee received notice (February 11 Congressional Notice) of the federal administration’s plan to terminate at least three additional federal awards to CDPH by the CDC to the State of Illinois and its municipalities. My understanding is that HHS notified Congress of these upcoming terminations at approximately 8:57 AM Eastern Standard Time on February 11, 2026.

8. My understanding is that this funding notification also follows the Targeting Directive to punish States disfavored by this administration, like Illinois, by stripping them of critical funding. I also understand that the only reason given by the CDC for its implementation of this Targeting Directive through these additional grant terminations is that the grants are “inconsistent with agency priorities,” with no explanation of why that is the case.

9. Below include three additional CDPH grants that CDC plans to terminate in Illinois based on the February 11 Congressional Notices:

- a. High-Impact HIV Prevention and Surveillance Programs for Health Departments Grant (Federal Award Identification Number NU62PS924821);
- b. Strengthening STD Prevention and Control for Health Departments Grant (STD-PCHD) (Federal Award Identification Number NH25PS005128); and
- c. Initiative to Address COVID-19 Health Disparities (Federal Award Identification Number NH75OT000082).

10. If these award terminations are not permanently stopped, the harm would be particularly felt by Chicago and its residents, as 69% of CDPH's budget relies on grant funding. Staffing levels at CDPH would drop significantly, limiting our ability to prepare and respond to future public health emergencies such as measles and H5N1.

11. I discuss these awards, and the harm Chicago would suffer if these terminations were not stopped, below.²

Strengthening U.S. Public Health Infrastructure, Workforce and Data Systems (PHIG)

12. The Strengthening U.S. Public Health Infrastructure, Workforce and Data Systems grant, more commonly known as the Public Health Infrastructure Grant (PHIG), is a five-year grant allocated in multiple components which are issued on different timelines. PHIG funding was designed to be flexible, so that public health officials at the state and local levels could invest in the people, services, and systems that address their communities' most pressing needs.

13. PHIG is organized into three major components:

² I do not discuss the Initiatives to Address COVID-19 Health Disparities (FAIN # NH75OT000082) because it is a fully spent grant that ended on December 31, 2025. CDPH is in the process of officially closing out the grant.

- a. Workforce (Component A1), which aims to increase the size and capabilities of the public health workforce by hiring, retaining, supporting and training the public health workforce and by strengthening workforce planning, systems, processes and policies. Funding for this component is a non-competitive, five-year award (meaning, funds are awarded at the beginning of the period of performance for the full five-year period).
- b. Foundational Capabilities (Component A2), which aims to strengthen recipients' overall systems, processes, and policies to ensure a strong core infrastructure necessary to support essential public health services. Funding for this component is a non-competitive annual award, meaning funds are awarded in annual installments over the five-year performance period.
- c. Data Modernization (Component A3), which supports public health agencies to develop a more modern and efficient data environment, increase the interoperability of data systems, and increase recipients' ability to use public health data to identify and address issues of public health concern. Funding for this component is a combination of non-competitive five-year awards and a competitive annual award.

14. CDPH applied for and was awarded a PHIG grant with all three components, starting December 1, 2022 (Federal Award Identification Number NE11OE000094) with a Year 1 budget of \$28,375,228. In total, CDPH has been awarded \$44,828,259 in PHIG funds, for the performance period of December 1, 2022 through November 30, 2027.

15. CDPH has used PHIG funds to: enhance CDPH's fiscal and administrative systems; modernize its technology; maintain community health data dashboards; enhance recruiting, hiring, and onboarding procedures; and improve procurement timelines.

16. For instance, CDPH has used A1 (Workforce) funds to preserve Chicago's epidemiology workforce to investigate cases, track transmission, and respond rapidly to emerging disease outbreaks. A1 funds further provided unique infrastructure opportunities for CDPH to invest in fiscal, administrative, and/or operational staff and technology to improve grant fund efficiency.

17. CDPH has used A2 (Foundational Capability) funds to work towards a health-department wide electronic health record, which will facilitate patient care coordination among CDPH clinics and CDPH behavioral health services. A2 funds likewise provided the resources for CDPH to co-manage the Chicago Health Atlas (chicagohealthatlas.org), a publicly available website where residents can review, explore, and compare health-related data over time and across communities.

18. CDPH has used A3 (Data Modernization) funds to update CDPH's data systems, so that CDPH can process millions of records with speed and accuracy. This modernization is integral to the City's ability to track outbreaks, monitor trends, and ensure CDPH can respond faster and deliver timely insight to its local, state, and national partners.

19. In addition, CDPH is using PHIG funds for: the targeted evaluation of CDPH reaction time and clearance of caseloads in reports made to local 311 system by Chicago residents and businesses; the purchase of CDPH electronic health record equipment and supplies for city clinics; better Cloud infrastructure to enhance data reporting, surveillance, and disease investigations; enhanced wastewater surveillance and increased lab capacity to monitor for

Candida Auris incidence; the purchase of antibiotic prophylaxis and treatment for expectant mothers to decrease high rates of congenital syphilis; community based health promotion campaigns to encourage health screening, healthy eating, vaccination, and health services navigation; the promotion of food security through healthy and nutritious eating for all Chicagoans; the implementation of tobacco cessation programs; the creation of food safety online trainings and self-reviews to expedite food safety certifications; and the promotion and distribution of public emergency toolkits to residents.

20. As of the date of this declaration, the approximate total remaining unspent and available funds for PHIG activities and items approved by the CDC for CDPH is \$37,071,352.53 plus another \$2,222,101 CDPH was scheduled to receive on December 1, 2026.

21. To date, CDC has never provided CDPH with notice, written or otherwise, that CDPH's administration of PHIG was in any way unsatisfactory. CDPH has fully performed all of its obligations with respect to this grant, including making timely submissions to CDC and complying with the terms and conditions set forth in the notices of award.

22. Cutting off CDPH's PHIG program with nearly two years left to go would have a devastating impact on CDPH and public health in Chicago. For one, PHIG dollars currently fund 38 full time employee positions for CDPH.

23. Decreased investment in data modernization, moreover, leads to a significant loss of technological tools that enhance reaction time to address disease outbreaks and other public health emergencies. A loss of epidemiological staff capacity would hamper CDPH's ability to address epidemics, disease outbreaks, and emergencies in Chicago. And the loss of PHIG funds would limit CDPH's ability to enhance skills and capacity of the current public health workforce and limit training opportunities for a future, sustainable workforce.

Support & Scale Up of HIV Prevention in Sexual Health Clinics (SHIPS)

24. In 2024, CDC awarded funding to local governments to scale up HIV prevention and care services in sexual health clinics. The purpose of the Support & Scale Up of HIV Prevention in Sexual Health Clinics (SHIPS) grant was to advance health equity and support existing sexual health clinics that serve communities with high HIV and STI burden.

25. CDPH applied for and was awarded a SHIPS grant, with a performance period of August 1, 2024 to July 31, 2029 (Federal Award Identification Number NH25PS005247). The total award for the 5-year period was for \$3,000,000. In August 2024, CDC fully funded CDPH's Year 1 budget of \$600,000. SHIPS continuation funding was and is contingent upon approval of each new budget period.³ In August 2025, CDC fully funded Chicago's Year 2 budget of \$600,000.

26. Specifically, CDPH has used SHIPS funds to: (1) target screening, diagnosis and treatment efforts to reduce sexually transmitted infections (STI) and their respective sequelae among high-risk men who have sex with men (MSM); (2) enhance STI clinical preventive education and counseling services with patients, sex partners, and other MSM suspected to have or be at high-risk for syphilis, HIV/syphilis, or HIV/gonorrhea co-infected patients; (3) assist in the continued implementation of HIV Pre-exposure prophylaxis (PrEP), Nonoccupational Postexposure Prophylaxis (PrEP/nPEP) services and Doxycycline-Post Exposure prophylaxis (Doxy-PEP) for patients seen at all three STI specialty clinics.; 4) ensure that uninsured and under-insured PrEP/nPEP clients receive education about coverage programs and getting link to preventive care; (4) assist in and ensure the training of HIV/STI Prevention and Sexual and Reproductive health department and other key patient-facing staff in basics of PrEP/nPEP; (5)

³ Each budget period is one year. When one budget period ends, CDPH must receive a new Notice of Award with allocated funds before CDPH can set up the grant in the City's Financial Management and Purchasing System. Only after that setup has been done, can CDPH start submitting reimbursement requests under the award.

analyze STI clinic data, publish an annual clinic report, and timely submit quarterly data to CDC which provides progress updates on PrEP, Doxy-PEP processes at STI clinics and/or any barriers; and 6) develop a program on outbreak preparedness plan and conduct in person training for the same.

27. For Year 2 of the SHIPS program, CDPH anticipates using SHIPS funds for: 1) implementing an action plan to address clinic infrastructure gaps, including the onboarding of a laboratory director and public health nurse; (2) implementing evidence-based or evidence-informed approaches, such as optimizing an Electronic Case Management system and conducting data analysis and publishing report; (3) adopting a whole-person approach to HIV prevention and care through optimizing syndemic⁴ navigation and expanding nPEP, PrEP, and Doxy-PEP at the STI clinics; (4) continuing to foster strategic partnerships with community providers, community based organizations, and other delegate agencies, such as Population Center Health Homes; and (5) participating in HIV planning activities and establishing community engagement through LGBTQ+ forums focusing on syndemic responses and evolving healthcare needs.

28. As of the date of this declaration, the approximate total remaining unspent and available funds for SHIPS activities and items approved by the CDC for CDPH is \$507,343.78. CDPH also anticipates applying for, and receiving, \$600,000 for each of the remaining years of the SHIPS program (Years 3-5).

29. To date, CDC has never provided CDPH with notice, written or otherwise, that CDPH's administration of the SHIPS was in any way unsatisfactory. In fact, CDC praised CDPH for its SHIPS program and asked CDPH to showcase the great work happening in Chicago to other jurisdictions on collaborative webinars. CDPH has fully performed all its obligations with respect

⁴ <https://www.hiv.gov/blog/defining-the-term-syndemic>

to this grant, including making timely submissions to CDC and complying with the terms and conditions set forth in the notice of award.

30. Terminating CDPH's SHIPS program would harm CDPH, Chicago, and Chicagoans. Not only do SHIPS dollars fund 3.9 full time CDPH employees, but losing SHIPS funds would weaken CDPH's capacity to deliver integrated HIV and STI prevention and care services to Chicagoans. In 2024, a total of 818 new HIV diagnoses were reported to the CDPH. This represents a 29.2% increase in comparison to 2022 (633 new HIV diagnoses), and a 12.5% increase compared to 2023 (727 new HIV diagnoses). Despite signs of progress in HIV prevention, barriers to accessing prevention and care services are still contributing to racial, ethnic, sexual and geographic disparities. CDPH STI Specialty clinics serve as safety-net clinics in the city and deliver HIV and STI Prevention services. Any disruption in funding would significantly compromise services provided to the patients seen at the CDPH STI clinics, leading to gaps in HIV and STI prevention and, as a result, increased transmission of HIV and STIs.

Sexually Transmitted Infection Surveillance Network (SSuN)

31. In 2024, CDC announced availability of fiscal year 2024 funding for cooperative agreements for Cycle 5 of the STI Surveillance Network program (SSuN). The core strategies of Cycle 5 of SSuN were to: (1) support sentinel surveillance in sexual health clinical facilities; and (2) implement enhanced surveillance for STIs reported to health departments. In general, the goal of Cycle 5 SSuN funds was to monitor trends in patient characteristics, screening, and diagnoses to identify opportunities and gaps across the STI/HIV prevention continuum, including information gaps in routine case reporting. Like SHIPS, continuation funding is contingent upon approval of each new budget period for SSuN. This means that when one budget period ends, CDPH must receive a new Notice of Award with the allocated funds before CDPH is authorized

to proceed with the setting up of this grant in the City's financial system and submit reimbursement requests under the program.

32. CDPH applied for and was granted its first Cycle 5 SSuN award of \$360,000 for budget Year 1 on August 8, 2024 (FAIN# NH25PS005255), with an overall award of \$1.8 million for the 5-year performance period of September 30, 2024 to September 29, 2029. On September 12, 2025, CDPH received its first budget Year 2 award of \$360,000 for the Cycle 5 SSuN program.

33. Through its SSuN cooperative agreement, CDPH has enhanced systematic collection of data for patients diagnosed with gonorrhea. Specifically, CDPH enhanced data collection on additional demographic characteristics, behavioral risk, HIV-co-infection, treatment, and access to preventive services through enhanced investigations/phone interviews with patients diagnosed with gonorrhea infection as well as their providers. Data obtained through this enhanced surveillance initiative have been critical to understanding changing risk patterns, detecting emergent, re-emergent or novel infections and long-term sequela, and informing both local and national STI/HIV control and prevention efforts. The SSuN grant has helped CDPH maximize the synergies offered through Ending the HIV Epidemic in the U.S. (EHE) and provide substantial integration with respect to surveillance activities in sexual health clinical settings to better characterize patient-level co-factors that may facilitate, or present barriers to the uptake of STI HIV prevention interventions such as HIV PrEP.

34. As of the date of this declaration, the approximate total remaining unspent and available funds for SSuN activities and items approved by the CDC for CDPH is \$349,554.25. CDPH additionally anticipates applying for, and receiving, \$360,000 for each of the remaining years of the SSuN program (Years 3-5).

35. To date, CDC has never provided CDPH with notice, written or otherwise, that CDPH's administration of the SSuN was in any way unsatisfactory. CDPH has fully performed all of its obligations with respect to this cooperative agreement program, including making timely submissions to CDC and complying with the terms and conditions set forth in the notice of awards.

36. SSuN dollars fund 2.35 full-time employees for CDPH. And, as discussed above, the SSuN program has been essential to CDPH's enhanced surveillance for STIs reported to health departments. If the SSuN program is terminated for Chicago, CDPH would not be able to collect and disseminate critical data—demographic, socioeconomic, and behavioral information—on patients presenting for care and for persons diagnosed and reported with STIs. This critical data is needed to better characterize the extent of STI disparities and to inform timely efforts to ensure equitable sexual health outcomes across all Chicago populations. The individuals at risk for or diagnosed with STIs are at increased risk for acquisition or transmission of HIV. As part of the SSuN grant enhanced surveillance activities we can monitor population level incidence for GC and other STIs, ascertain demographic and socioeconomic characteristics of person diagnosed with STIs and the prevalence of co-infections. Without SSuN enhanced surveillance activities these data are not available to the CDPH and without these data we are not able to characterize the extent of disparities and will not be able to inform and ensure equitable sexual outcomes among all Chicagoans. Through information collecting via the SSuN grant, new avenues for outreach and prevention may be uncovered to reduce the burden of STIs on Chicagoans.

High-Impact HIV Prevention and Surveillance Programs for Health Departments

37. In 2024, CDC announced the availability of FY 2024 funds for a cooperative agreement for health departments to implement high-impact HIV prevention and surveillance programs. The High-Impact HIV Prevention and Surveillance Programs for Health Departments

(High-Impact HIV Prevention Grant) priorities were to increase knowledge of HIV status, reduce HIV transmission, prevent new HIV infections, improve linkage to care and viral suppression, and maintain elimination of perinatal transmission. The High-Impact HIV Prevention Grant was designed for jurisdictions to address the barriers to care and prevention of people with HIV and without HIV, including stigma, discrimination, and the social determinants of health in geographic areas are most concentrated.

38. CDPH applied for, and on July 18, 2024 was granted, the High-Impact HIV Prevention Grant with a period of performance of August 1, 2024 to May 31, 2029. CDPH received an initial award of \$9,094,696 in High-Impact HIV Prevention Grant funds, for the budget period of August 1, 2024 to May 31, 2025. Thereafter, on June 25, 2025, CDPH received additional High-Impact HIV Prevention Grant funds in the amount of \$11,204,762 for the budget period of August 1, 2025- May 31, 2026.

39. CDPH has used High-Impact HIV Prevention Grant funds to: distribute PrEP for HIV navigation through multiple of its delegate agencies; collect and analyze data to better understand the presence, distribution, and transmission of HIV; collect information from individuals who have been diagnosed with HIV; identify and engage with people who may have been exposed to HIV; screen for and treat HIV and sexually transmitted infections; to administer vaccinations, PrEP, and doxy-PEP; enhance communication with the general public and clinical and non-clinical providers with hyper-local population/geography specific information; and prepare for outbreaks and responses to outbreaks.

40. As of the date of this declaration, the approximate total remaining unspent and available funds for High-Impact HIV Prevention Grant activities and items approved by the CDC

for CDPH is \$7,986,240.33. CDPH additionally anticipates applying for, and receiving, a total of \$33,614,286 for the remainder of the High-Impact HIV Prevention Grant program (Years 3-5).

41. To date, CDC has never provided CDPH with notice, written or otherwise, that CDPH's administration of the High-Impact HIV Prevention Grant program was in any way unsatisfactory. CDPH has fully performed all of its obligations with respect to this cooperative agreement program, including making timely submissions to CDC and complying with the terms and conditions set forth in the notice of awards.

42. High-Impact HIV Prevention Grant dollars fund 46.75 full-time employees for CDPH, and the impact of these funds is significant for Chicagoans. For example, in 2025, delegate agencies funded to implement PrEP navigation using High-Impact HIV Prevention Grant funds were able to successfully connect 8,425 individuals to PrEP prescriptions. The delegate agencies likewise conducted over 30,000 STI screenings using High-Impact HIV Prevention Grant funds. CDPH's sexual health clinics, which are partially funded through High-Impact HIV Prevention Grant funds, screened 1,357 individuals for HIV, provided PrEP for HIV to 151 individuals, and conducted 31,262 STI screenings. In addition, there are no alternative federal funds that can be used to support services focused on individuals vulnerable to HIV through condom distribution and PrEP navigation and support. In a similar vein, no other federal funds could be used to support CDPH's marketing and communication activities to disseminate information to its clinical and non-clinical partners and to communities and populations most impacted by HIV and STIs. Without these funds, CDPH would lose significant staff involved in disease surveillance, case investigation and contact tracing, as well as staffing at the CDPH Sexual Health Clinics.

Strengthening STD Prevention and Control for Health Departments (STD PCHD)

43. In 2018, CDC announced availability of fiscal year 2019 funding for the Strengthening STD Prevention and Control for Health Departments (STD-PCHD) cooperative agreement program. The purpose of the funding was to prevent and control three major STDs: chlamydia, gonorrhea, and syphilis. More specifically, the funding was designed to support strategies and activities to eliminate congenital syphilis; prevent antibiotic resistant gonorrhea; reduce primary and secondary syphilis; prevent STD-related pelvic inflammatory disease, ectopic pregnancy, and infertility; address STD-related outbreaks; and reduce STD-related health disparities.

44. CDPH applied for and was granted the STD-PCHD grant for the period of performance of January 1, 2019 – December 31, 2023. CDPH received an award of \$1,899,190 on February 19, 2019, for the budget period of January 1, 2019 to December 31, 2020. Thereafter, CDPH subsequently received additional STD-PCHD funds, including \$3,420,190 in COVID funds, for the same performance period (which was extended to later years). Most recently, on March 3, 2025 and August 4, 2025, CDPH received a total STD-PCHD award of \$1,899,190 for the budget period of March 1, 2025 to February 28, 2026.

45. Through its STD-PCHD cooperative agreement, CDPH has hired personnel on issues related to prenatal infections; marketed STD prevention efforts including congenital syphilis messaging; developed marketing materials for STD Awareness Month; and supported and maintained surveillance and a case management system for Hep B, Hep C, and other diseases. In 2025, CDPH launched the Syphilis Elimination Plan. Through the plan, Chicago saw a 48.5% reduction in congenital syphilis cases compared to 2024.

46. As of the date of this declaration, the approximate total remaining unspent and available funds for STD-PCHD activities and items approved by the CDC for CDPH is \$2,204,670.50, which includes \$1,115,266.47 in COVID funds. Additionally, CDPH applied for a cost extension to receive \$1,813,690 for the budget period of March 1, 2026 to February 28, 2027.

47. To date, CDC has never provided CDPH with notice, written or otherwise, that CDPH's administration of the STD-PCHD was in any way unsatisfactory. CDPH has fully performed all of its obligations with respect to this cooperative agreement program, including making timely submissions to CDC and complying with the terms and conditions set forth in the notice of awards.

48. STD-PCHD dollars fund 8.45 full-time employees. The funds have been critical for CDPH to sustain its capacity to perform data collection, case management, contact investigations, timely treatment, and prevention efforts for STDs, such as syphilis, gonorrhea, and chlamydia infections in Chicago. Losing STD-PCHD funding would have major impact on CDPH's programmatic activities. Losing the funds would significantly disrupt medication access, clinical infrastructure, and prevention capacity for all registered providers under this program.

49. In sum, CDC's termination of these grants would be devastating to CDPH, Chicago, and Chicagoans. If the awards are terminated, up to 98.45 full-time public health employees could lose their jobs, Chicago would be more vulnerable to public health epidemics, and Chicago would lose approximately \$48,759,752 in essential public health funding for the budget periods already awarded. That does not include the \$41,131,835 CDPH anticipated receiving for the remaining budget years in the five awards discussed above.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Executed on March 5, 2026, at Chicago, Illinois.



Dr. Olusimbo Ige
Commissioner
Chicago Department of Public Health

EXHIBIT A



Recipient Information

1. Recipient Name

CHICAGO DEPARTMENT OF PUBLIC HEALTH
111 W. Washington St. Floor 4
Chicago, IL 60602-2703
[NO DATA]

2. Congressional District of Recipient
07

3. Payment System Identifier (ID)
1366005820D3

4. Employer Identification Number (EIN)
366005820

5. Data Universal Numbering System (DUNS)
956049399

6. Recipient's Unique Entity Identifier (UEI)
K8F7VYLKGN64

7. Project Director or Principal Investigator

Ms. Fikirte Wagaw
First Deputy Commissioner
fikirte.wagaw@cityofchicago.org
312-747-9878

8. Authorized Official

Dr. Olusimbo Ige
Commissioner
olusimo.ige@cityofchicago.org
312-747-9870

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Kimberly Champion
Grants Management Specialist
qrf9@cdc.gov
(404) 498-4229

10. Program Official Contact Information

Reshana Peterson
Program Officer
ugh2@cdc.gov
404-498-1592

Federal Award Information

11. Award Number

6 NE11OE000094-04-03

12. Unique Federal Award Identification Number (FAIN)

NE11OE000094

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening U.S. Public Health Infrastructure, Workforce and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	02/11/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$2,222,101.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$2,222,101.00
26. Period of Performance Start Date	12/01/2022	- End Date	02/11/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$42,606,158.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Termination for Departmental Authority



Recipient Information
Recipient Name CHICAGO DEPARTMENT OF PUBLIC HEALTH 111 W. Washington St. Floor 4 Chicago, IL 60602-2703 [NO DATA]
Congressional District of Recipient 07
Payment Account Number and Type 1366005820D3
Employer Identification Number (EIN) Data 366005820
Universal Numbering System (DUNS) 956049399
Recipient's Unique Entity Identifier (UEI) K8F7VYLKGN64

31. Assistance Type Project Grant
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$175,362.00
b. Fringe Benefits	\$114,757.00
c. Total Personnel Costs	\$290,119.00
d. Equipment	\$0.00
e. Supplies	\$700.00
f. Travel	\$4,100.00
g. Construction	\$0.00
h. Other	\$1,234,841.00
i. Contractual	\$643,021.00
j. TOTAL DIRECT COSTS	\$2,172,781.00
k. INDIRECT COSTS	\$49,320.00
l. TOTAL APPROVED BUDGET	\$2,222,101.00
m. Federal Share	\$2,222,101.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
3-9390EV2	23NE11OE000094A3	OE	410U	93.967		\$0.00	75-23-0959
4-9390MV6	23NE11OE000094DMIC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390LM6	23NE11OE000094DMIC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390LFD	23NE11OE000094LDXC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390JXA	23NE11OE000094A2	OE	410U	93.967		\$0.00	75-2224-0943
4-9390LFF	23NE11OE000094A2	OE	410U	93.967		\$0.00	75-2324-0943
3-9390LIZ	23NE11OE000094A1C6	OE	410U	93.967		\$0.00	75-X-0140
4-9390MFC	23NE11OE000094C5	OE	410U	93.967		\$0.00	75-2124-0943
5-9390MR5	23NE11OE000094A2	OE	410U	93.967		\$0.00	75-2425-0943
6-9390QMC	23NE11OE000094A2	OE	410U	93.967		\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000094-04-03

FAIN# NE11OE000094

Federal Award Date: 02/11/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

CHICAGO DEPARTMENT OF PUBLIC HEALTH

6 NE11OE000094-04-03

1. Terms and Conditions

**NOTIFICATION LETTER TO RECIPIENT FOR TERMINATION OF FEDERAL
AWARD FOR NON-ALIGNMENT WITH PROGRAM GOALS OR AGENCY
PRIORITIES**

To: Chicago Department Of Public Health
Representative of Award Number NE11OE000094

Funding for NE11OE000094 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective February 11, 2026.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

CDC's current priorities, published on CDC's website⁵² and issued to all other grantees, include focusing agency resources in line with the fundamental role CDC plays in the public health sphere. CDC's priorities illustrate the overall direction of CDC, in furtherance of the goals of the Trump Administration and the Department of Health and Human Services (HHS) Secretary. The Priorities Statement highlights CDC goals and priorities, all through the lens of providing Gold-Standard Science, as envisioned in the [Make America Healthy Again Commission Report](#) and the [Make Our Children Healthy Again Strategy](#).

CDC is specifically prioritizing a commitment to: gold-standard science; global leadership; rebuilding trust, transparency, and credibility; rapid, evidence-based responses to crises; vaccine safety and efficacy research; advancing our understanding of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease; modernizing public health infrastructure while enhancing our approach to health data; and otherwise ensuring compliance with the goals and priorities of the Trump Administration and HHS.

As a result, CDC is adjusting its discretionary Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems - 2023 award portfolio, which includes terminating some of the program awards, in order to better prioritize agency resources towards the above-mentioned priorities.

Although in its discretion CDC may suspend (rather than immediately terminating) an award to allow the recipient an opportunity to take appropriate corrective action before CDC makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency.

Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120

⁵² See [CDC priorities](#) | [About CDC](#) | [CDC](#); [Grants](#) | [Grants](#) | [CDC](#); [Acting CDC Director](#) | [About CDC](#) | [CDC](#)

days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Sincerely,

Office of Grants Services
Centers for Disease Control and Prevention
Department of Health and Human Services

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 7

Declaration of Ned Calonge

I, Ned Calonge, declare as follows, pursuant to 28 U.S.C. § 1746:

1. I am the Chief Medical Officer of the Colorado Department of Public Health and Environment (“CDPHE”), a position I have held since 2023. I have been employed by CDPHE since 2023. I previously held the role of Chief Medical Officer for CDPHE from 2002-2010.

2. In my current role at CDPHE, I am responsible for public health programs leadership, policy direction, and management of the day-to-day operations of the agency.

3. I make this declaration in my official capacity. I am a resident of the state of Colorado, and I am over the age of 18. I am familiar with the information in the statements set forth below either through personal knowledge or in consultation with CDPHE staff.

4. In Colorado, CDPHE is the state’s public health agency and has powers and duties relating to protecting, maintaining, and improving the health of all Coloradans (see, for example, Colorado Revised Statutes, sections 25-1.5-101 and 25-1.5-102). Among other things, CDPHE:

- monitors infectious diseases and responds to outbreaks;
- advances policies and programs to prevent diseases and injuries and improve mental health;
- coordinates emergency preparedness and response activities among the state and local government entities and community organizations involved in responding to public health emergencies.

5. I am providing this declaration to explain some of the immediate adverse impacts CDPHE faces from impending terminations of federal awards to CDPHE by the U.S. Centers for Disease Control and Prevention (“CDC”), of the U.S. Department of Health and Human Services.

6. On February 9, 2025, CDPHE learned from press reports and Colorado's congressional delegation that Congress received notice of the federal administration's plan to terminate numerous CDC grants to Colorado state agencies, instrumentalities, and political subdivisions. Grants to CDPHE on the list of cuts include: (1) Public Health Infrastructure Grant Program (PHIG) (Federal Award Identification Number NE11OE000089), (2) National HIV Behavioral Surveillance (NHBS) (Federal Award Identification Number NU62PS924764), (3) Sexually Transmitted Infections Surveillance Network (SSuN) (Federal Award Identification Number NH25PS005254-02-00), and (4) Prevention and Control for Health Departments (PCHD) (Federal Award Identification Number NH25PS005164). My understanding is that the only reason identified for the impending terminations is that the grants are "inconsistent with agency priorities," with no explanation of why that is the case.

7. On February 11, CDPHE learned that HHS notified Congress of its intent to terminate additional CDC grants to Colorado state agencies, instrumentalities, and political subdivisions, once again citing "agency priorities". Grants to CDPHE on this new list of cuts include: (1) National Initiative to Reduce Health Disparities from COVID-19 Grant (Federal Award Identification Number NH75OT000066), (2) Preventive Health and Health Services (PHHS) Block Grant (Federal Award Identification Number NB01PW000122), and (3) Colorado High Impact HIV Prevention and Surveillance Grant (Federal Award Identification Number NU62PS924801). My understanding is that the only reason identified for the impending terminations is that the grants are "inconsistent with agency priorities," with no explanation of why that is the case.

8. CDPHE first learned of the possibility of termination of CDC grants to Colorado in an article from the New York Post published on February 4, 2026. The article reported that

the Office of Management and Budget had ordered CDC to terminate at least \$602 million in grants meant for California, Colorado, Illinois, and Minnesota.¹

9. On February 12, 2026, shortly after 7 a.m. EST, CDPHE received emails with links to termination notices from CDC for the PHIG, NHBS, PCHD, and SSuN grants. A true and correct copy of the termination notice for our PHIG grant is attached as **Exhibit A**. The other termination notices are substantially identical. They purport to terminate the grants effective February 11, 2026, and cite “agency priorities” as the reason for the terminations. CDPHE has not received termination notices for the other grants. On February 16, 2026, CDPHE received notices that these terminations were rescinded for 14 days from that date of the district court’s February 13, 2026 temporary restraining order.

Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant

10. The Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant (“PHIG”) program, authorized by the Public Health Services Act, provides support for core infrastructure improvements to public health agencies, including these agencies’ workforce, foundational capabilities, and data infrastructure. The August 15, 2022, Notice of Funding Opportunity (“NOFO”) for this grant program explained that “[s]tronger infrastructure will serve immediate needs to respond to the ongoing COVID-19 pandemic and other public health outcomes that worsened or stalled during the COVID-19 pandemic.” The NOFO further explained that these “investments will have sustained effects that position these [public health] agencies to better meet the ongoing and future public health needs of the communities and populations they serve.”

1

<https://nypost.com/2026/02/04/us-news/white-house-instructs-dot-cdc-to-cut-1-5b-in-woke-green-grants-for-dem-states/>

11. PHIG is organized into three major components:
 - a. Workforce (Component A1), which aims to increase the size and capabilities of the public health workforce by hiring, retaining, supporting and training the public health workforce and by strengthening workforce planning, systems, processes and policies. Funding for this component is a non-competitive, five year award (meaning, funds are awarded at the beginning of the period of performance for the full five-year period).
 - b. Foundational Capabilities (Component A2), which aims to strengthen recipients' overall systems, processes, and policies to ensure a strong core infrastructure necessary to support essential public health services. Funding for this component is a non-competitive annual award, meaning funds are awarded in annual installments over the five-year performance period.
 - c. Data Modernization (Component A3), which supports public health agencies to develop a more modern and efficient data environment, increase the interoperability of data systems, and increase recipients' ability to use public health data to identify and address issues of public health concern. Funding for this component is a combination of non-competitive five-year awards and a competitive annual award.

12. CDPHE applied for and has been awarded funds for all three PHIG Components, A1, A2 and A3. Approximately \$55 million in total was awarded to CDPHE for PHIG between 2022 – 2027:

- a. Award number 1 NE11O3000089-01-00, dated November 29, 2022, awarding \$34,783,995.00 (for Components A1, A2, and A3);

- b. Award number 6 NE11OE000089-01-03, dated May 25, 2023, awarding \$7,891,174.00 (for Component A3);
- c. Award number 5 NE11OE000089-02-00, dated November 13, 2023, awarding \$2,668,429.00 (for Component A2);
- d. Award number 6 NE11OE000089-02-01, dated January 9, 2024, awarding \$1,234,269.00 (for Component A3);
- e. Award number 6 NE11OE000089-01-05, dated February 26, 2024, awarding \$7,264,804.08 (for Component A3);
- f. Award number 6 NE11OE000089-02-04, dated March 20, 2024, awarding \$7,264,804.08 (for Component A3);
- g. Award number 6 NE11OE000089-02-07, dated September 12, 2024, awarding \$3,069,430.00 (for Component A3);
- h. Award number 5 NE11OE000089-03-00, dated November 24, 2024, awarding \$2,668,429.00 (for Component A2); and
- i. Award number 5 NE11OE000089-04-00, dated December 2, 2025, awarding \$2,668,429.00 (for Component A2).

13. The period for performance for CDPHE’s PHIG awards is December 1, 2022 through November 30, 2027. All of the PHIG Notices of Award CDPHE received stated that CDPHE may carry over unobligated funds to a “subsequent budget period.”

14. CDPHE anticipates receiving its next and final annual installments of its Component A2 funding in late 2026 (for budget period December 1, 2026 – November 30, 2027). The final installment of the A2 funding is estimated to be \$2,668,429, which is flat funding from years 2-4 in component A2. No additional funding was provided for Component

A3 after year 2 of the PHIG grant; thus, Colorado does not anticipate additional funding for that component.

15. As of the date of this declaration, the approximate total PHIG remaining unpaid encumbrances and available funds for activities and items approved by the CDC is in excess of \$22 million.

16. For PHIG, CDPHE is required to submit to CDC a detailed workplan. The workplan contains information on each funded strategy, activities within the work plan and staff associated with each activity. Staff that are detailed in each strategy budget is working on activities within the work plan. The most recent progress report containing updates on all work plans was submitted on January 30, 2026. Each of the work plans and any associated updates has been approved by the CDC. CDC never asked us to change our workplan to date.

17. All states receive PHIG funding, and use this funding in similar ways as outlined in the Notice of Funding dated August 15, 2022. For each strategy, states work on similar activities. For example, the A1 Public Health Workforce strategy is intended to reinforce and expand the public health workforce by hiring, retaining, supporting, and training the workforce and by strengthening relevant workforce planning, systems, processes, and policies. The A2 Foundational Capabilities strategy is intended to strengthen recipients' overall systems, processes, and policies to ensure a strong core infrastructure needed to protect health and provide fair opportunities for all. The A3 Data Modernization strategy supports jurisdictions to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods to implement world-class data and analytical capabilities to support the Essential Public Health Services. To date, the intent of each strategy has not been changed and recipients have not been asked to adjust the core focus of the work.

18. To date, CDC has never provided CDPHE with notice, written or otherwise, that CDPHE's administration of the PHIG grant was in any way unsatisfactory or inconsistent with substantive program requirements.

STD Prevention and Control for Health Departments (PCHD)

19. Colorado uses these critical funds to monitor sexually transmitted infection (STI) cases and trends, provide on-the ground STI prevention support, promote testing and treatment best practices and increase STI prevention knowledge.

20. CDC issued a Notice of Funding Opportunity in 2018 for the PCHD grant for which Colorado successfully applied. PCHD funding began on January 1, 2019 and has continued uninterrupted year after year to the present although the grant period has changed over time.

21. The current period for PCHD is March 1, 2025 through February 28, 2026. CDC indicated CDPHE would receive its next year of funding before February 28, 2026. On March 2, CDC issued a letter stating that CDPHE would receive this funding through a new notice on March 4, retroactive to March 1. As of the date of this declaration, CDPHE has not received notice of next year's funding. Colorado receives \$1,357,540 a year. This funding supports 12 FTE and provides support to local public health agencies and other community based agencies.

22. Fifty-nine states and jurisdictions receive PCHD funding. All recipients of PCHD funding have the same 17 strategies. Each strategy has the same core areas which are:

- a. surveillance;
- b. disease investigation and intervention, for which strategies required for all states include partner services for women, and men, and men who have sex with men, particularly for investigating syphilis;

- c. screening, diagnosis, and treatment, for which strategies required for all states include strategies for pregnant women, young adults and adolescents, and strategies for men who have sex with men;
- d. prevention and policy, and
- e. data use for program improvement.

Colorado's program is consistent with the programs of all 50 states, with the only variation being the amount funded based on the STI burden in each state.

23. Colorado funds for the current period of performance were obligated by a Notice of Award on March 13, 2025 and August 7, 2025. As of the date of this declaration, the unobligated balance is \$495,065.

24. To date, CDC has never provided CDPHE with notice, written or otherwise, that CDPHE's administration of the PCHD grant was in any way unsatisfactory or inconsistent with substantive program requirements.

National HIV Behavioral Survey (NHBS)

25. National HIV Behavioral Surveillance (NHBS) is a comprehensive system for bio-behavioral surveillance conducted since 2003 in populations disproportionately affected by HIV. NHBS collects data on behavioral risk factors for HIV (e.g., sexual behaviors, drug use), HIV testing behaviors, receipt of prevention services, and use of prevention strategies (e.g., condoms, PrEP (pre-exposure prophylaxis)). All NHBS participants are offered an HIV test.

26. The grant period for NHBS is January 1, 2022 through December 31, 2026. Once awarded, grantees receive an initial Notice of Award for a specific period of performance, and then submit annual continuation applications and budgets for additional funding.

27. The current period of performance for NHBS is January 1, 2026 through December 31, 2026. CDPHE received \$550,000 for this year, of which \$518,000 goes to the Denver Health and Hospital Authority.

28. Colorado funds were obligated by a Notice of Award received on January 9, 2026, roughly four weeks ago. Funds have been contractually obligated to Denver Health and Hospital Authority.

29. All sites are funded for NHBS on the same cycle for priority populations; it does not vary site to site. The interview guides for each cycle are provided by the CDC and thus are standardized across all states. All projects meet to discuss data collection, and share best practices to reach the priority population.

30. To date, CDC has never provided CDPHE with notice, written or otherwise, that CDPHE's administration of the NHBS grant was in any way unsatisfactory or inconsistent with substantive program requirements.

Sexually Transmitted Infections (STI) Surveillance Network (SSuN).

31. Colorado is funded for SSuN to ensure comprehensive surveillance for all reported gonorrhea cases and enhanced sentinel surveillance of STIs in clinical settings.

32. CDPHE received its Notice of award on September 26, 2025, and the SSuN performance period is September 30, 2025 through September 29, 2029. The funded amount is \$151,430, of which \$143,061 is contracted to Denver Health and Hospital Authority.

33. CPDHE is funded for Strategy A of SSuN. Strategy A of SSuN provides support for selected health departments to implement sentinel surveillance in specialty STI clinics. All funded sites must gather information on patient visits, including STI/HIV tests performed at the visit, test results, diagnoses made, and demographic and selected behavioral characteristics of the

patients. Additionally, Strategy A sites provide data on patients seeking sexual health care, provider testing and treatment practices, changes in the number and proportion of patients diagnosed with STIs and HIV co-infection, and uptake of prevention measures such as HIV pre-exposure prophylaxis (PrEP) and doxycycline post-exposure prophylaxis for STIs (doxy PEP).

34. Other states and local health departments were funded for Strategy A of SSuN for the same purposes. Yet CDC has only threatened to terminate grantees in the four targeted states.

35. To date, CDC has never provided CDPHE with notice, written or otherwise, that CDPHE's administration of the SSuN grant was in any way unsatisfactory or inconsistent with substantive program requirements.

COVID-19 Health Disparities Grant

36. The National Initiative to Reduce Health Disparities from COVID-19 Grant (COVID-19 Grant) was initially funded during the COVID-19 health emergency but was also intended for recovery and preparation for future emergencies. The Notice of Funding announcement specifically stated that "All strategies should aim to build infrastructures that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses." CDPHE's original workplan for this award identified activities focused on building community resilience and responding to the overall burden that the COVID-19 pandemic had caused on communities, beyond the immediate impacts of COVID-19 infection and illness. CDPHE in part has continued to use these funds, with CDC approval, to enhance the agency's preparedness and response for future events, not limited to the COVID-19 pandemic, and to administer programs and activities that address both the direct and indirect burden of the pandemic on communities.

37. This grant is focused on the overall burden and impact that the pandemic as a whole, not just the actual pathogen itself, had on communities, and the response and recovery of communities in response to that pandemic. Five years later, Colorado is still responding to the impacts that the pandemic had on communities' phase of work, with activities like encouraging routine vaccinations and addressing vaccine hesitancy and public health distrust.

38. CDPHE received its Notice of Award on May 28, 2021. CDC approved multiple extensions, including after the termination of the federal public health emergency for COVID-19, with the award now ending on May 31, 2026. The extension approvals indicate that CDC agreed that the continuation of work was justified through the time frame requested. The current period for the COVID-19 Grant is June 1, 2025 through May 31, 2026.

39. Colorado received \$22,581,706 in the initial award and no additional funds have been provided. This funding supports 26.60 FTE and provides support to local public health agencies and community based organizations.

40. Throughout the grant, CDPHE submitted quarterly progress reports with detailed narratives on program workplan activities, performance evaluation metrics, and fiscal expenditures. CDC regularly provided written and verbal communication indicating approval of our progress and encouraged continued work. It is my understanding that other states have used their awards for similar purposes, including for post-pandemic resiliency.

41. To date, CDC has never provided CDPHE with notice, written or otherwise, that CDPHE's administration of the COVID-19 Grant was in any way unsatisfactory or inconsistent with substantive program requirements.

Preventive Health and Health Services Block Grant

42. The Preventive Health and Health Services (PHHS) Block Grant has been funded by CDC since 1981 to enable recipients to meet their priority public health needs, such as addressing emerging public health issues and decreasing premature death by focusing on preventative risk factors. The PHHS Block Grant provides flexible funding to address recipients' unique public health challenges. Its primary objective is to allow grantees the autonomy to target clinical and community-based preventative services toward the specific needs of their local populations. By funding initiatives' ranging from chronic disease prevention to emergency medical services, the grant aims to reduce health disparities and improve overall health outcomes.

43. As part of the overall effort to reduce the burden of disease and associated risk factors, and to build, improve, and sustain associated public health infrastructure, the Preventive Health and Health Services Block Grant provides resources to support prioritized public health objectives. The grant is used to fill funding gaps in programs that deal with leading causes of death and disabilities and provides the ability to respond rapidly to emerging health issues while supporting agency-wide priorities that are also important to state, tribal, local, and territorial health departments.

44. CDPHE received its Notice of Award for the PHHS Block Grant on September 17, 2025 for a one-year funding cycle from October 1, 2025 to September 30, 2026.

45. Colorado has received PHHS Block Grant funding for decades, and for the most recent two federal fiscal years received \$2,209,062 per year. Between 2014 and 2024, funding amounts varied between \$1,880,810 to \$2,081,320. This funding supports roughly 6.5 FTE and provides support to local public health agencies and other community based agencies that work

on suicide prevention, sexual violence prevention, oral health in schools, and Core Public Health Services.

46. All programs funded through the PHHS Block Grant are in alignment with [Health People 2030 Objectives](#) as authorized by 42 United States Code, Sec 300w-320w-10. Each year Colorado's work plan, budget, objectives and activities goes through a thorough technical review by the assigned Project Officer. Colorado has never been asked to change the programs that are being funded or activities within. The most recent Block Grant Guidance released on June 27, 2025 in the CDC Request for Applications outlines all of the above mentioned program objectives. Colorado submitted final work plans and budget for the current federal fiscal year, October 1, 2025 through September 30, 2026, receiving full approval from the CDC.

47. To date, CDC has never provided CDPHE with notice, written or otherwise, that CDPHE's administration of the PHHS Block Grant was in any way unsatisfactory or inconsistent with substantive program requirements.

Colorado High Impact HIV Prevention and Surveillance

48. The Colorado High Impact HIV Prevention and Surveillance Grant (High Impact HIV Grant) funding enables Colorado to operate a comprehensive, statewide HIV prevention and surveillance program focused on reducing new HIV infections and improving health outcomes for people living with HIV. Core program goals include: increasing awareness of HIV status; reducing HIV transmission; preventing new infections; strengthening linkage to care and achieving viral suppression; and sustaining the elimination of perinatal HIV transmission. Through funding to local public health agencies and community-based organizations, CDPHE ensures statewide access to HIV testing, prevention services (including PrEP navigation), and timely linkage to care.

49. CDPHE received its first Notice of Award for the High Impact HIV Grant on July 18, 2024 for a five year period from August 1, 2024 to May 31, 2029.

50. The current period for the High Impact HIV Grant is June 1, 2025 through May 31, 2026. The Notice of Award was received on June 23, 2025 and Colorado was awarded \$4,464,567 for the second year of funding.

51. This funding supports 24 FTE and provides significant funding to local public health agencies and community-based organizations to ensure statewide access to HIV testing, prevention services (including PrEP navigation), and timely linkage to care.

52. CDC has asked Colorado to submit its annual progress report on March 9, 2026 for the third year of funding beginning on June 1, 2026 through May 31, 2027.

53. All states and jurisdictions funded with the High Impact HIV Grant are required to meet the same program goals, which include:

- a. increase awareness of HIV status;
- b. reduce new HIV transmission by increasing PrEP and PEP services and supporting HIV prevention, including condom distribution, perinatal transmission prevention, and harm reduction services;
- c. strengthen linkage to care and achieve viral suppression;
- d. identify and quickly respond to HIV clusters and outbreaks to address gaps and inequities in services for communities who need them;
- e. conduct HIV surveillance, and,
- f. engage communities and community partners in our work.

54. To date, CDC has never provided CDPHE with notice, written or otherwise, that CDPHE's administration of the High Impact HIV Grant was in any way unsatisfactory or inconsistent with substantive program requirements.

Impact of Grant Terminations

55. If CDC terminates CDPHE's PHIG, PCHD, NHBS, SSuN, COVID-19 Grant, PHHS Block Grant, and High Impact HIV grants, CDPHE will lose over \$32 million in funds already awarded, along with future funds anticipated. Lost future funding totals exceed \$15 million dollars per year.

56. However, this is not a story just about dollars. The abrupt termination of these awards will directly and immediately impact the work of multiple programs within CDPHE, as well as the work of local health agencies and community partners who receive funds from these awards through CDPHE and perform the critical work of operationalizing the grants as envisioned by the Public Health Services Act.

57. These seven grants fund approximately 116 FTE currently employed at CDPHE, including approximately 48 FTEs funded by PHIG. In compliance with Colorado state personnel rules, CDPHE must provide employees with 55 days' notice before layoff or separation. During this 55 day period, these employees must be paid for their continuing employment. If PHIG, PCHD, NHBS, SSuN, COVID-19 Grant, PHHSB, and High Impact HIV grants funds are terminated, CDPHE will be faced with issuing layoff notices to staff as alternative funding will not be available to fund the vast majority of positions impacted. Layoffs or separations from the termination of these awards will impact highly skilled and trained public health workers. Even if funding is later restored, there is a real risk that CDPHE will not be able to hire back all the staff

who are laid off or separated, many of whom have subject matter expertise of a type that would be difficult to replace.

58. The following is a summary of the funding and personnel impacts of the proposed federal cuts:

	Award Years	Total Award	Current Period Award	Unspent	Future Anticipated Award	FTE
PHIG	11/22 - 10/27	\$55 million	\$2,668,429	\$24,149,307	\$2.2 million/yr	48
PCHD	1/19 - 2/27	\$18,694,286	\$1,357,540	\$485,065	\$1,357,540/yr	12
NHBS	1/22 - 12/26	\$3,155,466.	\$550,000	\$550,000	New grant cycle	
SSuN	9/25 - 9/29	\$302,700	\$151,430	\$109,438.98	\$454,290	
COVID-19	6/21 - 5/26	\$22,581,706		\$3,489,943		26
PHHS	10/25 - 9/26	\$2,209,062	\$2,209,062	\$1,932,350	\$2,209,062	6.52
HIHP	8/24 - 5/29	\$22,322,835	\$4,464,567	\$2,136,850.00	\$13,393,701	24

59. The CDPHE staff whose positions are funded by PHIG, and thus threatened by the impending terminations, serve a variety of important functions across multiple divisions of the agency, including:

- a. Coordinating with and supporting local public health and Tribal public health agencies;
- b. Coordinating health outreach and communications to rural Colorado communities;
- c. Responding to public health emergencies, including through emergency preparedness training and planning;
- d. Modernizing CDPHE's public health data infrastructure, including Colorado's electronic disease surveillance system; Colorado's secure, centralized

Immunization Information System; and the Laboratory Information Management System for CDPHE's Public Health Laboratory. These systems are critical to CDPHE's ability to detect and monitor health threats, respond to disease outbreaks, and make timely decisions for handling public health emergencies.

60. CDPHE also distributes PHIG funding to 53 local public health agencies (LPHAs), 2 Tribal partners, as well as multiple government and academic partners in Colorado. PHIG funds support these organizations in a variety of areas, including data management, community health assessment and planning, organizational performance management, and strategic planning. PHIG funds provide at least partial support for approximately 160-199 LPHA positions. Loss of PHIG funds will have a disproportionate impact on small, rural health departments.

61. Overall, the loss of PHIG funding will significantly degrade Colorado's public health infrastructure and capabilities. This includes harming Colorado's ability to respond quickly to imminent health needs; hurting programs such as diabetes care for low income residents who would not be able to access care otherwise; eliminating resources to rural Colorado residents who do not have access to nearby care; impairing vaccine preventable response efforts; and removing funding necessary to modernize technology infrastructure in order to detect, track, and respond to public health emergencies.

62. The CDPHE staff whose positions are supported by NHBS, SSuN, and PCHD, and thus threatened by the impending terminations, serve a variety of important functions for CDPHE in the area of STI and HIV Prevention, including:

- a. through focused STI surveillance and prevention, has been successful in reducing the rates of gonorrhea and chlamydia;
- b. developed a robust cross department effort to curb the rising rates of syphilis, reducing the trends of increases in congenital syphilis for the first time since 2022. CDPHE has also reduced cases of early syphilis significantly;
- c. analyzing and reporting on county-level STI rates and partnering with local public health agencies to curb rates of syphilis; and
- d. consistent use of HIV surveillance data through NHBS to ensure CDPHE are responding to communities who are most at-risk for HIV.

63. The CDPHE staff whose positions are supported by the COVID-19 Grant, and thus threatened by the impending terminations, serve a variety of important functions for CDPHE in the area of disease control and surveillance, including:

- a. conducting COVID-19 and routine vaccination clinics, with a focus on reducing barriers to access to vaccine, such as mobile vaccine clinics and community pop-up clinics held in rural areas;
- b. conducting outreach and education to address vaccine hesitancy and anti-public-health sentiments;
- c. establishing evidence-based strategies to address respiratory disease transmission risk and outbreak management, with a focus on prevention and mitigation that minimizes impacts on essential industries and workforces now and in the future;

- d. educating Colorado workplaces and schools about how indoor air quality and ventilation contribute to disease risks and how building operation improvements can reduce risks;
- e. capturing and analyzing social determinants of health as standard case information during routine and emergency disease surveillance, and using that information to drive decisions related to ensuring public health responses and services efficiently target the most at-risk communities; and
- f. developing CDPHE infrastructure to support social services connections, health navigation, and community resiliency in the face of public health emergencies such as the COVID-19 pandemic, mpox, and H5N1.

64. Overall, the loss of COVID-19 Grant will likewise significantly degrade Colorado's public health infrastructure and capabilities. This includes harming Colorado's ability to respond quickly to imminent health needs for underserved Coloradans; eliminating resources to rural Colorado residents who do not have access to nearby care; impairing vaccine-preventable disease prevention, outreach, community partnerships and emergency preparedness & response; providing data dashboards and community snapshots for underserved areas; and indoor air quality education and technical assistance.

65. The CDPHE staff whose positions are supported by the PHHS Block Grant, and thus threatened by the impending terminations, serve a variety of important functions for CDPHE in the areas including suicide prevention, sexual violence prevention, oral health, data collection and critical analysis for birth defects, data interpretation and translation, modernizing public health information systems, and supporting Local Public Health Agencies.

66. Overall, the loss of PHHS Block Grant funding will leave Colorado less equipped to support Coloradans who are suicidal, Coloradans who are at risk for sexual violence, less resources for childrens' oral health care in schools, and less support to Local Public Health Agencies. Loss of this funding significantly impacts evidence-based programs. Examples of such programs include, but are not limited to:

- a. CAMS training: The loss of funding will reduce the number of trainings offered to health care providers to support patients experiencing despair.
- b. Follow-up Project: The Hospital Follow-Up Project services are telephonic caring contacts offered to clients discharged from an emergency department or inpatient psychiatric unit after experiencing a mental health crisis or overdose event.
- c. Colorado National Collaborative: Specific communities would receive a reduction in funding to support the local work within Colorado.
- d. Operation Veteran Strong: This program supports suicide prevention resources for veterans. This work will end, including the contract funding the work if the PHHS Block Grant is lost.
- e. Man Therapy: This program is an interactive, digital mental health platform using humor to reduce stigma and encourage working-age men to address depression, anxiety, and suicide.
- f. Programs aimed at reducing the risk of sexual violence such as community-based sexual violence prevention programming. Sexual violence is a serious public health issue impacting youth and adults across Colorado and leading to further long-term negative health outcomes.

- g. Health screening efficiencies in schools which promote participation among schools and screeners, improve data collection, facilitate referral for children in need of care, and support program evaluation and quality improvement.
- h. Supporting Local Public Health Agencies in Colorado through capacity building, FTE support, and implementation of the Colorado Public Health Act and Public Health best practices.

67. The CDPHE staff whose positions are supported by the High Impact HIV Grant, and thus threatened by the impending terminations, serve a variety of important functions for CDPHE in the area providing data, surveillance, investigation, training and capacity, and guidance to impact HIV prevention activities across the state, linking people living with HIV to care, including pregnant women, and ensuring all people in Colorado have access to PrEP.

68. High Impact HIV Prevention and Surveillance has been a backbone of the HIV Prevention efforts in Colorado. The key goals of the work include:

- a. all people in Colorado receive a diagnosis for HIV as early as possible;
- b. implementing a comprehensive approach to treat people living this HIV rapidly to achieve viral suppression;
- c. reduce new HIV transmission by increasing PrEP and PEP services and supporting HIV prevention, including, condom distribution, perinatal transmission prevention, and harm reduction services;
- d. identify and quickly respond to HIV clusters and outbreaks to address gaps and inequities in services for communities who need them; and,
- e. engage communities and community partners in our work.

69. Overall, the loss of the High Impact HIV Grant funding will significantly degrade Colorado’s HIV Prevention and Surveillance program. This includes harming Colorado’s ability to prevent HIV, ensure timely access to HIV care, and detect, track, and respond to HIV outbreaks and needs across the state.

70. In short, termination of CDPHE’s awards would have immediate adverse impacts on Colorado’s skilled public health workforce and the critical services they provide – impacts that cannot simply be undone if these awards are terminated and then later restored.

Unilateral Retroactive Conditions

71. Many of CDPHE’s grants were awarded before October 1, 2025 and did not contain any provision allowing terminations for “agency priorities” at the time the award was accepted. Instead, CDC sent notices purporting to unilaterally amend earlier issued grants with updated terms and conditions. Examples of such notices are attached as **Exhibits B, C, D**. The notices state that “by accepting this award” the recipient agrees that “continued funding for the award is contingent upon . . . a decision by the agency that award continues to effectuate program goals or agency priorities.” But the awards had already been accepted under different conditions that did not allow such terminations. CDPHE was not asked to accept these new terms and conditions and did not accept them.

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

EXECUTED on March 5, 2026.



Ned Calonge, MD, MPH
Chief Medical Officer
Colorado Department of Public Health
and Environment

EXHIBIT A



Recipient Information

1. Recipient Name

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
4300 CHERRY CREEK SOUTH DR
Colorado Dept of Public Health
DENVER, CO 80246-1523
321-321-3214

2. Congressional District of Recipient
01

3. Payment System Identifier (ID)
1840644739E9

4. Employer Identification Number (EIN)
840644739

5. Data Universal Numbering System (DUNS)
878208826

6. Recipient's Unique Entity Identifier (UEI)
Y3WEW9MQ6NH5

7. Project Director or Principal Investigator
Mrs. Tiffany Switzer
tiffany.switzer@state.co.us
970-590-8598

8. Authorized Official

Mr. Kurt Williams
Authorized Organizational Representative
kurt.williams@state.co.us
303-810-4679

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Ms. Tia Yancey
Program Officer
Center for Surveillance, Epidemiology and Laboratory Services (CSELS)
tby4@cdc.gov

Federal Award Information

11. Award Number

6 NE11OE000089-04-04

12. Unique Federal Award Identification Number (FAIN)

NE11OE000089

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Advancing Colorado's Public Health Workforce Capacity, Data, and Equity Through Public Health Transformation

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	02/11/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$2,668,429.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$2,668,429.00
26. Period of Performance Start Date	12/01/2022	- End Date	02/11/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$54,984,155.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Termination for Departmental Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000089-04-04

FAIN# NE11OE000089

Federal Award Date: 02/11/2026

Recipient Information	
Recipient Name COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT 4300 CHERRY CREEK SOUTH DR Colorado Dept of Public Health DENVER, CO 80246-1523 321-321-3214	
Congressional District of Recipient 01	
Payment Account Number and Type 1840644739E9	
Employer Identification Number (EIN) Data 840644739	
Universal Numbering System (DUNS) 878208826	
Recipient's Unique Entity Identifier (UEI) Y3WEW9MQ6NH5	
31. Assistance Type Project Grant	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$729,773.00
b. Fringe Benefits	\$240,825.00
c. Total Personnel Costs	\$970,598.00
d. Equipment	\$0.00
e. Supplies	\$6,000.00
f. Travel	\$13,837.00
g. Construction	\$0.00
h. Other	\$1,231,129.00
i. Contractual	\$384,000.00
j. TOTAL DIRECT COSTS	\$2,605,564.00
k. INDIRECT COSTS	\$62,865.00
l. TOTAL APPROVED BUDGET	\$2,668,429.00
m. Federal Share	\$2,668,429.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390EV2	23NE11OE000089A3	OE	410U	93.967	\$0.00	75-23-0959
3-9390LM6	23NE11OE000089DMIC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390LFD	23NE11OE000089LDXC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390JXA	23NE11OE000089A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000089A1C6	OE	410U	93.967	\$0.00	75-X-0140
4-9390MV6	23NE11OE000089DMIC6	OE	410U	93.967	\$0.00	75-X-0140
4-9390LFF	23NE11OE000089A2	OE	410U	93.967	\$0.00	75-2324-0943
4-9390MFC	23NE11OE000089C5	OE	410U	93.967	\$0.00	75-2124-0943
5-9390MR5	23NE11OE000089A2	OE	410U	93.967	\$0.00	75-2425-0943
6-9390QMC	23NE11OE000089A2	OE	410U	93.967	\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000089-04-04

FAIN# NE11OE000089

Federal Award Date: 02/11/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

6 NE11OE000089-04-04

1. T&C

**NOTIFICATION LETTER TO RECIPIENT FOR TERMINATION OF FEDERAL
AWARD FOR NON-ALIGNMENT WITH PROGRAM GOALS OR AGENCY
PRIORITIES**

To: Colorado Department Of Public Health & Environment
Representative of Award Number NE11OE000089

Funding for NE11OE000089 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective February 11, 2026.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

CDC's current priorities, published on CDC's website⁴² and issued to all other grantees, include focusing agency resources in line with the fundamental role CDC plays in the public health sphere. CDC's priorities illustrate the overall direction of CDC, in furtherance of the goals of the Trump Administration and the Department of Health and Human Services (HHS) Secretary. The Priorities Statement highlights CDC goals and priorities, all through the lens of providing Gold-Standard Science, as envisioned in the [Make America Healthy Again Commission Report](#) and the [Make Our Children Healthy Again Strategy](#).

CDC is specifically prioritizing a commitment to: gold-standard science; global leadership; rebuilding trust, transparency, and credibility; rapid, evidence-based responses to crises; vaccine safety and efficacy research; advancing our understanding of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease; modernizing public health infrastructure while enhancing our approach to health data; and otherwise ensuring compliance with the goals and priorities of the Trump Administration and HHS.

As a result, CDC is adjusting its discretionary Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems - 2023 award portfolio, which includes terminating some of the program awards, in order to better prioritize agency resources towards the above-mentioned priorities.

Although in its discretion CDC may suspend (rather than immediately terminating) an award to allow the recipient an opportunity to take appropriate corrective action before CDC makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency.

Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120

⁴² See [CDC priorities](#) | [About CDC](#) | [CDC](#); [Grants](#) | [Grants](#) | [CDC](#); [Acting CDC Director](#) | [About CDC](#) | [CDC](#)

days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Sincerely,

Office of Grants Services
Centers for Disease Control and Prevention
Department of Health and Human Services

EXHIBIT B



Recipient Information

1. Recipient Name

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
4300 CHERRY CREEK SOUTH DR
Colorado Dept of Public Health
DENVER, CO 80246-1523
321-321-3214

2. Congressional District of Recipient
01

3. Payment System Identifier (ID)
1840644739E9

4. Employer Identification Number (EIN)
840644739

5. Data Universal Numbering System (DUNS)
878208826

6. Recipient's Unique Entity Identifier (UEI)
Y3WEW9MQ6NH5

7. Project Director or Principal Investigator
Mrs. Tiffany Switzer
tiffany.switzer@state.co.us
303-242-2570

8. Authorized Official

Mr. Kurt Williams
Authorized Organizational Representative
kurt.williams@state.co.us
303-810-4679

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Ms. Tia Yancey
Program Officer
Center for Surveillance, Epidemiology and Laboratory Services (CSELS)
tby4@cdc.gov

Federal Award Information

11. Award Number

6 NE11OE000089-03-02

12. Unique Federal Award Identification Number (FAIN)

NE11OE000089

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

CDC-RFA-OE22-2203 Advancing Colorado's Public Health Workforce Capacity, Data, and Equity Through Public Health Transformation

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2024	- End Date	11/30/2025
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$2,668,429.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$2,668,429.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$52,315,726.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000089-03-02

FAIN# NE11OE000089

Federal Award Date: 11/13/2025

Recipient Information
<p>Recipient Name COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT 4300 CHERRY CREEK SOUTH DR Colorado Dept of Public Health DENVER, CO 80246-1523 321-321-3214 Congressional District of Recipient 01 Payment Account Number and Type 1840644739E9 Employer Identification Number (EIN) Data 840644739 Universal Numbering System (DUNS) 878208826 Recipient's Unique Entity Identifier (UEI) Y3WEW9MQ6NH5</p>
<p>31. Assistance Type Project Grant 32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$848,636.00
b. Fringe Benefits	\$280,050.00
c. Total Personnel Costs	\$1,128,686.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$13,871.00
g. Construction	\$0.00
h. Other	\$445,570.00
i. Contractual	\$982,918.00
j. TOTAL DIRECT COSTS	\$2,571,045.00
k. INDIRECT COSTS	\$97,384.00
l. TOTAL APPROVED BUDGET	\$2,668,429.00
m. Federal Share	\$2,668,429.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
3-9390EV2	23NE11OE000089A3	OE	410U	93.967		\$0.00	75-23-0959
3-9390LM6	23NE11OE000089DMIC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390LFD	23NE11OE000089LDXC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390JXA	23NE11OE000089A2	OE	410U	93.967		\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000089A1C6	OE	410U	93.967		\$0.00	75-X-0140
4-9390MV6	23NE11OE000089DMIC6	OE	410U	93.967		\$0.00	75-X-0140
4-9390LFF	23NE11OE000089A2	OE	410U	93.967		\$0.00	75-2324-0943
4-9390MFC	23NE11OE000089C5	OE	410U	93.967		\$0.00	75-2124-0943
5-9390MR5	23NE11OE000089A2	OE	410U	93.967		\$0.00	75-2425-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000089-03-02

FAIN# NE11OE000089

Federal Award Date: 11/13/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

6 NE11OE000089-03-02

1. TERMS AND CONDITIONS

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.

EXHIBIT C



Recipient Information

1. Recipient Name

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
4300 E Cherry Creek South Dr
Colorado Department of Public Health and Environme-DUP
Denver, CO 80246-1523

2. Congressional District of Recipient
01

3. Payment System Identifier (ID)
1840644739A4

4. Employer Identification Number (EIN)
840644739

5. Data Universal Numbering System (DUNS)
878208826

6. Recipient's Unique Entity Identifier (UEI)
Y3WEW9MQ6NH5

7. Project Director or Principal Investigator

Dr. Kristen Fedak
Health Equity Branch Deputy Chief
kristen.good@state.co.us
413-374-2641

8. Authorized Official

Mr. Kurt Williams
Authorized Organizational Representative
kurt.williams@state.co.us
303-810-4679

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Derick Wheeler , II
Grants Management Specialist
tie2@cdc.gov
678-475-4972

10. Program Official Contact Information

Sophie Xie
Program Officer
qv19@cdc.gov
770-488-6692

Federal Award Information

11. Award Number

6 NH75OT000066-01-09

12. Unique Federal Award Identification Number (FAIN)

NH75OT000066

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/01/2021	- End Date	05/31/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$22,581,706.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$22,581,706.00
26. Period of Performance Start Date	06/01/2021	- End Date	05/31/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$22,581,706.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Ester Edward
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000066-01-09

FAIN# NH75OT000066

Federal Award Date: 11/13/2025

Recipient Information
<p>Recipient Name COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT 4300 E Cherry Creek South Dr Colorado Department of Public Health and Environme-DUP Denver, CO 80246-1523</p> <p>Congressional District of Recipient 01</p> <p>Payment Account Number and Type 1840644739A4</p> <p>Employer Identification Number (EIN) Data 840644739</p> <p>Universal Numbering System (DUNS) 878208826</p> <p>Recipient's Unique Entity Identifier (UEI) Y3WEW9MQ6NH5</p>

<p>31. Assistance Type Project Grant</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
<p>I. Financial Assistance from the Federal Awarding Agency Only</p> <p>II. Total project costs including grant funds and all other financial participation</p>	
a. Salaries and Wages	\$5,187,488.00
b. Fringe Benefits	\$1,630,848.00
c. Total Personnel Costs	\$6,818,336.00
d. Equipment	\$0.00
e. Supplies	\$61,954.00
f. Travel	\$237,631.00
g. Construction	\$0.00
h. Other	\$2,303.00
i. Contractual	\$12,712,287.00
j. TOTAL DIRECT COSTS	\$19,832,511.00
k. INDIRECT COSTS	\$2,749,195.00
l. TOTAL APPROVED BUDGET	\$22,581,706.00
m. Federal Share	\$22,581,706.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000066C5	OT	41.51	93.391	\$0.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000066-01-09

FAIN# NH75OT000066

Federal Award Date: 11/13/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

6 NH75OT000066-01-09

1. TERMS AND CONDITIONS

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.

EXHIBIT D



Recipient Information

1. Recipient Name

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
4300 E Cherry Creek South Dr
Colorado Department of Public Health & Environment
Denver, CO 80246-1523

2. Congressional District of Recipient
01

3. Payment System Identifier (ID)
1840644739A4

4. Employer Identification Number (EIN)
840644739

5. Data Universal Numbering System (DUNS)
878208826

6. Recipient's Unique Entity Identifier (UEI)
Y3WEW9MQ6NH5

7. Project Director or Principal Investigator
Ms. Jessica Forsyth
jessica.forsyth@state.co.us
303-692-2700

8. Authorized Official

Chad Jones
Fiscal Operations Work Lead
chad.jones@state.co.us
303-960-9597

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Ryan Springer
Grants Management Specialist (GMS)
rji2@cdc.gov
678-475-4693

10. Program Official Contact Information

Melissa Thomas-Proctor
btx4@cdc.gov
404-639-6274

Federal Award Information

11. Award Number

6 NU62PS924801-02-02

12. Unique Federal Award Identification Number (FAIN)

NU62PS924801

13. Statutory Authority

Section 318(b-c) of the Public Health Service Act (42USC Sections 247c(b-c), as amended and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113)

14. Federal Award Project Title

Colorado High Impact HIV Prevention and Surveillance

15. Assistance Listing Number

93.940

16. Assistance Listing Program Title

HIV Prevention Activities_Health Department Based

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/01/2025	- End Date	05/31/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$4,464,567.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$4,464,567.00
26. Period of Performance Start Date	08/01/2024	- End Date	05/31/2029
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$8,181,984.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Benita Bosier-Ingram
Grant Management Specialist

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924801-02-02

FAIN# NU62PS924801

Federal Award Date: 11/17/2025

Recipient Information
<p>Recipient Name COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT 4300 E Cherry Creek South Dr Colorado Department of Public Health & Environment Denver, CO 80246-1523</p> <p>Congressional District of Recipient 01</p> <p>Payment Account Number and Type 1840644739A4</p> <p>Employer Identification Number (EIN) Data 840644739</p> <p>Universal Numbering System (DUNS) 878208826</p> <p>Recipient's Unique Entity Identifier (UEI) Y3WEW9MQ6NH5</p>

<p>31. Assistance Type Cooperative Agreement</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$2,006,756.00
b. Fringe Benefits	\$752,289.00
c. Total Personnel Costs	\$2,759,045.00
d. Equipment	\$0.00
e. Supplies	\$27,022.00
f. Travel	\$26,248.00
g. Construction	\$0.00
h. Other	\$110,424.00
i. Contractual	\$1,407,704.00
j. TOTAL DIRECT COSTS	\$4,330,443.00
k. INDIRECT COSTS	\$134,124.00
l. TOTAL APPROVED BUDGET	\$4,464,567.00
m. Federal Share	\$4,464,567.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390N51	24NU62PS924801	PS	410Q	93.940	\$0.00	75-24-0950
4-9390N5M	24NU62PS924801	PS	410Q	93.940	\$0.00	75-24-0950
5-9390N51	24NU62PS924801	PS	410Q	93.940	\$0.00	75-25-0950
5-9390N5M	24NU62PS924801	PS	410Q	93.940	\$0.00	75-25-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924801-02-02

FAIN# NU62PS924801

Federal Award Date: 11/17/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

6 NU62PS924801-02-02

1. Terms & Conditions

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 8

Declaration of Karin McGowan

Declaration of Karin McGowan
Executive Director of Department of Public Health and Environment for
The City and County of Denver

I, KARIN MCGOWAN declare as follows pursuant to 28 U.S.C. § 1746:

1. I am over eighteen years of age. I have personal knowledge of the facts contained in this declaration and am otherwise competent to testify to the matters in this declaration.
2. I am the Executive Director of the City and County of Denver's Department of Public Health and Environment (DDPHE). In this role, I oversee approximately 322 employees and am responsible for the department's approximately \$189M annual budget. I was appointed to this position in June of 2024. I have over 15 years of experience working to safeguard public health in various roles for the State of Colorado and the City and County of Denver.
3. DDPHE works to protect and improve the health of Denver's residents and ensure a safe community. Its responsibilities are wide ranging and include providing community health services, preventing and responding to disease outbreaks, conducting public health investigations, tracking deadly substance use trends, and working collaboratively with city, state, federal, and community partners to conduct achieve these goals.
4. The City of Denver is Colorado's most populous city. The City of Denver is home to over 700,000 people and is the economic engine for the region. A healthy public is essential to the economic health of the City of Denver and the regional economy.
5. DDPHE has received grant funding from the Federal government for decades. Federal grant funds are embedded in DDPHE's planning and budgeting process along with the expectation that it will continue to receive federal grant funds. One source of federal funding is the Public Health Infrastructure Grant ("PHIG"), administered by the Centers for Disease Control and Prevention ("CDC").
6. DDPHE was awarded PHIG funds for a five-year performance period from December 1, 2022 through November 30, 2027.

7. DDPHE has been awarded \$11,027,790 in PHIG funds to date. But for the proposed termination, DDPHE expected a total grant award of \$14,475,122 through 2027. DDPHE has used PHIG funds to strengthen its public health workforce, increase its foundational capabilities, and modernize its public health data collection systems. These improvements to DDPHE's capabilities have better equipped it to prevent and respond to public health threats and improve public health outcomes.

8. One of the express goals of the PHIG program is to strengthen the public health workforce by allowing recipients to recruit, train, and retain public health staff. DDPHE has used PHIG funds for that purpose and currently pays for fifteen full-time essential public health employees from this grant. DDPHE has plans to fund an additional five full time staff from this grant. These employees include a surveillance epidemiologist, public health investigators, GIS Data Administrators, and data technicians. Their work includes training community health workers, modernizing data infrastructure, conducting community health assessments, and monitoring and preventing the spread of communicable disease. These jobs are essential to ensuring that Denver is prepared to prevent and respond to public health threats.

9. DDPHE also relies on the PHIG program to fund eleven different community-based organizations that are uniquely positioned to ensure vulnerable populations have access to healthcare and behavioral health services. Examples of services provided by these organizations include providing healthcare to homeless populations, low-income youth, and to low-income mothers through pregnancy and immediately after birth. Ensuring adequate access to healthcare for these populations is particularly important because they are less likely to access healthcare otherwise. Lack of treatment in these communities leads to worse health outcomes including outbreaks and more costly public health responses. PHIG funds support or fully fund approximately 48 staff members at these organizations.

10. Approximately three years into DDPHE's implementation of the five year PHIG term, on November 13, 2025, DDPHE received a Notice of Award ("NOA") from the CDC. The sole purpose of the NOA was to inform DDPHE of a purported change to the terms and conditions of the grant, including a new termination provision. Whereas the award had previously only been subject to termination provisions at 45 CFR 75.372, the NOA purported to make the award subject to the termination provisions at 2 CFR

200.340. A true and correct copy of the November 13, 2025 NOA that DDPHE received from the CDC is attached to this declaration as Exhibit 1.

11. On February 12, 2026, DDPHE received an NOA from the CDC purporting to terminate DDPHE's PHIG funding effective February 11, 2026 pursuant to 2 C.F.R. § 200.340(a)(4) because the award no longer effectuates the program goals or agency priorities. This is one of the grounds for termination that CDC allegedly added to the PHIG award through its November 30, 2025 NOA. A true and correct copy of the CDC's February 12, 2026 NOA purporting to terminate DDPHE's PHIG funding is attached to this declaration as Exhibit 2.

12. On February 16, 2026, DDPHE received a NOA from the CDC dated February 13, 2026. The NOA stated "The [NOA] issued on February 11, 2026, that terminated this award is officially rescinded for 14 days from the date of the court order." This notice makes clear that the CDC's rescission of its termination is only temporary and that it intends to reinstate the rescission as soon as DDPHE no longer has the benefit of the Court's protective order. A true and correct copy of the CDC's NOA dated February 13, is attached to this declaration as Exhibit 3.

13. The CDC never expressed any dissatisfaction with DDPHE's use of PHIG funds and never asked DDPHE to fund different types of programs with these funds. Before February 12, 2026, CDC never communicated to DDPHE any change of priorities for the PHIG funds. In fact, every month before October 2025, DDPHE met with the CDC to review our workplan and demonstrate that we were on track to meet deliverables. DDPHE has been repeatedly highlighted in the CDC's PHIG success stories and interviewed for podcasts. In November 2025, the CDC even telephoned an employee under my supervision to inform them that while DDPHE had submitted a non-compete continuation application for \$479,288, our annual allocation would be much greater: \$838,748.

14. DDPHE's loss of PHIG funds would have disastrous results for the residents of the City and County of Denver. Denver is already facing a difficult budgetary climate without the potential loss of these federal funds. Denver had to contend with a \$50M budgetary shortfall in its financial year 2025, and was forced to implement budget cuts to address a \$200M shortfall for its financial year 2026. Denver instituted a hiring freeze and required that all Denver employees take furlough days in 2025. Despite these cost

saving measures, Denver had to eliminate 665 vacant positions and layoff an additional 171 employees to balance the budget. Denver is unable to divert other local resources to fund the programs currently funded by PHIG. Losing the PHIG funds would force DDPHE to terminate all 22 DDPHE public health staffers paid with those funds. This would significantly reduce the agency's capacity to perform core public health functions including disease surveillance, data analysis, workforce development and training, and regulatory compliance. Along with these employees, DDPHE would lose the significant institutional knowledge they have acquired during their time here, which could not easily be regained.

15. Similarly, Denver would be forced to cancel the 11 PHIG-funded contracts with community-based organizations. These organizations help ensure adequate access to healthcare for vulnerable, unhoused, and low-income populations that are unlikely to access healthcare or behavioral health services otherwise. Lack of treatment in these communities could easily lead to worse health outcomes throughout the Denver region, including outbreaks and more costly public health responses. These community-based organizations would likely also lose staff and the institutional knowledge they have amassed and the trust they have built in these vulnerable communities.

16. The impact of these terminations would have a compounding detrimental effect on health outcomes in the region. PHIG funding is a key piece in larger and interwoven public health system. This loss would be aggravated by the fact that the PHIG termination comes without warning in the middle of a funding cycle and does not give DDPHE and its partners an opportunity to plan to replace funding or mitigate the effects of the loss of funding.

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

EXECUTED this 17th day of February 2026.

McGowan, Karin - DPHE
HE1413 Manager
Department of
Environment



Digitally signed by McGowan, Karin - DPHE
HE1413 Manager Department of Environment
DN: cn=McGowan, Karin - DPHE HE1413
Manager Department of Environment, o=City and
County of Denver, ou=Dept of Public Health &
Environment,
email=Karin.McGowan@denvergov.org
Date: 2026.02.17 17:06:09 -0700

Karin McGowan

Exhibit 1



Recipient Information

1. Recipient Name

DENVER, CITY & COUNTY OF
101 W Colfax Ave STE 800
Shared Services & Business Ops
Denver, CO 80202-5285

2. Congressional District of Recipient
01

3. Payment System Identifier (ID)
1846000580C7

4. Employer Identification Number (EIN)
846000580

5. Data Universal Numbering System (DUNS)
080483932

6. Recipient's Unique Entity Identifier (UEI)
JHZYLXQAKY33

7. Project Director or Principal Investigator

Dr. Mondí Ailene Mason Ph.D.
Research Education & Development Administrator
mondi.mason@denvergov.org
7203010437

8. Authorized Official

Ms. Paige Cheney
DDPHE Contracts & Grants Manager
paige.cheney@denvergov.org
720-865-9601

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Ms. Tia Yancey
Program Officer
Center for Surveillance, Epidemiology and Laboratory
Services (CSELS)
tby4@cdc.gov

Federal Award Information

11. Award Number

6 NE11OE000034-03-01

12. Unique Federal Award Identification Number (FAIN)

NE11OE000034

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Denver Department of Public Health & Environment's project name:Public Health Organizational Equity,
Engagement & Excellence (PHOEEEnEx)

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2024	- End Date	11/30/2025
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$838,748.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$838,748.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$10,189,042.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000034-03-01

FAIN# NE11OE000034

Federal Award Date: 11/13/2025

Recipient Information	
Recipient Name DENVER, CITY & COUNTY OF 101 W Colfax Ave STE 800 Shared Services & Business Ops Denver, CO 80202-5285	
Congressional District of Recipient 01	
Payment Account Number and Type 1846000580C7	
Employer Identification Number (EIN) Data 846000580	
Universal Numbering System (DUNS) 080483932	
Recipient's Unique Entity Identifier (UEI) JHZYLXQAKY33	
31. Assistance Type Project Grant	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$75,000.00
i. Contractual	\$763,748.00
j. TOTAL DIRECT COSTS	\$838,748.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$838,748.00
m. Federal Share	\$838,748.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000034A1C6	OE	410U	93.967	\$0.00	75-X-0140
4-9390LFF	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2324-0943
5-9390MR5	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2425-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000034-03-01

FAIN# NE11OE000034

Federal Award Date: 11/13/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

DENVER, CITY & COUNTY OF

6 NE11OE000034-03-01

1. terms

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.

Exhibit 2



Recipient Information

1. Recipient Name

DENVER, CITY & COUNTY OF
101 W Colfax Ave STE 800
Shared Services & Business Ops
Denver, CO 80202-5285

2. Congressional District of Recipient

01

3. Payment System Identifier (ID)

1846000580C7

4. Employer Identification Number (EIN)

846000580

5. Data Universal Numbering System (DUNS)

080483932

6. Recipient's Unique Entity Identifier (UEI)

JHZYLXQAKY33

7. Project Director or Principal Investigator

Dr. Mondi Ailene Mason Ph.D.
Research Education & Development Administrator
mondi.mason@denvergov.org
7203010437

8. Authorized Official

Ms. Paige Cheney
DDPHE Contracts & Grants Manager
paige.cheney@denvergov.org
720-865-9601

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Ms. Tia Yancey
Program Officer
Center for Surveillance, Epidemiology and Laboratory
Services (CSELS)
tby4@cdc.gov

Federal Award Information

11. Award Number

6 NE11OE000034-04-03

12. Unique Federal Award Identification Number (FAIN)

NE11OE000034

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Public Health Organizational Engagement & Excellence (PHOEnEx)

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	02/11/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$838,748.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$838,748.00
26. Period of Performance Start Date	12/01/2022	- End Date	02/11/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$11,027,790.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Termination for Departmental Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000034-04-03

FAIN# NE11OE000034

Federal Award Date: 02/11/2026

Recipient Information	
Recipient Name DENVER, CITY & COUNTY OF 101 W Colfax Ave STE 800 Shared Services & Business Ops Denver, CO 80202-5285	
Congressional District of Recipient 01	
Payment Account Number and Type 1846000580C7	
Employer Identification Number (EIN) Data 846000580	
Universal Numbering System (DUNS) 080483932	
Recipient's Unique Entity Identifier (UEI) JHZYLXQAKY33	
31. Assistance Type Project Grant	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$7,913.00
f. Travel	\$32,615.00
g. Construction	\$0.00
h. Other	\$523,220.00
i. Contractual	\$275,000.00
j. TOTAL DIRECT COSTS	\$838,748.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$838,748.00
m. Federal Share	\$838,748.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000034A1C6	OE	410U	93.967	\$0.00	75-X-0140
4-9390LFF	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2324-0943
5-9390MR5	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2425-0943
6-9390QMC	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000034-04-03

FAIN# NE11OE000034

Federal Award Date: 02/11/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

DENVER, CITY & COUNTY OF

6 NE11OE000034-04-03

1. Terms & Conditions

**NOTIFICATION LETTER TO RECIPIENT FOR TERMINATION OF FEDERAL
AWARD FOR NON-ALIGNMENT WITH PROGRAM GOALS OR AGENCY
PRIORITIES**

To: Denver, City & County Of
Representative of Award Number NE11OE000034

Funding for NE11OE000034 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective February 11, 2026.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

CDC's current priorities, published on CDC's website⁴³ and issued to all other grantees, include focusing agency resources in line with the fundamental role CDC plays in the public health sphere. CDC's priorities illustrate the overall direction of CDC, in furtherance of the goals of the Trump Administration and the Department of Health and Human Services (HHS) Secretary. The Priorities Statement highlights CDC goals and priorities, all through the lens of providing Gold-Standard Science, as envisioned in the [Make America Healthy Again Commission Report](#) and the [Make Our Children Healthy Again Strategy](#).

CDC is specifically prioritizing a commitment to: gold-standard science; global leadership; rebuilding trust, transparency, and credibility; rapid, evidence-based responses to crises; vaccine safety and efficacy research; advancing our understanding of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease; modernizing public health infrastructure while enhancing our approach to health data; and otherwise ensuring compliance with the goals and priorities of the Trump Administration and HHS.

As a result, CDC is adjusting its discretionary Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems - 2023 award portfolio, which includes terminating some of the program awards, in order to better prioritize agency resources towards the above-mentioned priorities.

Although in its discretion CDC may suspend (rather than immediately terminating) an award to allow the recipient an opportunity to take appropriate corrective action before CDC makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency.

Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120

⁴³ See [CDC priorities](#) | [About CDC](#) | [CDC](#); [Grants](#) | [Grants](#) | [CDC](#); [Acting CDC Director](#) | [About CDC](#) | [CDC](#)

days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Sincerely,

Office of Grants Services
Centers for Disease Control and Prevention
Department of Health and Human Services

Exhibit 3



Recipient Information

1. Recipient Name

DENVER, CITY & COUNTY OF
101 W Colfax Ave STE 800
Shared Services & Business Ops
Denver, CO 80202-5285

2. Congressional District of Recipient
01

3. Payment System Identifier (ID)
1846000580C7

4. Employer Identification Number (EIN)
846000580

5. Data Universal Numbering System (DUNS)
080483932

6. Recipient's Unique Entity Identifier (UEI)
JHZYLXQAKY33

7. Project Director or Principal Investigator

Dr. Mondi Ailene Mason Ph.D.
Research Education & Development Administrator
mondi.mason@denvergov.org
7203010437

8. Authorized Official

Ms. Paige Cheney
DDPHE Contracts & Grants Manager
paige.cheney@denvergov.org
720-865-9601

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Ms. Tia Yancey
Program Officer
Center for Surveillance, Epidemiology and Laboratory
Services (CSELS)
tby4@cdc.gov

Federal Award Information

11. Award Number

6 NE11OE000034-04-04

12. Unique Federal Award Identification Number (FAIN)

NE11OE000034

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Public Health Organizational Engagement & Excellence (PHOEnEx)

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	11/30/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$838,748.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$838,748.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$11,027,790.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Reinstatement



Recipient Information	
Recipient Name DENVER, CITY & COUNTY OF 101 W Colfax Ave STE 800 Shared Services & Business Ops Denver, CO 80202-5285	
Congressional District of Recipient 01	
Payment Account Number and Type 1846000580C7	
Employer Identification Number (EIN) Data 846000580	
Universal Numbering System (DUNS) 080483932	
Recipient's Unique Entity Identifier (UEI) JHZYLXQAKY33	
31. Assistance Type Project Grant	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$7,913.00
f. Travel	\$32,615.00
g. Construction	\$0.00
h. Other	\$523,220.00
i. Contractual	\$275,000.00
j. TOTAL DIRECT COSTS	\$838,748.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$838,748.00
m. Federal Share	\$838,748.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000034A1C6	OE	410U	93.967	\$0.00	75-X-0140
4-9390LFF	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2324-0943
5-9390MR5	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2425-0943
6-9390QMC	23NE11OE000034A2	OE	410U	93.967	\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000034-04-04

FAIN# NE11OE000034

Federal Award Date: 02/13/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

DENVER, CITY & COUNTY OF

6 NE11OE000034-04-04

1. terms

TERMS AND CONDITIONS OF AWARD

In compliance with the Court Order issued on February 12, 2026, in the United States District Court for the District of Illinois as it relates to *State of Illinois, et al vs. Russell Vought, et al* (case 1:26-cv-01566). The Notice of Award (NOA) issued on February 11, 2026, that terminated this award is officially **rescinded** for 14 days from the date of the court order. Activities and funding under this award are no longer terminated. Accordingly, award activities may continue consistent with the existing terms and conditions of the award, including applicable regulations.

The costs associated with any such termination of activities and stoppage of work, including reasonable and legitimate costs of compliance with local labor laws, existing contractual obligations that cannot be legally paused, and costs associated with the security of assets – that occurred during this time period may be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award. Any costs incurred prior to termination, may also be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 9

Declaration of Wendy Underwood

I, Wendy Underwood, declare as follows:

1. I am the Deputy Commissioner of the Minnesota Department of Health (“MDH”), a position I have held since 2024. I have been employed by MDH since 2024. In my current role at MDH, I am responsible for agencywide leadership, policy direction, and management of the day-to-day operations of the agency.

2. I make this declaration in my official capacity. I am a resident of the state of Minnesota, and I am over the age of 18. I am familiar with the information in the statements set forth below either through personal knowledge or in consultation with MDH staff.

3. MDH is Minnesota’s statewide public health agency, responsible for protecting, maintaining, and improving the health of all Minnesotans (see, for example, Minnesota Statutes, section 144.05, subdivision 1). Among other things, MDH:

- a. monitors infectious diseases and responds to outbreaks;
- b. advances policies and programs to prevent diseases and injuries and improve mental health; and
- c. coordinates emergency preparedness and response activities among the state and local government entities and community organizations involved in responding to public health emergencies.

4. I am providing this declaration to explain some of the immediate adverse impacts MDH faces from noticed or impending terminations of five federal awards to MDH by the U.S. Centers for Disease Control and Prevention (“CDC”), of the U.S. Department of Health and Human Services.

5. On February 9, 2025, MDH learned from the offices of Minnesota Senators Amy Klobuchar and Tina Smith that the Senate Appropriations Committee received notice of the federal administration’s plan to terminate, in three business days, two CDC grants to MDH: (1) Public

Health Infrastructure Grant (PHIG) Program (Federal Award Identification Number NE11OE000048), and (2) Core State Injury Prevention (SIPP) Program (Federal Award Identification Number NU17CE010056). My understanding is that the only reason identified for the impending terminations is that the grants are “inconsistent with agency priorities,” with no explanation of why that is the case.

6. On the morning of February 11, 2026, MDH learned from the offices of Senators Klobuchar and Smith that the Senate Appropriations Committee received notice of the federal administration’s plan to terminate, in three business days, three additional CDC grants to MDH: (1) Preventative Health and Health Services Block Grant (“PHHS”) (Federal Award Identification Number NB01PW000088), (2) High-Impact HIV Prevention and Surveillance Program for Health Departments (Federal Award Identification Number NU62PS924837), and (3) Strengthening STD Prevention and Control for Health Departments (“PCHD”) Grant Program (Federal Award Identification Number NH25PS005172). My understanding is that the only reason identified for the impending terminations is that the grants are “inconsistent with agency priorities,” with no explanation of why that is the case.

7. On February 12, 2026, at approximately 7:14 AM Eastern Time, MDH received emails notifying us that our PHIG and SIPP grants had been terminated. A true and correct copy of the termination notice for our PHIG grant is attached as Exhibit A. The other termination notice for SIPP is substantially identical. They purport to terminate the grants effective February 11, 2026, and cite “agency priorities” as the reason for the terminations.

8. As of the date of this declaration, MDH has not received any communication from CDC, written or otherwise, about the impending terminations of the PHHS, the High-Impact HIV Prevention and Surveillance Program for Health Department, or the PCHD grants.

9. On February 16 and 17, 2026, MDH received notices from CDC stating that the PHIG and SIPP termination notices are rescinded for 14 days from the date of the Court's February 12, 2026 order granting the temporary restraining order in this case. Subsequent notices were received on February 27, citing the extension of the temporary restraining order and extending the rescission of the termination to March 12, 2026.

10. Descriptions of each award that CDC has indicated it will terminate and the impacts of their terminations follow.

Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant

11. The Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant ("PHIG") program provides support for core infrastructure improvements to public health agencies, including these agencies' workforce, foundational capabilities, and data infrastructure. The August 15, 2022, Notice of Funding Opportunity ("NOFO") for this grant program explained that "[s]tronger infrastructure will serve immediate needs to respond to the ongoing COVID-19 pandemic and other public health outcomes that worsened or stalled during the COVID-19 pandemic." The NOFO further explained that these "investments will have sustained effects that position these [public health] agencies to better meet the ongoing and future public health needs of the communities and populations they serve."

12. PHIG consists of two main funding components aimed at strengthening the U.S. public health system: (1) Component A, which provides direct funding to health departments for workforce foundational capabilities and data modernization; and (2) Component B, which supports national partners to provide training and technical assistance to health departments. Component A is organized into three foundational pillars:

- a. Workforce (Component A1), which, through hiring, retention, support, and training, aims to increase the size and capabilities of the public health workforce. Component A1 also aims to strengthen workforce planning, systems, processes and policies. Funding for this component is a non-competitive, five-year award, which means funds are awarded at the beginning of the period of performance for the full five-year period.
- b. Foundational Capabilities (Component A2), which aims to strengthen recipients' overall systems, processes, and policies to ensure a strong core infrastructure necessary to support essential public health services. Funding for this component is a non-competitive annual award, meaning funds are awarded in annual installments over the five-year performance period.
- c. Data Modernization (Component A3), which supports public health agencies to develop a more modern and efficient data environment, increase the interoperability of data systems, and increase recipients' ability to use public health data to identify and address issues of public health concern. Funding for this component is a combination of non-competitive five-year awards and a competitive annual award.

13. Based on publicly available information, MDH understands that other states use PHIG funds for activities similar to MDH's. For example, MDH understands that Delaware is, like Minnesota, using PHIG funds to upgrade its state's immunization information system. Also like Minnesota, Nebraska, Montana, South Carolina, Indiana, and Utah are using PHIG funds to support data integration and modernization of systems. And MDH understands that, like

Minnesota, Wisconsin and Iowa are using PHIG to fund positions providing technical assistance to local public health departments.

14. MDH applied for and has been awarded funds for all three PHIG Components, A1, A2 and A3. Approximately \$60 million in total was awarded to MDH for PHIG between 2022 – 2024. None of the PHIG Notices of Award issued from 2022 through 2024 contain any reference to CDC being able to terminate the award if it no longer effectuates agency goals or priorities, or to the termination provisions at 2 C.F.R. § 200.340 more generally.

15. On November 13, 2025, MDH received a Notice of Award from CDC that did not obligate any additional federal funds for PHIG but stated that its purpose “is to incorporate updated terms and conditions.” A true and correct copy of the Notice of Award is attached as Exhibit B. The Notice of Award states that “by accepting this award” the recipient agrees that “continued funding for the award is contingent upon . . . a decision by the agency that award continues to effectuate program goals or agency priorities.” But the previously issued PHIG awards had already been accepted under different conditions that did not allow such terminations. CDC sought to unilaterally amend these previously issued awards to include an “agency priorities” condition, and MDH did not accept these terms and conditions. In a letter to CDC dated December 22, 2025, MDH clarified that it understood the updated terms and conditions in this Notice of Award, including the updated terms and conditions regarding the termination provisions at 2 CFR § 200.340, to have no effect as to funds previously awarded. A true and correct copy of this letter is attached as Exhibit C. MDH’s letter further stated MDH’s understanding that previously awarded funds are governed by the applicable laws, regulations, and terms that were specified, valid, and effective at the time the funds were awarded. CDC did not respond to this letter.

16. MDH was awarded an additional \$3,231,820.00 (for PHIG Component A2) by a Notice of Award dated December 2, 2025 (Award number 5 NE11OE000048-04-00). In a letter to CDC dated December 17, 2025, MDH explained that it accepted the award with certain clarifications regarding the award terms and conditions. Among other things, the letter stated, “[b]y accepting this award, MDH does not waive or concede any arguments concerning the application or interpretation of 2 C.F.R. § 200.340.” A true and correct copy of this letter is attached as Exhibit D. CDC did not respond to this letter.

17. The period for performance for MDH’s PHIG awards is December 1, 2022 – November 30, 2027. All of the PHIG Notices of Award MDH received state that MDH may carry over unobligated funds to a “subsequent budget period.”

18. MDH anticipates receiving its next and final annual installments of its Component A2 and A3 funding in late 2026 (for budget period December 1, 2026 – November 30, 2027). The final installment of the A2 funding is estimated to be \$3,231,820. The final installment of the A3 funding is estimated to be \$613,566.

19. As of the date of this declaration, approximately \$38 million in PHIG funds already awarded remains unspent (this includes unpaid encumbrances and funds available for approved PHIG activities).

20. To date, CDC has never provided MDH with notice, written or otherwise, that MDH’s administration of the PHIG funds or program was in any way unsatisfactory. Through a Notice of Award dated January 23, 2026, MDH was informed that activities under the PHIG grant were “paused until further notice.” This Notice of Award stated “[t]he reason for the pause is to review and evaluate activities funded within this PHIG award program to ensure alignment with administration and agency priorities.” A true and correct copy of this Notice of Award is attached

as Exhibit E. Based on communications from national public health organizations, MDH's understanding is that state health departments and jurisdictions across the country received the PHIG pause notice. In a subsequent Notice of Award dated January 24, 2026, CDC rescinded the Notice of Award pausing PHIG activities and stated that "award activities may continue consistent with the existing terms and conditions of the award." A true and copy of this Notice of Award is attached as Exhibit F.

21. Notably, MDH is required to submit to CDC detailed, regular workplans for PHIG activities. Workplans contain information about activities for which MDH plans to use PHIG funds along with milestones, with achieve-by-dates, for these activities. MDH's most recent workplan for PHIG, which is for Component A2, Budget Period 4, was submitted to CDC on January 26, 2026. On February 11, 2026, MDH received feedback from CDC regarding this workplan. The feedback from CDC contained a few clarifying questions or technical recommendations, along with the following comments regarding the workplan as a whole:

- a. "Milestones are strong and align well with the purpose of the NOFO."
- b. "Activity and milestones are within the scope of the NOFO. Milestones are detailed and helpful for understanding the work being completed."
- c. "Overall, this workplan aligns with the NOFO."

Core State Injury Prevention Program

22. The SIPP Program supports public health infrastructure, data, and partnerships to identify and respond to existing and emerging injury threats with data-driven public health actions. This includes engaging in robust state-based data and surveillance, strengthening strategic collaborations and partnerships, and conducting assessment and evaluation. The overall goal of this approach is to inform public health action for prevention of the following: adverse childhood

experiences (“ACEs”), which are stressful events in a child’s life that can potentially impact their health and well-being, such as abuse, neglect, financial hardship, or witnessing violence); transportation-related injury; and traumatic brain injury (“TBI”).

23. Minnesota is one of the SIPP “success stories” featured on CDC’s website for its SIPP-funded work relating to ACEs.¹

24. The current period of performance for SIPP is August 1, 2021 – July 31, 2026. MDH has received \$400,000 in funding for SIPP each year of this performance period.

25. MDH’s current funds were obligated by a Notice of Award dated July 30, 2025 (Award number 5 NU17CE010056-05-00). An administrative amendment (Award number 6 NU17CE010056-05-01) was issued on August 1, 2025, to correct an error in the July 30 Notice of Award. True and correct copies of both Notices of Award are attached as Exhibits G and H. The July 30 Notice of Award stated that, “[s]tarting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340” and that “continued funding for the award is contingent upon . . . a decision by the agency that the award continues to effectuate program goals or agency priorities.” In a letter to CDC dated August 8, 2025, MDH explained that it accepted the award with certain clarifications regarding the award terms and conditions. Among other things, the letter stated that “MDH accepts this award based solely on the applicable laws and regulations valid and effective at the time of acceptance.” A true and correct copy of this letter is attached as Exhibit I. CDC did not respond to this letter.

26. As of the date of this declaration, approximately \$160,000 in SIPP funds awarded for the current budget period remains unspent (including unpaid encumbrances and available funds for SIPP activities). Additionally, MDH has unspent SIPP funds carried over from prior budget

¹ <https://perma.cc/MVK6-WPZB>

years, in the amount of approximately \$90,000. Accordingly, MDH will lose access to approximately \$250,000 in funds if SIPP is terminated.

27. To date, CDC has never provided MDH with notice, written or otherwise, that MDH's administration of the SIPP grant was in any way unsatisfactory. Notably, first on February 6, 2026, and again on February 17, 2026, CDC provided MDH with notice that it was offering an continuation of SIPP funds for an additional year along with instructions on how to request this continuation through a non-competing application.

Preventative and Health Services Block Grant

28. The U.S. Department of Health and Human Services ("HHS") has provided PHHS Block Grant funding for over 40 years in all 50 states, 5 U.S. territories, 3 freely associated states, and 2 tribes to help support essential public health services, including prevention services and outbreak control. PHHS funding allows states to address emerging health issues and gaps, decrease premature death and disability, support local health programs, and establish health data and surveillance systems.

29. Minnesota's PHHS workplan contains objectives relating to the following health topic areas: Public Health Infrastructure, Injury and Violence Prevention, Educational and Community-Based Programs, Nutrition, Immunization and Infectious Disease, and Oral Health. Based on data from CDC², these health topic areas are represented in work plans from other PHHS recipients.

30. The PHHS grant is a non-competitive grant that is awarded each year based on a statutory formula. The current period of performance for MDH's PHHS grant is October 1, 2025 – September 30, 2026.

² <https://perma.cc/C5TN-GJME>

31. The PHHS funds for the current period of performance, totaling \$4,528,407.00, were obligated by a Notice of Award dated September 8, 2025. Like the SIPP award described above, this Notice of Award states that the PHHS award will be subject to the agency priorities condition starting on October 1, 2025. This Notice of Award language is substantially identical to Exhibit G. Like with the SIPP award, in a letter to CDC dated September 23, 2025, MDH explained that it accepted the award with certain clarifications regarding the award terms and conditions, including that MDH accepts the award based solely on the applicable laws and regulations valid and effective at the time of the award's acceptance. This letter is substantially identical to Exhibit I. CDC did not respond to this letter.

32. Based on information and belief, MDH understands that PHHS is funded for federal fiscal year 2026. The federal fiscal year 2026 PHHS funding would be for the period October 1, 2026 – September 30, 2027. MDH anticipates that it would receive a Notice of Award obligating this next year of PHHS funding before October 1, 2026. Although MDH has not yet been notified of the expected amount of the 2026 PHHS funding to Minnesota, MDH would anticipate this to be around \$4 million based on the past 6 years of PHHS funds, which have ranged in amount from \$3,889,275 to \$4,528,407 per year.

33. As of the date of this declaration, approximately \$3.3 million in PHHS funds already awarded remains unspent (this includes unpaid encumbrances and funds available for approved PHHS activities).

34. To date, CDC has never provided MDH with notice, written or otherwise, that MDH's administration of the PHHS funds or program was in any way unsatisfactory.

35. Notably, MDH must submit an annual PHHS workplan to CDC for review ahead of receiving its yearly allocation of PHHS funds. MDH's original work plan for the 2025

allocation was submitted to CDC in July 2025. The CDC Project Officer who reviewed the workplan commented favorably, noting among other things that the proposed activities “support and promote” required objectives and that the proposed activities “demonstrate commitment to strengthening broad and diverse partnerships, implementing effective policy, system, and environmental changes, and building capacity for community engagement to further inform work.” The Project Officer stated overall that MDH “satisfies the [PHHS] application requirements and reviewer recommends FY25 funding to” MDH. Similarly, in response to an updated work plan submitted in October 2025 to address an increase in the allocation of PHHS funds, the CDC Project Officer “recommend[ed] FY25 funding to the Minnesota Department of Health, in the revised allocation amount of \$4,528,407.”

High-Impact HIV Prevention and Surveillance Program for Health Departments

36. The High-Impact HIV Prevention and Surveillance Program for Health Departments (“HIV Program”) supports health departments in implementing high-impact, comprehensive HIV prevention and surveillance programs to prevent new HIV infections and improve the health of people with HIV. Per CDC, 59 health departments receive funding through this program.³

37. MDH uses HIV Program funds to implement a comprehensive program for preventing new HIV infections, monitoring HIV activity in Minnesota to inform prevention and outbreak response activities, and improving the health of people living with HIV. MDH works with local public health and community organizations to support the provision of HIV testing and linkage to care, pre-exposure prophylaxis, viral suppression, and eliminating perinatal HIV

³ <https://perma.cc/P2ER-8FHZ>

transmission (*i.e.*, the transmission of HIV from mother to child during pregnancy, during delivery, or during breastfeeding).

38. Based on publicly available information, MDH understands that HIV Program workplans are standardized by CDC across all awardees. Workplans are organized into the following six core strategy areas that all HIV Program fund recipients must implement, though there is some flexibility to tailor implementation to local needs and resources:

- a. Diagnose – ensure all people with HIV receive a diagnosis as early as possible;
- b. Treat – implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and reach viral suppression;
- c. Prevent – reduce new HIV transmission by increasing PrEP and PEP services and supporting HIV prevention, including condom distribution, perinatal transmission prevention, and harm reduction services;
- d. Respond – Identify and quickly respond to HIV clusters and outbreaks to address gaps and inequities in services for communities who need them;
- e. Conduct HIV surveillance activities; and
- f. Support community engagement and HIV planning.

39. The period of performance for the current HIV Program grant cycle is August 1, 2024 – May 31, 2029. MDH is permitted to carry over unobligated funds to subsequent budget periods.

40. To date, MDH has been awarded a total of \$5,886,898 for the HIV Program in the current grant cycle. These funds were awarded by two Notices of Award in July 2024 and July 2025, neither of which contained any reference to CDC being able to terminate the award if it no

longer effectuates agency goals or priorities, or to the termination provisions at 2 C.F.R. § 200.340 more generally.

41. On November 17, 2025, MDH received a Notice of Award from CDC that did not obligate any additional federal funds for the HIV Program but stated that its purpose “is to incorporate updated terms and conditions.” A true and correct copy of the Notice of Award is attached as Exhibit J. As described above with respect to the PHIG award, MDH did not accept these new terms and conditions. In a letter to CDC dated December 22, 2025, MDH clarified that it understood the updated terms and conditions, including the agency priorities termination provisions, to have no effect as to funds previously awarded. A true and correct copy of this letter is attached as Exhibit K. This letter is substantially identical to Exhibit C. CDC did not respond to this letter.

42. As of the date of this declaration, approximately \$2.7 million in HIV Program funds already awarded remains unspent (this includes unpaid encumbrances and funds available for approved HIV Program activities).

43. After the current budget period (June 1, 2025 – May 31, 2026), MDH has an additional three budget periods left in this grant cycle. If this grant is terminated, MDH would lose not only the unspent HIV Program funds already awarded but also these future years of funding. MDH estimates that the cumulative funding for these three additional years would exceed \$9 million.

44. On March 4, 2026, MDH submitted the continuation application for the next HIV Program budget period, which would start June 1, 2026. MDH applied for \$3,291,778.

45. To date, CDC has never provided MDH with notice, written or otherwise, that MDH’s administration of the HIV Prevention program or funds was in any way unsatisfactory.

46. MDH submitted an end-of-year program report for the HIV Program in the Fall of 2025. CDC project officers conducted a technical review of this report and provided written feedback to MDH in December 2025. The written feedback stated that MDH had demonstrated progress across all strategic areas of implementation of the award and did not identify any action items requiring a response or follow up from MDH.

47. MDH's HIV Program staff meet with CDC project officers on a monthly basis to review progress towards HIV Program goals and strategies and discuss any challenges. As of MDH's most recent meeting with CDC on March 4, 2026, no significant concerns or requests to modify MDH's approach to HIV Program activities had been identified or raised by the CDC project officers.

Strengthening STD Prevention and Control for Health Departments

48. The PCHD program provides funding to state and local health departments to monitor sexually transmitted infection ("STI") cases and trends, provide on-the-ground prevention support, promote testing and treatment best practices, increase STI prevention knowledge, and use data to inform action.

49. Per CDC, 59 state, local, and territorial health departments receive funds through this program.⁴

50. Based on publicly available information, MDH understands that PCHD workplans, which define award deliverables, have content that is standardized by CDC for all awardees. The PCHD workplans identify five areas of focus that all awardees must address: (1) surveillance; (2) disease investigation (also known as partner services) and intervention; (3) screening, diagnosis, and treatment; (4) prevention and policy; and (5) data use for program improvement. The

⁴ <https://perma.cc/8TQ6-QQZJ>

workplans also identify “strategies” for each focus area. For example, the strategies that all awardees must address for the disease investigation and intervention focus area include syphilis disease investigation and intervention for pregnant women and other reproductive-age women with syphilis.

51. Based on publicly available information, MDH understands that Minnesota and other midwestern states, including Wisconsin, Iowa, North Dakota, and South Dakota, follow a common framework for disease surveillance, partner notification, and treatment verification activities supported by PCHD, though they manage these activities through slightly different administrative structures.

52. The initial period of performance for the current PCHD grant cycle was January 1, 2019 – December 23, 2023. Subsequent supplemental extensions have extended the current period of performance through February 28, 2026. However, current recipients of PCHD are eligible for an additional supplemental extension that would extend funding through February 28, 2027. In January 2026, MDH submitted a request for this supplemental extension, in the amount of \$1,314,170. On March 2, 2026, MDH received correspondence from CDC stating that MDH is anticipated to receive a notice of award for the supplemental extension no later than March 4, 2026, and is approved to start incurring costs for approved activities under the supplemental extension Notice of Funding Opportunity. As of the date of this declaration, MDH has not yet received the notice of award for this supplemental extension. MDH is permitted to carry over unobligated funds to subsequent budget periods.

53. Through a series of Notices of Award issued between December 17, 2018, and July 30, 2025, MDH has been awarded over \$17 million in funds for PCHD.

54. None of the PCHD Notices of Award that obligated federal funds except the most recent one on July 30, 2025, contain any reference to CDC being able to terminate the award if it no longer effectuates agency goals or priorities, or to the termination provisions at 2 C.F.R. § 200.340 more generally.

55. The July 30, 2025 Notice of Award, which obligated \$682,995.00 of federal funds to MDH for PCHD, contains language stating that the PCHD award will be subject to the agency priorities condition starting on October 1, 2025. This Notice of Award language is substantially identical to Exhibit G. Like with the SIPP and PHHS awards described above, in a letter to CDC dated August 18, 2025, MDH clarified that it accepted this award “based solely on the applicable laws and regulations valid and effective at the time of acceptance.” This letter is substantially identical to Exhibit I. CDC did not respond to this letter.

56. As of the date of this declaration, approximately \$1.6 million in PCHD funds already awarded remains unspent (this includes unpaid encumbrances and funds available for PCHD activities).

57. To date, CDC has never provided MDH with notice, written or otherwise, that MDH’s administration of the PCHD grant was in any way unsatisfactory.

Impact of Grant Terminations

58. If CDC terminates MDH’s PHIG, SIPP, PHHS, HIV Program, and PCHD grants, MDH will lose over \$45.8 million in funds already awarded. If CDC terminates these awards, MDH will also lose future funds for PHIG, HIV Program and PCHD, estimated to total over \$14 million for these three grants.

59. Because the PHHS funds, which are noncompetitive and based on a statutory formula, are allotted annually, it is unclear whether CDC’s planned termination of PHHS is

intended to impact only the current year of funding or future years of funding, as well. If future PHHS funds are at risk, MDH anticipates this would mean an additional loss of approximately \$4 million per year.

60. In the ordinary course for these five grants, MDH draws down funds at least every other week for reimbursement of payroll expenses. Draws may be as frequent as three times per week depending on how often expenses show up in the system MDH draws against for that award.

61. This is not, however, a story just about dollars. The abrupt termination of the PHIG, SIPP, PHHS, HIV Program, and PCHD grants will directly and immediately impact the work of multiple programs within MDH as well as the work of local health agencies and community partners who receive funds from these awards through MDH.

62. Collectively, these five grants (PHIG, SIPP, PHHS, HIV Program, and PCHD) fund approximately 97 full-time equivalents (“FTEs”) at MDH. Due to MDH’s collective-bargaining agreements, MDH must provide employees with 21 days’ notice before layoff or separation. If these funds are terminated, MDH will be faced with issuing layoff notices to staff if alternative funding is not quickly identified, and it is not clear that alternative funding is available for all positions – especially when multiple sources of funding are being terminated at once. Layoffs or separations from the termination of these awards will impact highly skilled and trained public health workers. Even if funding is later restored, there is a real risk that MDH will not be able to hire back all the staff who are laid off or separated, many of whom have subject matter expertise of a type that would be difficult to replace—such as epidemiologists, disease intervention specialists, and research scientists.

63. The approximately 57 MDH staff whose positions are funded in whole or in part by PHIG, and thus threatened by the impending terminations, serve a variety of important functions across multiple divisions of the agency, including:

- a. Improving coordination with and support for local public health and Tribal public health agencies in a variety of areas, including data management, community health assessment and planning, organizational performance management, and strategic planning;
- b. Supporting more effective health outreach and communications to rural Minnesota communities;
- c. Improving MDH's capacity to respond to public health emergencies through increased emergency preparedness training and planning; and
- d. Modernizing MDH's public health data infrastructure, including Minnesota's electronic disease surveillance system; Minnesota's secure, centralized immunization information system; and the Laboratory Information Management System for MDH's Infectious Disease Laboratory. These systems are critical to MDH's ability to detect and monitor health threats, respond to disease outbreaks, and make timely decisions for handling public health emergencies.

64. MDH also currently distributes PHIG funding to 45 Community Health Boards as well as nine Tribes in Minnesota. PHIG funds provide at least partial support for approximately 200 Community Health Board positions. Accordingly, if PHIG funds are terminated, Community Health Boards will have to find alternative sources of funding, if they are able, to retain PHIG-funded staff. Many smaller or rural Community Health Boards already face local barriers and

limitations to hiring, and thus may be disproportionately impacted by the loss of PHIG funds. Community Health Board positions across the state supported by PHIG funds include positions that are involved in direct delivery of services to Minnesotans, such as Public Health Nurses and Community Health Workers, as well as positions that are important for building connections in the communities they serve and supporting core public health functions, such as communications staff, Public Health Planners, and Disease Prevention and Control staff. PHIG funds also support training and skill development opportunities for Community Health Board staff that would not otherwise be available.

65. Tribes are using PHIG funds to support public health staff positions, hiring, retention, and training efforts in rural areas that have ongoing staffing challenges, as well as to modernize public health infrastructure and capacity to address community needs. These efforts include strengthening workforce capacity by hiring key staff such as Home Health and Public Health Nurses, supporting staff recruitment and retention efforts, providing key training to staff for more effective and enhanced care and public health services, such as Care Coordination and Clinical Integration, strengthening key community-specific aspects of public health infrastructure within Tribal governments, such as Emergency Medical Services, and expanding capacity to provide streamlined and coordinated care to community members. The Tribes with PHIG funding already face barriers hiring and maintaining staff, as well as barriers and limited funding to strengthen the public health workforce and infrastructure needed to uphold their Tribal Public Health Authority and deliver essential services.

66. The MDH staff whose positions are supported by SIPP, and thus threatened by the impending terminations, serve a variety of important functions for MDH in the area of injury prevention, including:

- a. Developing an ACEs data dashboard and promoting its use to Minnesota school districts to inform programs and policies that better support children impacted by ACEs;
- b. Developing and maintaining a dashboard providing data about hospital-treated injuries due to motor vehicle crashes and promoting its use by traffic safety partners, such as the Minnesota Department of Public Safety and Department of Transportation, to inform traffic safety prevention activities;
- c. Analyzing and reporting on county-level alcohol outlet density, which is a risk factor for excessive alcohol use, to inform liquor licensing and zoning decisions; and
- d. Developing a TBI data dashboard providing data about hospital-treated TBI in Minnesota and supporting TBI resource facilitation referrals, enrollment, and participation to better support Minnesotans impacted by TBI and their caregivers.

67. The loss of PHHS funding will significantly impact MDH's ability to reduce preventable diseases and harm public health outcomes, including by:

- a. Eliminating support to 50 rural local public health departments;
- b. Reducing capacity of MDH's norovirus and food safety program, which includes a statewide foodborne illness complaint system along with rapid detection and investigation capabilities;
- c. Reducing MDH's capacity to identify and stop the spread of syphilis, gonorrhea, and chlamydia;
- d. Ending funding to grantees who provide suicide prevention screening;

- e. Eliminating the department's ability to work with partners to issue air quality alerts when outdoor air quality reaches levels that pose health risk; and
- f. Limiting MDH's ability to analyze data to help communities and decision makers better address farm injuries, suicide, substance use, violence in the workplace, sexual violence, and falls by older adults.

68. PCHD and HIV Program funds also provide financial support to local public health agencies or community organizations around the state for HIV and STI prevention and treatment activities—activities that will have to be reduced or eliminated if the PCHD and HIV Program funds are terminated. For example, PCHD and HIV Program funds support approximately eight FTEs at HIV/STI clinics in Minnesota. Additionally, HIV Program funds are used to support HIV prevention projects by 16 local public health agencies or community-based organizations. MDH also distributes PCHD funds to a clinic in Minneapolis to facilitate testing and treatment for STIs, as well as disease intervention services (partner identification and notification). MDH's understanding is that some community organizations may be at risk of closing if they lose financial support from the PCHD and HIV Program funds.

69. More generally, PCHD and HIV Program grants provide critical funding for comprehensive programs for preventing HIV and STIs, conducting surveillance for these diseases to identify trends, outbreaks, and clusters, which in turn informs prevention and outbreak response activities, and for informing more effective treatment of HIV and STIs. This is work that no other entity in Minnesota does or has the ability to do on a statewide basis.

70. For example, the HIV Program and PCHD grants fund disease intervention specialist (DIS) staff who interview and provide case management to individuals who are infectious with HIV and STIs. DIS staff identify individuals who may be at risk of infection, notify

these individuals of their risk, and provide technical assistance to care providers for testing and treatment. DIS staff also work with the individuals infected to ensure they receive the treatment needed to prevent further transmission of HIV or STIs by, for example, linking individuals with healthcare providers for on-going HIV treatment or arranging antibiotic treatment. Time is of the essence to prevent further transmission of HIV or STIs and to prevent severe, and in some cases fatal, outcomes. This makes the work of DIS staff all the more crucial, especially for people who are unaware of their risk or who are experiencing barriers to medical care. For example, congenital syphilis, which occurs when syphilis is transmitted to a fetus or infant during pregnancy or birth, can, if untreated, lead to miscarriage, stillbirth, or neonatal death; infants who survive with congenital syphilis may have long-term health issues including physical deformities, neurological damage, blindness, and deafness. The combined loss of the PCHD and HIV Prevention grants will mean a loss of DIS staff positions and the critical work they provide, which will in turn mean lost opportunities to prevent further transmission of disease and treatable or preventable consequences of disease.

71. In the context of HIV, loss of the HIV Program grant will mean that MDH and its partners—including local public health agencies, Tribal public health, and community organizations—will have to immediately end or significantly reduce activities relating to HIV testing and linkage to care, pre-exposure prophylaxis, viral suppression therapy, and prevention of perinatal transmission of HIV. The reduction or elimination of such activities will likely lead to an increase in new HIV infections, decrease in early diagnosis and connection to appropriate care, and worse health outcomes (potentially increasing mortality) for persons living with HIV. The reduction or elimination of such activities will also impact the ability of MDH to identify and

respond to outbreaks of HIV and other pathogens that often co-infect people with HIV, including syphilis and Mpox.

72. In short, termination of MDH’s PHIG, SIPP, PHHS, HIV Program, and PCHD awards would have immediate adverse impacts on Minnesota’s skilled public health workforce and the critical services they provide to protect the health of Minnesotans—impacts that cannot be undone if these awards are terminated and then later restored.

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

EXECUTED on March 5, 2026, in Saint Paul, Minnesota.

Wendy
Underwood

Digitally signed by Wendy
Underwood
Date: 2026.03.05 12:39:20 -06'00'

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit A



Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
625 Robert St N
IDEPC-DUP
Saint Paul, MN 55155-2538
[NO DATA]

2. Congressional District of Recipient
04

3. Payment System Identifier (ID)
1416007162B3

4. Employer Identification Number (EIN)
416007162

5. Data Universal Numbering System (DUNS)
804887321

6. Recipient's Unique Entity Identifier (UEI)
DHQVY2WCVHC5

7. Project Director or Principal Investigator

Chelsie Huntley
chelsie.huntley@state.mn.us
651-201-3882

8. Authorized Official

Ms. Terri Peaslee
Accounting Director
terri.peaslee@state.mn.us
651-201-4344

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Kristin Loncorich
Program Officer
uik5@cdc.gov
404-498-2006

Federal Award Information

11. Award Number

6 NE11OE000048-04-04

12. Unique Federal Award Identification Number (FAIN)

NE11OE000048

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening Minnesota's Public Health Infrastructure, Workforce, and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	02/11/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$3,231,820.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$3,231,820.00
26. Period of Performance Start Date	12/01/2022	- End Date	02/11/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$64,869,850.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Termination for Departmental Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000048-04-04

FAIN# NE11OE000048

Federal Award Date: 02/11/2026

Recipient Information
<p>Recipient Name MINNESOTA DEPARTMENT OF HEALTH 625 Robert St N IDEPC-DUP Saint Paul, MN 55155-2538 [NO DATA]</p> <p>Congressional District of Recipient 04</p> <p>Payment Account Number and Type 1416007162B3</p> <p>Employer Identification Number (EIN) Data 416007162</p> <p>Universal Numbering System (DUNS) 804887321</p> <p>Recipient's Unique Entity Identifier (UEI) DHQVY2WCVHC5</p>

<p>31. Assistance Type Project Grant</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$999,389.00
b. Fringe Benefits	\$460,684.00
c. Total Personnel Costs	\$1,460,073.00
d. Equipment	\$0.00
e. Supplies	\$7,212.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$1,385,048.00
i. Contractual	\$40,750.00
j. TOTAL DIRECT COSTS	\$2,893,083.00
k. INDIRECT COSTS	\$338,737.00
l. TOTAL APPROVED BUDGET	\$3,231,820.00
m. Federal Share	\$3,231,820.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390MFC	23NE11OE000048C5	OE	410U	93.967	\$0.00	75-2124-0943
5-9390MR5	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2425-0943
3-9390L1Z	23NE11OE000048A1C6	OE	410U	93.967	\$0.00	75-X-0140
3-9390JXA	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2224-0943
4-9390LFF	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2324-0943
4-9390MV6	23NE11OE000048DMIC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390LM6	23NE11OE000048DMIC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390LFD	23NE11OE000048LDXC6	OE	410U	93.967	\$0.00	75-X-0140
6-9390QMC	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000048-04-04

FAIN# NE11OE000048

Federal Award Date: 02/11/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

MINNESOTA DEPARTMENT OF HEALTH

6 NE11OE000048-04-04

1. Terms and Conditions

**NOTIFICATION LETTER TO RECIPIENT FOR TERMINATION OF FEDERAL
AWARD FOR NON-ALIGNMENT WITH PROGRAM GOALS OR AGENCY
PRIORITIES**

To: Minnesota Department Of Health
Representative of Award Number NE11OE000048

Funding for NE11OE000048 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective February 11, 2026.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

CDC's current priorities, published on CDC's website³⁷ and issued to all other grantees, include focusing agency resources in line with the fundamental role CDC plays in the public health sphere. CDC's priorities illustrate the overall direction of CDC, in furtherance of the goals of the Trump Administration and the Department of Health and Human Services (HHS) Secretary. The Priorities Statement highlights CDC goals and priorities, all through the lens of providing Gold-Standard Science, as envisioned in the [Make America Healthy Again Commission Report](#) and the [Make Our Children Healthy Again Strategy](#).

CDC is specifically prioritizing a commitment to: gold-standard science; global leadership; rebuilding trust, transparency, and credibility; rapid, evidence-based responses to crises; vaccine safety and efficacy research; advancing our understanding of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease; modernizing public health infrastructure while enhancing our approach to health data; and otherwise ensuring compliance with the goals and priorities of the Trump Administration and HHS.

As a result, CDC is adjusting its discretionary Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems - 2023 award portfolio, which includes terminating some of the program awards, in order to better prioritize agency resources towards the above-mentioned priorities.

Although in its discretion CDC may suspend (rather than immediately terminating) an award to allow the recipient an opportunity to take appropriate corrective action before CDC makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency.

Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120

³⁷ See [CDC priorities](#) | [About CDC](#) | [CDC](#); [Grants](#) | [Grants](#) | [CDC](#); [Acting CDC Director](#) | [About CDC](#) | [CDC](#)

days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Sincerely,

Office of Grants Services
Centers for Disease Control and Prevention
Department of Health and Human Services

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit B



Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
625 Robert St N
IDEPC-DUP
Saint Paul, MN 55155-2538
[NO DATA]

2. Congressional District of Recipient
04

3. Payment System Identifier (ID)
1416007162B3

4. Employer Identification Number (EIN)
416007162

5. Data Universal Numbering System (DUNS)
804887321

6. Recipient's Unique Entity Identifier (UEI)
DHQVY2WCVHC5

7. Project Director or Principal Investigator

Chelsie Huntley
chelsie.huntley@state.mn.us
651-201-3882

8. Authorized Official

Ms. Terri Peaslee
Accounting Director
terri.peaslee@state.mn.us
651-201-4344

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Kristin Loncorich
Program Officer
uik5@cdc.gov
404-498-2006

Federal Award Information

11. Award Number

6 NE11OE000048-03-03

12. Unique Federal Award Identification Number (FAIN)

NE11OE000048

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening Minnesota's Public Health Infrastructure, Workforce, and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2024	- End Date	11/30/2025
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$3,231,820.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$3,231,820.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$61,638,030.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000048-03-03

FAIN# NE11OE000048

Federal Award Date: 11/13/2025

Recipient Information
Recipient Name MINNESOTA DEPARTMENT OF HEALTH 625 Robert St N IDEPC-DUP Saint Paul, MN 55155-2538 [NO DATA]
Congressional District of Recipient 04
Payment Account Number and Type 1416007162B3
Employer Identification Number (EIN) Data 416007162
Universal Numbering System (DUNS) 804887321
Recipient's Unique Entity Identifier (UEI) DHQVY2WCVHC5

31. Assistance Type Project Grant
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$1,722,710.00
b. Fringe Benefits	\$802,831.00
c. Total Personnel Costs	\$2,525,541.00
d. Equipment	\$0.00
e. Supplies	\$19,423.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$50,000.00
i. Contractual	\$50,930.00
j. TOTAL DIRECT COSTS	\$2,645,894.00
k. INDIRECT COSTS	\$585,926.00
l. TOTAL APPROVED BUDGET	\$3,231,820.00
m. Federal Share	\$3,231,820.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390MFC	23NE11OE000048C5	OE	410U	93.967	\$0.00	75-2124-0943
5-9390MR5	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2425-0943
3-9390L1Z	23NE11OE000048A1C6	OE	410U	93.967	\$0.00	75-X-0140
3-9390JXA	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2224-0943
4-9390LFF	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2324-0943
4-9390MV6	23NE11OE000048DMIC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390LM6	23NE11OE000048DMIC6	OE	410U	93.967	\$0.00	75-X-0140
3-9390LFD	23NE11OE000048LDXC6	OE	410U	93.967	\$0.00	75-X-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000048-03-03

FAIN# NE11OE000048

Federal Award Date: 11/13/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

MINNESOTA DEPARTMENT OF HEALTH

6 NE11OE000048-03-03

1. Terms and Conditions NE11OE000049

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit C



Protecting, Maintaining and Improving the Health of All Minnesotans

December 22, 2025

Via Grant Solutions

Angel Winters
Grants Management Officer/Specialist
Jvr1@cdc.gov

RE: Award # 6 NE11OE000048-03-03, Strengthening Minnesota's Public Health Infrastructure, Workforce, and Data Systems

Dear Angel Winters,

I write on behalf of the Minnesota Department of Health (MDH) to clarify MDH's understanding of the effect of purported updates to terms and conditions for this award.

The notice of award dated November 13, 2025, and assigned the above-referenced award number, did not obligate any additional federal funds for this award. However, this notice of award states that its purpose is to incorporate updated terms and conditions.

To the extent this notice of award purports to add to, update or amend the terms and conditions that apply to funds previously awarded, MDH understands these new, amended, or updated terms and conditions to have no effect. This includes, to the extent applicable, terms and conditions asserting that the termination provisions at 2 CFR § 200.340 apply to funds awarded before October 1, 2025. Such previously awarded funds are governed by the applicable laws, regulations, and terms that were specified, valid, and effective at the time the funds were awarded. Furthermore, MDH's drawing down of funds previously awarded should not be construed as waiving or limiting any rights, arguments, or defenses concerning the application or interpretation of these provisions or any other relevant laws, regulations, or requirements.

This letter and its statements apply to the above referenced Notice of Award as well as all other awards, including modifications and continuations, to which the same or similar conditions or circumstances apply.

Sincerely,

A handwritten signature in blue ink that reads 'Mel Gresczyk'.

Mel Gresczyk
Chief Operating Officer

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit D



Protecting, Maintaining and Improving the Health of All Minnesotans

December 17, 2025

Via Grant Solutions

Angel Winters
Grants Management Specialist]
jvr1@cdc.gov

RE: Award # 5 NE11OE000048-04-00, Strengthening Minnesota's Public Health Infrastructure, Workforce, and Data Systems

Dear Ms. Winters,

I write on behalf of the Minnesota Department of Health (MDH) concerning terms and conditions of the above-referenced award. MDH accepts this award with the following clarifications, to the extent applicable to this award:

(1) Form HHS 690 and Civil Rights Assurance

MDH's filing of Form HHS 690 satisfies any and all legal obligations regarding assurance of compliance with federal anti-discrimination laws. MDH's most recently completed Form HHS 690 was submitted on September 30, 2025. As assured in that form, MDH complies with federal anti-discrimination statutes and regulations as MDH understands them.

The October 1, 2025 HHS Grants Policy Statement contains the following language in its "Civil Rights Assurance" section (section 2.5.4.3):

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.

To the extent applicable to this award, this language does not expand or change the contents of Form HHS 690. MDH understands the amended content to be co-extensive with the required assurance for the federal anti-discrimination statutes and regulations specifically cited in Form HHS 690.

Regarding the language in section 2.5.4.3 about ensuring compliance of subrecipients, contractors, and partners, MDH accepts this award based on its best understanding of this provision, which uses undefined, vague, and ambiguous terminology, and has an unclear scope. MDH understands that this provision does not establish or create any new obligations beyond those that already exist in applicable federal laws and regulations valid and effective at the time of award.

Angel Winters

Re: Award # 5 NE11OE000048-04-00

December 17, 2025

Page 2

(2) Title IX Certification Language

The HHS Grants Policy Statement, dated October 1, 2025, adds language to the “Civil Rights Assurance” section (section 2.5.4.3) regarding Title IX certification. Such terms state that, upon acceptance of the award, the recipient certifies its compliance 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.”

To the extent this or a similar certification condition is applicable to this award, MDH’s understanding of the condition is based on applicable law and its best interpretation of the certification provisions, which themselves are vague, ambiguous, use undefined terminology, and have an unclear scope. In particular, MDH understands that the new terms and conditions require compliance with existing federal anti-discriminatory laws but do not establish or create any new obligations beyond existing federal anti-discriminatory laws. MDH also notes that it reads Executive Order 14168 to govern only federal agencies and employees and that it does not proscribe a grantee’s activities. Additionally, in light of the October 23, 2025, order entered by the court in *Rhode Island Coalition Against Domestic Violence v. Kennedy*, 1:25-cv-00342, (D.R.I.), MDH’s acceptance of this award does not constitute acceptance of the above-referenced Title IX certification condition. MDH reserves its right to challenge the lawfulness, interpretation, and applicability of this certification condition if U.S. Centers for Disease Control and Prevention seeks to enforce it at a later date.

(3) Termination Provisions

Section 3.6.4 of the HHS Grants Policy Statement, dated October 1, 2025, discusses termination of awards under 2 C.F.R. § 200.340. Among other things, this section states that “[f]ederal awards may also be terminated if an award no longer effectuates the program goals or agency priorities, in line with 2 CFR 200.340(a)(4).” By accepting this award, MDH does not waive or concede any arguments concerning the application or interpretation of 2 C.F.R. § 200.340.

Angel Winters

Re: Award # 5 NE11OE000048-04-00

December 17, 2025

Page 3

(4) Special Restrictions

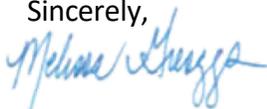
To the extent this Notice of Award adds any special restrictions that delay or condition MDH's access to the funds obligated, MDH's acceptance of this award should not be construed as waiving or otherwise limiting MDH's rights to object to such restrictions.

(5) Additional award-specific clarifications

Please refer to attachment A for any additional points of clarification specific to this award.

This letter and its statements apply to the above referenced Notice of Award as well as all other awards, including modifications and continuations, to which the same or similar conditions or circumstances apply.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mel Gresczyk".

Mel Gresczyk

Chief Operating Officer

Angel Winters

Re: Award # 5 NE11OE000048-04-00

December 17, 2025

Page 4

Attachment A: Additional award-specific clarifications

The Minnesota Department of Health (MDH) accepts this award with the following additional clarifications:

MDH accepts this award based on the indirect cost rate of 23.20% as described on page six of the Notice of Award. MDH notes that this indirect cost rate is not accurately reflected in section 33 of the Notice of Award as it pertains to the approved budget amount for indirect costs. Similarly, other amounts in section 33 do not reflect the budget submitted by MDH.

MDH understands that the CDC will be issuing a revised Notice of Award in response to the request for the revised budget that MDH is required to submit by February 16, 2026. MDH understands that the approved budget—section 33—of the forthcoming Notice of Award will be revised to align with and accurately reflect the revised budget as the CDC has represented in its December 9, 2025 communication to MDH concerning MDH's SF-424A and budget revision.

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit E



Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
625 Robert St N
IDEPC-DUP
Saint Paul, MN 55155-2538
[NO DATA]

2. Congressional District of Recipient
04

3. Payment System Identifier (ID)
1416007162B3

4. Employer Identification Number (EIN)
416007162

5. Data Universal Numbering System (DUNS)
804887321

6. Recipient's Unique Entity Identifier (UEI)
DHQVY2WCVHC5

7. Project Director or Principal Investigator

Chelsie Huntley
chelsie.huntley@state.mn.us
651-201-3882

8. Authorized Official

Ms. Terri Peaslee
Accounting Director
terri.peaslee@state.mn.us
651-201-4344

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Kristin Loncorich
Program Officer
uik5@cdc.gov
404-498-2006

Federal Award Information

11. Award Number

6 NE11OE000048-04-02

12. Unique Federal Award Identification Number (FAIN)

NE11OE000048

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening Minnesota's Public Health Infrastructure, Workforce, and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	11/30/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$3,231,820.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$3,231,820.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$64,869,850.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000048-04-02

FAIN# NE11OE000048

Federal Award Date: 01/23/2026

Recipient Information	
Recipient Name	
MINNESOTA DEPARTMENT OF HEALTH 625 Robert St N IDEPC-DUP Saint Paul, MN 55155-2538 [NO DATA]	
Congressional District of Recipient	
04	
Payment Account Number and Type	
1416007162B3	
Employer Identification Number (EIN) Data	
416007162	
Universal Numbering System (DUNS)	
804887321	
Recipient's Unique Entity Identifier (UEI)	
DHQVY2WCVHC5	
31. Assistance Type	
Project Grant	
32. Type of Award	
Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$999,389.00
b. Fringe Benefits	\$460,684.00
c. Total Personnel Costs	\$1,460,073.00
d. Equipment	\$0.00
e. Supplies	\$7,212.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$1,385,048.00
i. Contractual	\$40,750.00
j. TOTAL DIRECT COSTS	\$2,893,083.00
k. INDIRECT COSTS	\$338,737.00
l. TOTAL APPROVED BUDGET	\$3,231,820.00
m. Federal Share	\$3,231,820.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
4-9390MFC	23NE11OE000048C5	OE	410U	93.967	\$0.00	75-2124-0943	
5-9390MR5	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2425-0943	
3-9390LIZ	23NE11OE000048A1C6	OE	410U	93.967	\$0.00	75-X-0140	
3-9390JXA	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2224-0943	
4-9390LFF	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2324-0943	
4-9390MV6	23NE11OE000048DMIC6	OE	410U	93.967	\$0.00	75-X-0140	
3-9390LM6	23NE11OE000048DMIC6	OE	410U	93.967	\$0.00	75-X-0140	
3-9390LFD	23NE11OE000048LDXC6	OE	410U	93.967	\$0.00	75-X-0140	
6-9390QMC	23NE11OE000048A2	OE	410U	93.967	\$0.00	75-2526-0943	



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000048-04-02

FAIN# NE11OE000048

Federal Award Date: 01/23/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

MINNESOTA DEPARTMENT OF HEALTH

6 NE11OE000048-04-02

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

The purpose of this amendment is to pause activities under this award in accordance with 2 C.F.R. Part 200.340(a)(4). The reason for the pause is to review and evaluate activities funded within this PHIG award program to ensure alignment with administration and agency priorities.

Activities are paused until further notice. Future activities will be subject to additional guidance and the availability of funds.

The funds issued pursuant to this award are restricted until further notice.

No additional costs may be incurred.

This action is not subject to appeal.

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit F



Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
625 Robert St N
IDEPC-DUP
Saint Paul, MN 55155-2538
[NO DATA]

2. Congressional District of Recipient
04

3. Payment System Identifier (ID)
1416007162B3

4. Employer Identification Number (EIN)
416007162

5. Data Universal Numbering System (DUNS)
804887321

6. Recipient's Unique Entity Identifier (UEI)
DHQVY2WCVHC5

7. Project Director or Principal Investigator

Chelsie Huntley
chelsie.huntley@state.mn.us
651-201-3882

8. Authorized Official

Ms. Terri Peaslee
Accounting Director
terri.peaslee@state.mn.us
651-201-4344

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Kristin Loncorich
Program Officer
uik5@cdc.gov
404-498-2006

Federal Award Information

11. Award Number

6 NE11OE000048-04-03

12. Unique Federal Award Identification Number (FAIN)

NE11OE000048

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening Minnesota's Public Health Infrastructure, Workforce, and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	11/30/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$3,231,820.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$3,231,820.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$64,869,850.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000048-04-03

FAIN# NE11OE000048

Federal Award Date: 01/24/2026

Recipient Information
Recipient Name MINNESOTA DEPARTMENT OF HEALTH 625 Robert St N IDEPC-DUP Saint Paul, MN 55155-2538 [NO DATA]
Congressional District of Recipient 04
Payment Account Number and Type 1416007162B3
Employer Identification Number (EIN) Data 416007162
Universal Numbering System (DUNS) 804887321
Recipient's Unique Entity Identifier (UEI) DHQVY2WCVHC5
31. Assistance Type Project Grant
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$999,389.00
b. Fringe Benefits	\$460,684.00
c. Total Personnel Costs	\$1,460,073.00
d. Equipment	\$0.00
e. Supplies	\$7,212.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$1,385,048.00
i. Contractual	\$40,750.00
j. TOTAL DIRECT COSTS	\$2,893,083.00
k. INDIRECT COSTS	\$338,737.00
l. TOTAL APPROVED BUDGET	\$3,231,820.00
m. Federal Share	\$3,231,820.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
4-9390MFC	23NE11OE000048C5	OE	410U	93.967		\$0.00	75-2124-0943
5-9390MR5	23NE11OE000048A2	OE	410U	93.967		\$0.00	75-2425-0943
3-9390LIZ	23NE11OE000048A1C6	OE	410U	93.967		\$0.00	75-X-0140
3-9390JXA	23NE11OE000048A2	OE	410U	93.967		\$0.00	75-2224-0943
4-9390LFF	23NE11OE000048A2	OE	410U	93.967		\$0.00	75-2324-0943
4-9390MV6	23NE11OE000048DMIC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390LM6	23NE11OE000048DMIC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390LFD	23NE11OE000048LDXC6	OE	410U	93.967		\$0.00	75-X-0140
6-9390QMC	23NE11OE000048A2	OE	410U	93.967		\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000048-04-03

FAIN# NE11OE000048

Federal Award Date: 01/24/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

MINNESOTA DEPARTMENT OF HEALTH

6 NE11OE000048-04-03

-
- 1. Terms & Conditions

TERMS AND CONDITIONS OF AWARD

The purpose of this amendment is to rescind the notice of award dated January 23, 2026, suspending activities under this award. Activities and funding under this award are no longer paused or restricted. Accordingly, award activities may continue consistent with the existing terms and conditions of the award, including applicable regulations.

The costs associated with any such stoppage of work, including reasonable and legitimate costs of compliance with local labor laws, existing contractual obligations that cannot be legally paused, and costs associated with the security of assets – that occurred during this time period may be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

Any costs incurred prior to this pause may also be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit G



Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
625 Robert St N
Saint Paul, MN 55155-2538
[NO DATA]

2. Congressional District of Recipient
04

3. Payment System Identifier (ID)
1416007162B3

4. Employer Identification Number (EIN)
416007162

5. Data Universal Numbering System (DUNS)
804887321

6. Recipient's Unique Entity Identifier (UEI)
DHQVY2WCVHC5

7. Project Director or Principal Investigator

Ms. Ericka Welsh
Principal Investigator
ericka.welsh@state.mn.us
651-201-5619

8. Authorized Official

Ms. Terri Peaslee
Authorized Organizational Representative
terri.peaslee@state.mn.us
651-201-3552

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Karen Law
Grants Management Specialist
uep2@cdc.gov
404-498-1360

10. Program Official Contact Information

Khiya Mullins
Program Officer
fys7@cdc.gov
770-488-3911

Federal Award Information

11. Award Number

5 NU17CE010056-05-00

12. Unique Federal Award Identification Number (FAIN)

NU17CE010056

13. Statutory Authority

301, 391(a)(2) and 392(a)(1) of the Public Health Service Act

14. Federal Award Project Title

The Common Core for Minnesota: Securing Safety and Health with Data to Action through our State Injury Prevention Program.

15. Assistance Listing Number

93.136

16. Assistance Listing Program Title

Injury Prevention and Control Research and State and Community Based Programs

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/01/2025	- End Date	07/31/2026
20. Total Amount of Federal Funds Obligated by this Action			\$400,000.00
20a. Direct Cost Amount			\$328,541.00
20b. Indirect Cost Amount			\$71,459.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$400,000.00
26. Period of Performance Start Date	08/01/2021	- End Date	07/31/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$2,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Colbert
Grants Management Officer

30. Remarks

Non-Competing Continuation: Financial Assistance in the amount of \$400,000



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU17CE010056-05-00

FAIN# NU17CE010056

Federal Award Date: 07/30/2025

Recipient Information	
Recipient Name MINNESOTA DEPARTMENT OF HEALTH 625 Robert St N Saint Paul, MN 55155-2538 [NO DATA]	
Congressional District of Recipient 04	
Payment Account Number and Type 1416007162B3	
Employer Identification Number (EIN) Data 416007162	
Universal Numbering System (DUNS) 804887321	
Recipient's Unique Entity Identifier (UEI) DHQVY2WCVHC5	
31. Assistance Type Cooperative Agreement	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$237,891.00
b. Fringe Benefits	\$70,126.00
c. Total Personnel Costs	\$308,017.00
d. Equipment	\$0.00
e. Supplies	\$2,593.00
f. Travel	\$9,127.00
g. Construction	\$0.00
h. Other	\$8,804.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$328,541.00
k. INDIRECT COSTS	\$71,459.00
l. TOTAL APPROVED BUDGET	\$400,000.00
m. Federal Share	\$400,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
5-939ZSFU	21NU17CE010056	CE	41.51	93.136		\$24,106.00	75-25-0952
5-939ZXZK	21NU17CE010056	CE	41.51	93.136		\$375,894.00	75-25-0952



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU17CE010056-05-00

FAIN# NU17CE010056

Federal Award Date: 07/30/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

MINNESOTA DEPARTMENT OF HEALTH

5 NU17CE010056-05-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **CE21-2101**, entitled **Advancing Surveillance of Violent Deaths Using the National Violent Death Reporting System** an application dated **April 14, 2025**, as may be amended, which are hereby made a part of this Non- research award, hereinafter referred to as the Notice of Award (NoA).

Applicable Regulatory Provisions: Prior to October 1, 2025, this award is subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award will be subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award is subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

Assurance of Compliance: The applicant hereby agrees that it will comply with Title VI of the Civil Rights act of 1964, as amended (codified at 42 U.S.C. 2000d et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 86); The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).

Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Approved Component: The NOFO provides for the funding of multiple components under this award. For this NOA, the approved funding level for each component is shown below:

NOFO Component	Amount
Base Component	\$ 250,000
Enhanced Component	\$ 150,000
TOTAL FUNDING	\$ 400,000

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Financial Assistance Mechanism: Cooperative Agreement.

Technical Review: Within 5 days of this Notice of Award's (NOA) issue date, the Technical Review will be accessible to the recipient in GrantSolutions Grant Notes. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow up requirements and timelines set forth therein.

Substantial Involvement by CDC: This is a cooperative agreement, and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 21, 2024, which calculates indirect costs as follows, a Provisional is approved at a rate of 23.20% of the base, which includes direct salaries and wages, including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2025 to June 30, 2027.

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

CDC STAFF CONTACTS:

Grants Management Specialist (GMS): The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

The GMS contact information is located on page 1, item #9.

Program/Project Officer (PO): The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

The PO contact information is located on page 1, item #10.

Grants Management Officer (GMO): The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

The GMO contact information is located on page 1, item #29.

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit H



Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
625 Robert St N
Saint Paul, MN 55155-2538
[NO DATA]

2. Congressional District of Recipient
04

3. Payment System Identifier (ID)
1416007162B3

4. Employer Identification Number (EIN)
416007162

5. Data Universal Numbering System (DUNS)
804887321

6. Recipient's Unique Entity Identifier (UEI)
DHQVY2WCVHC5

7. Project Director or Principal Investigator

Ms. Ericka Welsh
Principal Investigator
ericka.welsh@state.mn.us
651-201-5619

8. Authorized Official

Ms. Terri Peaslee
Authorized Organizational Representative
terri.peaslee@state.mn.us
651-201-3552

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Karen Law
Grants Management Specialist
uep2@cdc.gov
404-498-1360

10. Program Official Contact Information

Khiya Mullins
Program Officer
fys7@cdc.gov
770-488-3911

Federal Award Information

11. Award Number

6 NU17CE010056-05-01

12. Unique Federal Award Identification Number (FAIN)

NU17CE010056

13. Statutory Authority

301, 391(a)(2) and 392(a)(1) of the Public Health Service Act

14. Federal Award Project Title

The Common Core for Minnesota: Securing Safety and Health with Data to Action through our State Injury Prevention Program.

15. Assistance Listing Number

93.136

16. Assistance Listing Program Title

Injury Prevention and Control Research and State and Community Based Programs

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/01/2025	- End Date	07/31/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$400,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$400,000.00
26. Period of Performance Start Date	08/01/2021	- End Date	07/31/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$2,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Colbert
Grants Management Officer

30. Remarks

Administrative amendment



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU17CE010056-05-01

FAIN# NU17CE010056

Federal Award Date: 08/01/2025

Recipient Information	
Recipient Name MINNESOTA DEPARTMENT OF HEALTH 625 Robert St N Saint Paul, MN 55155-2538 [NO DATA]	
Congressional District of Recipient 04	
Payment Account Number and Type 1416007162B3	
Employer Identification Number (EIN) Data 416007162	
Universal Numbering System (DUNS) 804887321	
Recipient's Unique Entity Identifier (UEI) DHQVY2WCVHC5	
31. Assistance Type Cooperative Agreement	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$237,891.00
b. Fringe Benefits	\$70,126.00
c. Total Personnel Costs	\$308,017.00
d. Equipment	\$0.00
e. Supplies	\$2,593.00
f. Travel	\$9,127.00
g. Construction	\$0.00
h. Other	\$8,804.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$328,541.00
k. INDIRECT COSTS	\$71,459.00
l. TOTAL APPROVED BUDGET	\$400,000.00
m. Federal Share	\$400,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
5-939ZSFU	21NU17CE010056	CE	41.51	93.136		\$0.00	75-25-0952
5-939ZXZK	21NU17CE010056	CE	41.51	93.136		\$0.00	75-25-0952



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU17CE010056-05-01

FAIN# NU17CE010056

Federal Award Date: 08/01/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

MINNESOTA DEPARTMENT OF HEALTH

6 NU17CE010056-05-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS

PURPOSE: The purposes of this amendment administratively correct the condition previously noted in the terms and conditions of your award dated July 30, 2025.

Correction to title of the Notice of Funding Opportunity (NOFO) number CE21-2101:

***From:** Advancing Surveillance of Violent Deaths Using the National Violent Death Reporting System*

***To:** Core State Injury Prevention Program (Core SIPP)*

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

The recipient is reminded that they must exercise proper stewardship over all awards of Federal funds by ensuring that all costs charged to their cooperative agreement are reasonable, allowable, allocable, and necessary.

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit I



Protecting, Maintaining and Improving the Health of All Minnesotans

August 8, 2025

Via Grant Solutions

Ms. Karen Law
Grants Management Specialist
uep2@cdc.gov

RE: Award # 5 NU17CE010056-05-00 (as amended by 6 NU17CE010056-05-01), The Common Core for Minnesota: Securing Safety and Health with Data to Action through our State Injury Prevention Program.

Dear Ms. Law,

I write on behalf of the Minnesota Department of Health (MDH) concerning terms and conditions of the above-referenced award. MDH accepts this award with the following clarifications, to the extent applicable to this award:

(1) Form HHS 690 and content added to the HHS Grants Policy Statement, dated July 24, 2025

MDH's filing of Form HHS 690 satisfies any and all legal obligations in connection with assurance of compliance with federal anti-discrimination laws. MDH's most recently completed Form HHS 690 was submitted on September 9, 2024. As assured in that form, MDH complies with federal anti-discrimination statutes and regulations as MDH understands them.

The HHS Grants Policy Statement, dated July 24, 2025, amends the pre-existing section titled "Civil Rights Assurance." To the extent applicable to this award, the amended content does not expand or change the contents of Form HHS 690. MDH understands the amended content to be co-extensive with required assurance for the federal anti-discrimination statutes and regulations specifically cited in Form HHS 690.

The HHS Grants Policy Statement's amended content also states that award recipients "are responsible for ensuring subrecipients, contractors, and partners also comply" with federal anti-discrimination laws. MDH accepts this award based on its best understanding of applicable law and this provision, which uses undefined, vague, and ambiguous terminology, and has an unclear scope. MDH understands that this new provision does not establish or create any new obligations beyond those that already exist in applicable federal laws and regulations valid and effective at the time of acceptance, in particular 45 C.F.R. §§ 75.351 - 75.353.

(2) New grant-specific Title IX and Title VI certification language

Certain HHS agencies have recently added new grant-specific terms relating to Title IX and Title VI certification. Such terms state that, upon acceptance of the award, the recipient

Ms. Karen Law

Re: Award # 5 NU17CE010056-05-00

August 8, 2025

Page 2

certifies its compliance 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.”

To the extent this award contains the same or similar certification language, MDH provides the certification based on currently available information and its best understanding of the certification provisions, which themselves are vague, ambiguous, use undefined terminology, and have an unclear scope. In particular, MDH understands that the new terms and conditions require compliance with federal anti-discriminatory laws but do not establish or create any new obligations beyond existing federal anti-discriminatory laws. MDH also notes that it reads Executive Order 14168 to govern only federal agencies and employees and that it does not proscribe a grantee’s activities.

(3) Applicable Regulations, Termination Provisions

Certain HHS agencies have also recently added new grant-specific terms relating to the applicable regulations, including regulations governing termination. Examples of such terms include the following:

- “Prior to October 1, 2025, the recipient agrees this award will be subject to 45 C.F.R. Part 75 (Uniform Administration Requirements, Cost Principles, and Audit Requirements for HHS Awards), with the exception of eight flexibilities HHS adopted on October 1, 2024, from 2 C.F.R. Part 200. See 2 C.F.R. § 300.1 (Adoption of 2 C.F.R. Part 200). After October 1, 2025, this award will be subject to all applicable provisions of 2 C.F.R. Parts 200 and 300 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).”
- “Prior to October 1, 2025, this award is subject to the termination provisions at 45 C.F.R. 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 C.F.R. 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.”

To the extent this award has same or similar conditions, MDH accepts this award based solely on the applicable laws and regulations valid and effective at the time of acceptance.

Ms. Karen Law

Re: Award # 5 NU17CE010056-05-00

August 8, 2025

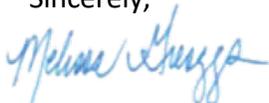
Page 3

(4) Special Restrictions

To the extent this notice adds any special restrictions that delay or condition MDH's access to the funds obligated, MDH's acceptance of this award should not be construed as waiving or otherwise limiting MDH's rights to object to such restrictions.

This letter and its statements apply to the above referenced Notice of Award as well as all other awards, including modifications and continuations, to which the same or similar conditions or circumstances apply.

Sincerely,



Mel Gresczyk

Chief Operating Officer

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit J



Recipient Information

1. Recipient Name

MINNESOTA DEPARTMENT OF HEALTH
PO BOX 64975
625 Robert Street, North
Saint Paul, MN 55164-0975
[NO DATA]

2. Congressional District of Recipient
02

3. Payment System Identifier (ID)
1416007162B5

4. Employer Identification Number (EIN)
416007162

5. Data Universal Numbering System (DUNS)
804887321

6. Recipient's Unique Entity Identifier (UEI)
DHQVY2WCVHC5

7. Project Director or Principal Investigator

Ms. Susan Gerbensky Klammer
Assistant Section Manager, (CCEPP) Section
susan.klammer@state.mn.us
651-201-5120

8. Authorized Official

Ms. Terri L. Peaslee..
Accounting Director/AOR
terri.peaslee@state.mn.us
651-201-3874

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Ryan Springer
Grants Management Specialist (GMS)
rji2@cdc.gov
678-475-4693

10. Program Official Contact Information

Ms. Angelita Vasser
Program Officer
azv0@cdc.gov
404-638-7300

Federal Award Information

11. Award Number

6 NU62PS924837-02-02

12. Unique Federal Award Identification Number (FAIN)

NU62PS924837

13. Statutory Authority

Section 318(b-c) of the Public Health Service Act (42USC Sections 247c(b-c), as amended and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113)

14. Federal Award Project Title

Minnesota HIV Prevention and Surveillance

15. Assistance Listing Number

93.940

16. Assistance Listing Program Title

HIV Prevention Activities_Health Department Based

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/01/2025	- End Date	05/31/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$3,291,778.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$3,291,778.00
26. Period of Performance Start Date	08/01/2024	- End Date	05/31/2029
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$5,886,898.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Benita Bosier-Ingram
Grant Management Specialist

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924837-02-02

FAIN# NU62PS924837

Federal Award Date: 11/17/2025

Recipient Information
<p>Recipient Name MINNESOTA DEPARTMENT OF HEALTH PO BOX 64975 625 Robert Street, North Saint Paul, MN 55164-0975 [NO DATA]</p> <p>Congressional District of Recipient 02</p> <p>Payment Account Number and Type 1416007162B5</p> <p>Employer Identification Number (EIN) Data 416007162</p> <p>Universal Numbering System (DUNS) 804887321</p> <p>Recipient's Unique Entity Identifier (UEI) DHQVY2WCVHC5</p>

<p>31. Assistance Type Cooperative Agreement</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$1,317,861.00
b. Fringe Benefits	\$409,855.00
c. Total Personnel Costs	\$1,727,716.00
d. Equipment	\$0.00
e. Supplies	\$361,318.00
f. Travel	\$29,580.00
g. Construction	\$0.00
h. Other	\$71,709.00
i. Contractual	\$700,625.00
j. TOTAL DIRECT COSTS	\$2,890,948.00
k. INDIRECT COSTS	\$400,830.00
l. TOTAL APPROVED BUDGET	\$3,291,778.00
m. Federal Share	\$3,291,778.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390N51	24NU62PS924837	PS	410Q	93.940	\$0.00	75-24-0950
4-9390N5M	24NU62PS924837	PS	410Q	93.940	\$0.00	75-24-0950
5-9390N51	24NU62PS924837	PS	410Q	93.940	\$0.00	75-25-0950
5-9390N5M	24NU62PS924837	PS	410Q	93.940	\$0.00	75-25-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924837-02-02

FAIN# NU62PS924837

Federal Award Date: 11/17/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

MINNESOTA DEPARTMENT OF HEALTH

6 NU62PS924837-02-02

1. Terms & Conditions

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.

State of Illinois, et al.

v.

Russell Vought, et al.

U.S. Dist. Ct. No. 26-cv-1566

**DECLARATION OF
WENDY UNDERWOOD**

Exhibit K



Protecting, Maintaining and Improving the Health of All Minnesotans

December 22, 2025

Via Grant Solutions

Ryan Springer
Grants Management Specialist
Rji2@cdc.gov

RE: Award # 6 NU62PS924837-02-02, Minnesota HIV Prevention and Surveillance

Dear Mr. Springer,

I write on behalf of the Minnesota Department of Health (MDH) to clarify MDH's understanding of the effect of purported updates to terms and conditions for this award.

The notice of award dated November 17, 2025, and assigned the above-referenced award number, did not obligate any additional federal funds for this award. However, this notice of award states that its purpose is to incorporate updated terms and conditions.

To the extent this notice of award purports to add to, update or amend the terms and conditions that apply to funds previously awarded, MDH understands these new, amended, or updated terms and conditions to have no effect. This includes, to the extent applicable, terms and conditions asserting that the termination provisions at 2 CFR § 200.340 apply to funds awarded before October 1, 2025. Such previously awarded funds are governed by the applicable laws, regulations, and terms that were specified, valid, and effective at the time the funds were awarded. Furthermore, MDH's drawing down of funds previously awarded should not be construed as waiving or limiting any rights, arguments, or defenses concerning the application or interpretation of these provisions or any other relevant laws, regulations, or requirements.

This letter and its statements apply to the above referenced Notice of Award as well as all other awards, including modifications and continuations, to which the same or similar conditions or circumstances apply.

Sincerely,

A handwritten signature in blue ink that reads 'Mel Gresczyk'.

Mel Gresczyk
Chief Operating Officer

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 10

Declaration of Susan Fanelli

DECLARATION OF SUSAN FANELLI

I, Susan Fanelli, declare as follows:

1. I am a resident of California. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.
2. I am the Chief Deputy Director of Health Quality and Emergency Response for the California Department of Public Health (CDPH). I have served in several executive leadership roles within CDPH's Directors Office over the years. I was appointed as the Chief Deputy Director in March 2018, served as Acting Director in July 2019, and as Assistant Director between May 2015 and March 2018. In these roles, I oversaw several cross-cutting functions including public affairs, quality improvement, public health accreditation, and emergency preparedness.
3. In my current position, which I started in February 2022, I oversee the work of the various Centers within CDPH, including the Center for Preparedness and Response, the Center for Infectious Disease, and the Center for Laboratory Sciences. In this capacity, I work with Center Deputies to set policy direction, identify and remove barriers to program implementation, and evaluate program performance. I make this declaration based on personal knowledge and on my review of information and records gathered by agency staff.
4. Having spent more than ten years in CDPH's Emergency Preparedness Office, including several years as the Deputy Director and Assistant Deputy Director, I have been involved in the public health and medical response to a large number of public health emergencies including COVID-19, H1N1, wildfires, Ebola, earthquakes, and Zika. In

coordinating planning and response efforts, I have worked closely with nearly all programs in CDPH and have developed an understanding of not only their day-to-day activities but also how crucial public health infrastructure is to maintaining public health as well as preparing for and responding to public health emergencies.

5. CDPH aims to optimize the health and wellbeing of all people in California. CDPH works with local health departments, as well as public and private partners, to implement policies and programs that advance public health. Because California has a large, diverse population that covers a vast geographic area, CDPH's local health departments, public partners, and private partners are vital to informing, coordinating, and providing quality public health services to the public.

6. I provide this declaration to explain some of the immediate adverse impacts CDPH faces from the impending terminations of grants awarded to CDPH by the U.S. Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

7. CDPH received an email notification from the Association of State and Territorial Health Officials (ASTHO) on February 9, 2026, with a list of upcoming grant terminations in our state. ASTHO shared that they were alerted by members of Congress and given permission to share with individual states. On February 11, 2026, CDPH received a second notification from ASTHO with an additional list of grants potentially at risk for termination.

8. On February 12, 2026, at approximately 1:10 a.m. Eastern Time, CDPH received emails notifying us that our Strengthening California Public Health Infrastructure, Workforce, and Data Systems (PHIG) and the Cal BRACE: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health grants had been terminated. A true and correct

copy of the termination notice for our PHIG grant is attached as Exhibit A. The Cal BRACE termination notice is substantially identical. The notices purport to terminate the grants effective February 11, 2026, and cite “agency priorities” as the reason for the terminations. There are three grants flagged on the second list of at-risk grants provided by ASTHO for which CDPH has not yet received termination notices, including the Preventive Health and Health Services Block Grant 2025, Strengthening STE Prevention and Control for Health Departments (STD PCHD): Enhanced Activities, and the High-Impact Prevention and Surveillance Programs for Health Departments.

The Public Health Infrastructure Grant

9. PHIG is a five-year grant allocated in multiple components. The purpose of the grant is to strengthen public health infrastructure by investing in the public health workforce, foundational capabilities, and data modernization. The goal of these investments is to help public health transition from response to recovery, tackle today’s population health challenges, and build a sustainable system that can reduce inequities and respond to future threats.

10. PHIG is a national program and CDC awarded funds to all 50 states. In my experience, all state grant recipients generally operate and spend their PHIG funds in a substantially similar manner and on projects with substantially similar goals. PHIG is a key part of California’s efforts to address public health infrastructure, including expanding the public health workforce, significant laboratory investments, data modernization (i.e., vaccination data modernization), emergency response projects, and more. In California, the grant includes funding to support a total of 265.5 full-time employees, 85.5 state operations and 180 local assistance positions. These positions include epidemiologists, data scientists, community health workers, health educators, and preparedness staff.

11. PHIG is organized into three major components:

- Workforce (Component A1), which aims to increase the size and capabilities of the public health workforce by hiring, retaining, supporting and training public health workers and by strengthening workforce planning, systems, processes and policies. Funding for this component is a non-competitive, five-year award, meaning funds are awarded at the beginning of the period of performance for the full five-year period.
- Foundational Capabilities (Component A2), which aims to strengthen recipients' overall systems, processes, and policies to ensure a strong core infrastructure necessary to support essential public health services. The funding supports activities to strengthen these essential areas: 1) assessment and surveillance, 2) emergency preparedness and response, 3) policy development and support, 4) communications, 5) community partnerships, 6) organizational competencies, 7) accountability and performance management, and 8) equity. Funding for this component is a non-competitive annual award, meaning funds are awarded in annual installments over the five-year performance period.
- Data Modernization (Component A3), which supports public health agencies develop a more modern and efficient data environment, increase the interoperability of data systems, and increasing recipients' ability to use public health data to identify and address issues of public health concern. Funding for this component is a combination of non-competitive five-year awards and a competitive annual award.

12. The timeline for the components is:

- A1 funding was provided in the first year of the grant for a 5-year period (December 1, 2022-November 30, 2027).
- A2 funding is provided annually starting in year 2 of the grant award for one year with the authority to spend down the funds until the end of the grant period (November 30, 2027). Funding was provided on December 1, 2022, December 1, 2023, and December 1, 2024.
- A3 funds are provided for various data infrastructure initiatives beginning at different years in the grant cycle. The funding is provided annually with the authority to expend funds until the end of the grant term.

13. CDPH applied for and has been awarded funds for all three PHIG Components—A1, A2 and A3. In California, the PHIG funding is divided between local public health entities and the state. CDPH has been awarded a total of \$179 million, \$36.8 million of which CDPH passes through to 50 of local health departments. Of the \$179 million, over \$100 million is currently unspent. Attached as Exhibit A is the most recent Notice of Award for the PHIG program. The Notice of Award is dated January 24, 2026.

14. Among other projects, CDPH and local recipients have used the Workforce component funds to:

- increase the number of interns and fellows deployed into the California Pathways into Public Health Initiative, which serves in part to increase the capacity of state and local health departments;
- fund experienced epidemiologists in mentoring less experienced public health staff by providing technical assistance and guidance in data analysis and

intervention planning. This included developing expertise essential to rural health;

- fund a public health nurse role in Sierra County to work in areas lacking healthcare professionals;
- launch a Pipeline Internship Project with Bakersfield Community College, supporting 16 students and creating pathways to public health careers.

15. As one example of CDPH's use of the data modernization funds, CDPH's Infectious Disease Laboratory Branch is updating the agency's ability to receive and send electronic laboratory data to the state reporting system. CDPH is also modernizing its Immunization Information Systems.

16. On November 30, 2025, CDPH received a \$0 Notice of Award (NOA) purporting to modify the previous NOA by adding the 2 C.F.R. § 200.340 termination provision for the first time for this grant.

17. In the ordinary course for this grant, we draw down funds at various schedules depending on the PHIG component. Funds are drawn down anywhere from once a month to four or five times a month.

18. For PHIG, CDPH is required to submit a detailed workplan to CDC. The workplan contains information such as key activities, milestones, intended outcomes, criteria for completion, community impact, successes, challenges and the to-be-achieved by dates. Progress is reported on a semi-annual basis. The most recent workplan was submitted on August 22, 2025. On November 21, 2025, CDC not only approved the workplan submitted but also increased the award amount from \$4,272,515 to \$7,476,815.

19. CDC requested that CDPH submit an updated workplan and budget to reflect the increased award amount by February 16, 2026. Throughout the grant period final workplans were always approved by CDC. To date, CDC has never provided CDPH with notice, written or otherwise, that its administration of the PHIG grant was in any way unsatisfactory.

20. To the contrary, the CDC has regularly invited CDPH to present on the successes of CDPH's work. Examples include presentations on evaluation at the 2025 PHIG Annual Recipient Convening and on academic partnerships and blended funding strategies at the CDC Region 9 Public Health Convening in Sacramento on August 10-11, 2025. During the CDC Region 9 Convening, CDPH was asked to record a video testimonial highlighting the successes of our approaches for our PHIG Local Assistance program. CDPH worked with the PHIG technical assistance partner to edit and finalize the video testimonial in November-December 2025 and on February 10, 2026, at 7:43 a.m., we were sent the final edit of the video testimonial seeking CDPH's approval for the CDC to post the video on the CDC's PHIG website. CDPH has continued to work closely with the CDC's PHIG technical assistance partner on other collaborative projects for Impact and Evaluation Resources and are currently designing a train-the-trainer workshop for CDPH staff. Project efforts began in October 2025 and have continued with a recent meeting occurring on February 13, 2026, at 10 a.m. Additionally on November 19, 2025, the CDC selected CDPH to participate in the Promising Practice Pilot project, which aims to highlight PHIG funded projects that are successful and to showcase them to other PHIG funded recipients.

21. Except for the Plaintiff states, CDPH is not aware of any other states that have received a termination notice for the PHIG grant.

CalBRACE: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health Grant

22. The Building Resilience Against Climate Effects (BRACE) Grant is a five-year grant to help recipients use the five-step BRACE Framework to identify likely climate impacts, potential health effects associated with these impacts, and at-risk populations and locations. The work being done by grant recipients operationalizing the BRACE Framework contributes to positive long-term outcomes by reducing the negative health impacts of climate change in impacted communities. BRACE is a key part of California's efforts to address climate impacts on public health, including improving the living conditions of the communities at highest risk, lessening vulnerability to the health impacts of climate change, and improving population-level health outcomes. Grounded in public health practice, this project leverages state, tribal, local, academic, and community partnerships to develop and maintain a climate and health data visualization tool, implement and evaluate adaptation actions that respond to identified climate hazards, disseminate lessons learned, and improve determinants of health.

23. CDPH applied for and has been awarded \$2.5 million (\$500,00 per grant year). The grant term runs through August 2026.

24. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by CDC is \$824,230.59.

25. The current year's workplan was submitted April 1, 2025, as part of the Annual Performance Report and approved by CDC with no corrections on September 2, 2025. CDPH has at least monthly meetings with CDC program staff regarding the grant deliverables, during which CDC has been complimentary about progress on grant deliverables and has never communicated or suggested any performance concerns.

26. When CDPH received the expected fifth year NOA, dated September 2, 2025, awarding the \$500,000 annual funding, CDC had added a new termination clause. It stated, “Termination: Prior to October 1, 2025, this award is subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340.” NOAs for funding years received before September 2, 2025, did not contain this clause.

27. In the ordinary course for this grant, CDPH draws down funds on a daily, weekly, or quarterly basis, depending on the type of expenditure.

28. CDPH is one of 13 current BRACE grant recipients (including eight other state health departments, two organizations implementing statewide awards, and two local health departments). In California, along with CDPH, the Santa Clara County Department of Public Health and the San Francisco Department of Public Health are BRACE awardees. Other awardees across the country are implementing similar activities in their jurisdictions. For example, Vermont is actively implementing a weatherization program similar to the weatherization program under CalBRACE. Arizona is actively implementing adaptation and mitigation efforts related to heat similar to the work being done by CDPH around health equity-centered local heat planning. CDPH staff regularly meet with other grant recipients to coordinate efforts and learn from each other to implement program changes based on feedback and lessons learned. CDPH understands that California, Santa Clara County, and San Francisco are the only three of the 13 recipients impacted by this termination.

29. To date, CDC has never provided CDPH with notice, written or otherwise, that CDPH’s administration of the BRACE grant was in any way unsatisfactory.

30. On February 12, 2026, I was informed by staff that earlier that day at approximately 5:35 a.m. Pacific Time, CDPH CalBRACE Project staff received an Outlook meeting invitation from program staff at the CDC Climate and Health Program for a Teams meeting scheduled for 11:30 a.m. to 12:00 p.m. Pacific Time the same day. Four CDPH staff members joined the call.

31. During the call, CDC staff requested, and were provided with, confirmation that each of the three respective California grantees had received a termination notice posted to <https://grantsolutions.gov/> at approximately 4:14 a.m. Pacific Time on February 12, 2026. CDC program staff indicated that their office was unaware of the grant termination notice before it was posted and had actually learned about the terminations from the media. The CDC staff further shared that the Climate and Health Program staff did not post the termination notices and had not received anything in writing directing them to stop work with these grantees. The call lasted approximately eight minutes. After the call, I received a memorandum from the CDPH staff who attended the call memorializing the conversation. Therefore, I am informed and believe that the above conversation occurred during a call between CDC staff and CDPH staff.

Prevention Health and Health Services Block Grant

32. The Preventive Health and Health Services Block Grant (PHHSBG) is a two-year grant to support essential public health services and a wide range of activities to build, improve and sustain public health. PHHSBG is a key part of California's efforts to address public health, including coordination of activities and funds for multiple programs housed between CDPH and the California Emergency Medical Services Authority to address California's unique public health needs and challenges by using innovative and community-driven methods.

33. The goals of PHHSBG include addressing emerging health issues and gaps; decreasing premature death and disabilities; working to achieve improve health outcomes; supporting local programs to achieve healthy communities; and establishing data and surveillance systems to monitor community health status.

34. CDPH applied for and was awarded \$12,048,841.00. The grant term runs from October 1, 2024, through September 30, 2026. This grant supports 18 programs across CDPH.

35. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$2,797,303.00.

36. In the ordinary course for this grant, CDPH draws down funds four to five times per month.

37. The PHHSBG is awarded to health departments in all 50 states, the District of Columbia, 5 territories, 3 freely associated states, and 2 tribal nations to provide flexible funding to advance shared program priorities including the national health objectives set by Healthy People 2030 with specific focus on addressing emerging needs, building and using evidence based practices, implementing quality improvement efforts and providing preventive health services. All grantees work under the same program level purpose and objectives, to address unique needs, responding to emergency issues, filling gaps tied to leading causes of death and disability and support activities such as data surveillance and evaluation.

38. To date, CDC has never provided CDPH with notice, written or otherwise, that CDPH's administration of the grant was in any way unsatisfactory.

Strengthening STD Prevention and Control for Health Department (STD PCHD) Grant

39. Strengthening STD Prevention and Control for Health Departments (STD PCHD): Enhanced Activities is a five plus-year grant to prevent and control three major sexually transmitted infections (STIs): chlamydia, gonorrhea and syphilis. This Notice of Funding Opportunity (NOFO) supports strategies and activities to control chlamydia, gonorrhea and syphilis and eliminate congenital syphilis; prevent STIs and antibiotic-resistant gonorrhea; reduce primary and secondary syphilis; prevent STI-related pelvic inflammatory disease, ectopic pregnancy, and infertility; address STI-related outbreaks; and reduce STD-related health disparities.

40. The STD PCHD Grant is a key part of California's efforts to address public health.

41. CDPH applied for and has been awarded a STD PCHD Grant. The amount of \$99,444,682 was awarded to CDPH. The grant was originally awarded on January 1, 2019, as a five-year grant. The fifth year has been extended twice, and the current project period end date is February 28, 2026. CDPH submitted a response to the latest CDC NOFO on January 15, 2026, which would support new funding (\$7,800,000) for March 1, 2026, through February 28, 2027, and would also allow CDPH to roll over any unspent funds from the current year. This application included a budget, application and progress report for 2025. CDPH was anticipating a NOA to arrive in early February before the end of the current grant period. CDC indicated CDPH would likely receive an identical award for the upcoming year as it did the previous year.

42. These funds have played a critical role in helping to turn the tide on STIs in CA. After more than two decades of increases of STIs, California has seen decreases in STIs for a third year in a row. These funds support state and local STI surveillance for early identification of changes in epidemiologic disease trends, allow for healthcare provider training and expert

clinical consultation on highly complex STI cases, ensure adequate staffing and training of disease intervention teams to ensure standards of care, support STI prevention roll out and sustainability efforts, help LHJs to deliver person centered services to overcome barriers for testing, treatment and prevention created by fragmented care among at risk populations. Together these increase STI control in California.

43. An example of the impact of these funds includes ensuring pregnant mothers with syphilis are identified and adequately treated to prevent congenital syphilis; without adequate treatment during pregnancy up to 40% of infants will be stillborn or have early infant death.

44. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$14,731,576.00.

45. The original NOA for STD PCHD was received on March 13, 2025, which awarded 48% of the funds. A subsequent NOA was issued on August 4, 2025, awarding the remainder of the funding. That August 4, 2025 NOA purported to add a citation to 2 C.F.R. § 200.340 and a new termination provision for this grant.

46. In the ordinary course for this grant, CDPH draws down funds on a daily, weekly, or quarterly basis, depending on the type of expenditure.

47. STD PCHD funds are awarded to all 50 states with the same overarching goals. In my experience, all state grant recipients generally operate and spend their PCHD funds in a substantially similar manner and on projects with substantially similar goals.

48. To date, CDC has never provided CDPH with notice, written or otherwise, that CDPH's administration of the grant was in any way unsatisfactory.

49. To the contrary, CDPH has been repeatedly acknowledged for effective performance in program reviews and invited to present at CDC Conferences. For example, the CDC accepted the Year 7 Supplement Technical Review submitted by CDPH on March 21, 2025. The CDC Reviewer specifically stated, “Objectives are appropriate for the program and consistent with the goals of the NOFO. Objectives and activities are focused on improving data completeness for STD surveillance and better characterization of STD outbreaks.” CDPH’s recent STD PCHD progress report includes CDPH publishing 12 articles in peer-reviewed journals and a combination of 24 national and/or regional conference presentations or posters, of which 7 were invited presentations/posters at the CDC’s 2024 STI Prevention Conference.

High-Impact Prevention and Surveillance Programs for Health Departments Grant

50. The High-Impact Prevention and Surveillance Programs for Health Departments is a five-year grant that provides comprehensive HIV prevention and surveillance programs to prevent new HIV infections and improve the health of people living with HIV. This program prevents new HIV transmission by using proven intervention, including HIV testing, partner services, linkage to care, condom distribution, PrEP, PEP, and harm reduction programs. With these funds, CDPH and local partners are able to respond quickly to potential HIV outbreaks by providing vital prevention and treatment services to people who need them. The High-Impact Prevention and Surveillance Programs for Health Departments grant is a key part of California’s efforts to address public health. Specifically, this grant promotes and support improving health outcomes for persons living with HIV through achieving and sustaining viral suppression. Activities focus on reducing health-related disparities by using quality, timely, and complete surveillance and program data to guide HIV prevention efforts. These core activities can be organized into two categories: (1) Program Prevention; and (2) Program Surveillance.

HIV prevention and surveillance programs focus on the prevention of new HIV infections and to improve the health of people with HIV.

51. CDPH applied for and has been awarded The High-Impact Prevention and Surveillance Programs for Health Departments. This grant was awarded on August 1, 2024, and is a five-year grant scheduled to end on May 31, 2029. \$59,970,118.00 was awarded to CDPH which supports 61.24 full-time employees.

52. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$36,796,851.00.

53. On November 17, 2025, CDPH received a \$0 Notice of Award (NOA) purporting to modify the previous NOA by adding the 2 C.F.R. § 200.340 termination provision for the first time for this grant.

54. In the ordinary course for this grant, CDPH draws down funds on a weekly basis.

55. The CDC awarded approximately \$400 million to 59 health departments across the United States. With these resources, Ending the HIV Epidemic (EHE) programs implement high-quality science-based programs using whole-person approaches to prevent new HIV infections, dismantle structural barriers to prevention and care services, and improve health outcomes for people with HIV and others who would benefit from prevention services. This grant combines funding streams for CDC's two largest HIV prevention programs: national HIV prevention and surveillance funding for health departments and CDC's [EHE](#) program.

56. To date, CDC has never provided CDPH with notice, written or otherwise, that CDPH's administration of the grant was in any way unsatisfactory.

57. To the contrary, this CDC approved CDPH's most recent work plan for the grant. CDPH is in alignment with all grant requirements and has not received notification from CDC of any weaknesses or recommended changes to the work plan. And CDPH's work in this field has been nationally recognized, including through an invitation from the National Alliance of State and Territorial AIDS Directors (NASTAD), a national association that represents public health officials who administer HIV and Hepatitis program, to present our work at national technical assistance conferences.

Irreparable Injury to State from Agency Action

The Public Health Infrastructure Grant

58. In addition to the \$179 million dollars in PHIG funding to CDPH threatened by the CDC action, 10 large California local health departments receive over \$320 million directly.

59. Loss of PHIG funding midway through a multi-year grant award is highly disruptive. Terminating the funding will impact staff for CDPH as well as likely result in a loss of staff across 50 local health departments across the state. In addition, investments in community projects, staff training, strengthening and modernizing data systems, and laboratory improvements are midway through planning and implementation and would be disrupted and ultimately wasted. Disruption to active programs and partnerships also undermines community trust and relationships built through active collaborations.

60. The loss of funding would reduce California's public health capacity to perform vital public health functions, including emergency planning and response, data collection and surveillance, staff training, and coordination with community partners.

61. The loss of funding would disrupt workforce development programs which are critical to building the future public health workforce through sponsoring internships as well as skill-building programs to prepare existing staff for emerging challenges.

62. Grant termination would result in the loss of effective public health programs addressing community needs. PHIG is being actively leveraged to establish the foundational capacity for public health to address and respond to a wide range of issues. Examples of public health programs that have been supported by PHIG, in addition to those mentioned above, include:

- Emergency response projects
 - A County Public Health Department used PHIG funding to support outreach and coordination with 14 federally qualified health centers to make H5N1 testing and treatment available.
- Community listening sessions
 - A County hired an environmental health technician and analyst to support its response to cyanobacteria blooms, which pose serious risks to humans and animals, and to improve oversight of food safety inspections, conduct water quality checks, and address sanitation concerns.
- Community Outreach and Education
 - A Senior Outreach Program supported by a County Public Health Department. helps their aging population stay in their homes longer, establish their wellness goals, and prevent injury.
 - A local Oral Health Program to provide dental care for more than 30 kids in urgent need of such care.

- A County Public Health Department released social media messaging to address Hantavirus prevention tailored to channels to reach relevant occupational sectors at elevated risk and conducted various outreach activities including community conversations, radio ad campaigns, and print ads.
- As stated above, CDPH also passes through \$36.8 million of PHIG funding to local health departments in California that they use to strengthen local public health workforce capacity, recruitment, retention and response to protect their communities

63. I am informed and believe that the loss of this funding may lead to layoffs of local public health staffing.

64. These workforce and infrastructure grants are critical to try to retain public health staff protecting our communities from public health threats with increasing frequency and complexity.

65. CDPH anticipates that the harms to the directly funded local health departments from a loss of PHIG funding will be similar to the harms that CDPH and its pass-through entities will experience.

66. CDPH does not have the immediate budgetary resources or flexibility to make up for the lost PHIG funding.

67. If these critical public health infrastructure grants are terminated abruptly from state and local public health departments amidst record breaking levels of measles cases in our state and across the U.S., including the first measles outbreak in California in 5 years, loss of these resources will make it more difficult to detect public health threats early, and lead to

delayed response such as post-exposure prophylaxis for exposed vulnerable populations such as infants, pregnant women, and those with compromised immune systems, resulting in preventable hospitalizations and deaths.

68. In short, termination of CDPH's PHIG awards would have immediate adverse impacts on California's skilled public health workforce and the critical services they provide—impacts that cannot simply be undone if these awards are terminated and then later restored.

CalBRACE: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health Grant

69. The funding from the CDC Climate and Health Program to CDPH has led to tangible benefits in the lives of Californians. Below are a few of the services that would not be provided to communities if this funding were to end.

70. **Supporting California Tribes to Conduct Climate Planning:** CalBRACE has funded and provided technical assistance to three Tribes to conduct climate-related planning that will increase their near-term readiness and long-term resilience to health impacts of climate change, such as extreme heat, wildfires and wildfire smoke, drought, or extreme precipitation. The Pala Band of Mission Indians in San Diego County is developing a Heat Mitigation Plan that will be made available to other Tribes as a Tribal Heat Mitigation Planning Starter Kit. The Tule River Tribe in Tulare County is developing a Tribal Hazard Mitigation Plan with special attention to human health impacts. And the Habematolel Pomo of Upper Lake in Lake County is conducting a climate vulnerability assessment with a focus on health impacts. Without the support to conduct these plans and assessments, Tribes will be less equipped to protect their members from increasing climate-related emergencies such as heat waves, wildfires and floods.

71. **Connecting Low-income Residents with Weatherization for Healthier**

Homes: The Community Health Workers, Healthy Homes, and Healthy Families weatherization pilot project is implementing weatherization and energy efficiency improvements as protective health interventions for low-income families and farmworker communities in Tulare County, California. In partnership with Kaweah Health, the Association for Energy Affordability, and Proteus, Inc., the CDPH pilot program is connecting low-income residents with energy-efficiency and weatherization services to improve housing conditions, reduce health risks, and improve resilience to heat and air pollution. Studies show that home weatherization has many health benefits, including improved rest and sleep, better mental health, and fewer medical visits. The pilot project has thus far identified 33 homes for weatherization services and weatherized five homes (and counting). Without the CDC funding for this work, the pilot will not be able to continue, leaving more families vulnerable to heat and air pollution.

72. **Supporting Local Health Jurisdictions to Support Their Communities'**

Climate Preparedness: CalBRACE connects California local health jurisdictions (LHJs) with each other and with CDPH to share resources, strategies, best practices, opportunities and mutual support through barriers and challenges in addressing the health impacts of the changing climate. To help LHJs better serve their own populations, CalBRACE is funding and providing technical assistance to six LHJs to pilot tools created by CDPH to help LHJs initiate or further their climate planning and integrate climate change into Community Health Assessments and Community Health Improvement Plans. CalBRACE is also providing LHJs with no-cost technical assistance for identifying and applying for grant opportunities aimed at preventing or mitigating health impacts from climate change.

73. The CalBRACE Project has been developing planning tools and helping local communities to reduce and prepare for the health impacts of increasing heat waves, flooding, more intense year-round wildfires and more smoke, encroaching sea levels, and drought for 14 years. Communities facing higher risks, such as tribal communities, farming communities, and low-income residents need CalBRACE support to carry out actions to keep people safe from climate-related health threats such as heat illness, respiratory diseases, cardiovascular illness, and vector-borne illness. Without CDC funding for CalBRACE, the ability of California communities to keep people safe from climate related impacts will be immediately diminished.

Prevention Health and Health Services Block Grant

74. If the PHHS Block Grant funding were terminated, CDPH would be unable to conduct program and surveillance activities related to preventative health and health services across 18 CDPH programs funded under this grant affecting 46.8 full-time employees. This would disrupt California programs in a wide range of public health issue areas including prevention for cardiovascular disease, tuberculosis, Alzheimer's disease, toxicological outbreaks, as well as wildfire smoke mitigation, rape prevention education, public school health center support, and data collection and disease surveillance.

Strengthening STD Prevention and Control for Health Department (STD PCHD) Grant

75. If STD PCHD Grant funding were reduced or eliminated, it would adversely impact 34 full-time employees. Numerous services would not be provided to communities if this funding were to end, namely, STI testing, treatment and prevention as well as the distribution of medication, condoms, and other various STI prevention supplies would be suspended.

- a. CDPH would have significantly decreased ability for training and expert clinical consultation for providers and LHJs for highly complex STI cases, such as

syphilis in pregnancy, congenital syphilis, neuro, ocular and otic syphilis, disseminated gonorrhea infections and mpox including clade I mpox.

Additionally, if federal funding is lost, STIs will increase again, including congenital syphilis, there will be worsening disease outcomes due to loss of public health disease control activities and clinical expertise, and severely decreasing California's capacity to respond to emerging sexually transmitted infections.

- b. Local Health Jurisdictions and other participating partner organizations would be harmed as well. Local health jurisdictions may lose the ability to perform critical work on grant-supported activities, which includes proactively addressing syphilis and congenital syphilis (CS) cases and STI prevention within their jurisdiction. LHJs may also lose the ability to provide robust case management for pregnant people with syphilis and CS cases and identify missed opportunities for testing, treatment, and prevention.

High-Impact Prevention and Surveillance Programs for Health Departments Grant

76. If the High-Impact Prevention and Surveillance Programs for Health Departments grant funds were terminated, the following services would decrease significantly: education to increase knowledge of HIV status, efforts to reduce HIV transmission, prevention of new HIV infections, linkages to care and viral suppression, and elimination of perinatal transmission. Diminished prevention efforts would likely lead to an increase in HIV incidence, with negative implications for individual well-being, public health, and health costs. Any interruptions in this funding could increase the HIV infections in California, particularly among vulnerable populations and those most at risk

I declare under penalty of perjury that the foregoing is true and correct. Executed March 5, 2026, in Sacramento, California.

A handwritten signature in blue ink that reads "Susan Fanelli". The signature is written in a cursive style.

Susan Fanelli
Chief Deputy Director of Health Quality and Emergency
Response
California Department of Public Health

EXHIBIT A



Recipient Information

1. Recipient Name

Public Health, California Department of
1615 Capitol Ave
Sacramento, CA 95814-5015
(916) 552-8264

2. Congressional District of Recipient
06

3. Payment System Identifier (ID)
1743204993A1

4. Employer Identification Number (EIN)
743204993

5. Data Universal Numbering System (DUNS)
799150615

6. Recipient's Unique Entity Identifier (UEI)
KD2JSY6LNMW7

7. Project Director or Principal Investigator
Ms. Julie Nagasako
julie.nagasako@cdph.ca.gov
808-937-0065

8. Authorized Official

Dr. Erica Pan
Director and State Public Health Officer
erica.pan@cdph.ca.gov
916-952-3963

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Niki Morrow
Grants Management Specialist
qkn7@cdc.gov
404-498-2085

10. Program Official Contact Information

Marit Boiler
Program Officer
uhb8@cdc.gov
1111111111

Federal Award Information

11. Award Number

6 NE11OE000095-04-03

12. Unique Federal Award Identification Number (FAIN)

NE11OE000095

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening California Public Health Infrastructure, Workforce, and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	02/11/2026
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$7,476,815.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$7,476,815.00		
26. Period of Performance Start Date	12/01/2022	- End Date	02/11/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$179,989,060.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Damond Barnes
Grants Management Officer

30. Remarks

Termination for Departmental Authority



Recipient Information	
Recipient Name Public Health, California Department of 1615 Capitol Ave Sacramento, CA 95814-5015 (916) 552-8264	
Congressional District of Recipient 06	
Payment Account Number and Type 1743204993A1	
Employer Identification Number (EIN) Data 743204993	
Universal Numbering System (DUNS) 799150615	
Recipient's Unique Entity Identifier (UEI) KD2JSY6LNMW7	
31. Assistance Type Project Grant	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$1,450,063.00
b. Fringe Benefits	\$776,798.00
c. Total Personnel Costs	\$2,226,861.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$12,114.00
g. Construction	\$0.00
h. Other	\$3,845,822.00
i. Contractual	\$851,947.00
j. TOTAL DIRECT COSTS	\$6,936,744.00
k. INDIRECT COSTS	\$540,071.00
l. TOTAL APPROVED BUDGET	\$7,476,815.00
m. Federal Share	\$7,476,815.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
3-9390LM6	23NE11OE000095DMIC6	OE	410U	93.967		\$0.00	75-X-0140
4-9390MV6	23NE11OE000095DMIC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390LFD	23NE11OE000095LDXC6	OE	410U	93.967		\$0.00	75-X-0140
4-9390MFC	23NE11OE000095C5	OE	410U	93.967		\$0.00	75-2124-0943
5-9390MR5	23NE11OE000095A2	OE	410U	93.967		\$0.00	75-2425-0943
3-9390EV2	23NE11OE000095A3	OE	410U	93.967		\$0.00	75-23-0959
3-9390JXA	23NE11OE000095A2	OE	410U	93.967		\$0.00	75-2224-0943
4-9390LFF	23NE11OE000095A2	OE	410U	93.967		\$0.00	75-2324-0943
3-9390LIZ	23NE11OE000095A1C6	OE	410U	93.967		\$0.00	75-X-0140
6-9390QMC	23NE11OE000095A2	OE	410U	93.967		\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000095-04-03

FAIN# NE11OE000095

Federal Award Date: 02/11/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

Public Health, California Department of

6 NE11OE000095-04-03

1. Terms and Conditions

**NOTIFICATION LETTER TO RECIPIENT FOR TERMINATION OF FEDERAL
AWARD FOR NON-ALIGNMENT WITH PROGRAM GOALS OR AGENCY
PRIORITIES**

To: Public Health, California Department Of
Representative of Award Number NE11OE000095

Funding for NE11OE000095 is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective February 11, 2026.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Centers for Disease Control and Prevention (CDC) may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

CDC's current priorities, published on CDC's website¹ and issued to all other grantees, include focusing agency resources in line with the fundamental role CDC plays in the public health sphere. CDC's priorities illustrate the overall direction of CDC, in furtherance of the goals of the Trump Administration and the Department of Health and Human Services (HHS) Secretary. The Priorities Statement highlights CDC goals and priorities, all through the lens of providing Gold-Standard Science, as envisioned in the [Make America Healthy Again Commission Report](#) and the [Make Our Children Healthy Again Strategy](#).

CDC is specifically prioritizing a commitment to: gold-standard science; global leadership; rebuilding trust, transparency, and credibility; rapid, evidence-based responses to crises; vaccine safety and efficacy research; advancing our understanding of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease; modernizing public health infrastructure while enhancing our approach to health data; and otherwise ensuring compliance with the goals and priorities of the Trump Administration and HHS.

As a result, CDC is adjusting its discretionary Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems - 2023 award portfolio, which includes terminating some of the program awards, in order to better prioritize agency resources towards the above-mentioned priorities.

Although in its discretion CDC may suspend (rather than immediately terminating) an award to allow the recipient an opportunity to take appropriate corrective action before CDC makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency.

Nothing in this notice excuses either CDC or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120

¹ See [CDC priorities](#) | [About CDC](#) | [CDC](#); [Grants](#) | [Grants](#) | [CDC](#); [Acting CDC Director](#) | [About CDC](#) | [CDC](#)

days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Sincerely,

Office of Grants Services
Centers for Disease Control and Prevention
Department of Health and Human Services



Recipient Information

1. Recipient Name

Public Health, California Department of
1615 Capitol Ave
Sacramento, CA 95814-5015
(916) 552-8264

2. Congressional District of Recipient
06

3. Payment System Identifier (ID)
1743204993A1

4. Employer Identification Number (EIN)
743204993

5. Data Universal Numbering System (DUNS)
799150615

6. Recipient's Unique Entity Identifier (UEI)
KD2JSY6LNMW7

7. Project Director or Principal Investigator
Ms. Julie Nagasako
julie.nagasako@cdph.ca.gov
808-937-0065

8. Authorized Official

Dr. Erica Pan
Director and State Public Health Officer
erica.pan@cdph.ca.gov
916-952-3963

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Niki Morrow
Grants Management Specialist
qkn7@cdc.gov
404-498-2085

10. Program Official Contact Information

Marit Boiler
Program Officer
uhb8@cdc.gov
1111111111

Federal Award Information

11. Award Number

6 NE11OE000095-04-02

12. Unique Federal Award Identification Number (FAIN)

NE11OE000095

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening California Public Health Infrastructure, Workforce, and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2025	- End Date	11/30/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$7,476,815.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$7,476,815.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$179,989,060.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Damond Barnes
Grants Management Officer

30. Remarks



Recipient Information	
Recipient Name Public Health, California Department of 1615 Capitol Ave Sacramento, CA 95814-5015 (916) 552-8264	
Congressional District of Recipient 06	
Payment Account Number and Type 1743204993A1	
Employer Identification Number (EIN) Data 743204993	
Universal Numbering System (DUNS) 799150615	
Recipient's Unique Entity Identifier (UEI) KD2JSY6LNMW7	
31. Assistance Type Project Grant	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$1,450,063.00
b. Fringe Benefits	\$776,798.00
c. Total Personnel Costs	\$2,226,861.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$12,114.00
g. Construction	\$0.00
h. Other	\$3,845,822.00
i. Contractual	\$851,947.00
j. TOTAL DIRECT COSTS	\$6,936,744.00
k. INDIRECT COSTS	\$540,071.00
l. TOTAL APPROVED BUDGET	\$7,476,815.00
m. Federal Share	\$7,476,815.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
3-9390LM6	23NE11OE000095DMIC6	OE	410U	93.967		\$0.00	75-X-0140
4-9390MV6	23NE11OE000095DMIC6	OE	410U	93.967		\$0.00	75-X-0140
3-9390LFD	23NE11OE000095LDXC6	OE	410U	93.967		\$0.00	75-X-0140
4-9390MFC	23NE11OE000095C5	OE	410U	93.967		\$0.00	75-2124-0943
5-9390MR5	23NE11OE000095A2	OE	410U	93.967		\$0.00	75-2425-0943
3-9390EV2	23NE11OE000095A3	OE	410U	93.967		\$0.00	75-23-0959
3-9390JXA	23NE11OE000095A2	OE	410U	93.967		\$0.00	75-2224-0943
4-9390LFF	23NE11OE000095A2	OE	410U	93.967		\$0.00	75-2324-0943
3-9390LIZ	23NE11OE000095A1C6	OE	410U	93.967		\$0.00	75-X-0140
6-9390QMC	23NE11OE000095A2	OE	410U	93.967		\$0.00	75-2526-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000095-04-02

FAIN# NE11OE000095

Federal Award Date: 01/24/2026

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	0.00	0.00	0.00

AWARD ATTACHMENTS

Public Health, California Department of

6 NE11OE000095-04-02

1. Terms & Conditions

TERMS AND CONDITIONS OF AWARD

The purpose of this amendment is to rescind the notice of award dated January 23, 2026, suspending activities under this award. Activities and funding under this award are no longer paused or restricted. Accordingly, award activities may continue consistent with the existing terms and conditions of the award, including applicable regulations.

The costs associated with any such stoppage of work, including reasonable and legitimate costs of compliance with local labor laws, existing contractual obligations that cannot be legally paused, and costs associated with the security of assets – that occurred during this time period may be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

Any costs incurred prior to this pause may also be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 11

Declaration of Barbara Ferrer

1 I, Dr. Barbara Ferrer, declare as follows:

2 1. I am the Director of the Los Angeles County Department of Public Health (“DPH”).
3 DPH protects health, prevents disease, and promotes the well-being of all of Los
4 Angeles County’s more than 10 million residents. In this role, I oversee a budget of \$1.9 billion
5 and direct a workforce of 4,500 public health practitioners. I have over 30 years professional
6 experience as a philanthropic strategist, public health director, educational leader, and community
7 advocate. Prior to joining DPH in 2017 as Director, I served as the Executive Director of the
8 Boston Public Health Commission. The facts stated herein are of my own personal knowledge,
9 and I could and would competently testify to them.

10 2. I submit this declaration in support of Plaintiffs’ motion for a temporary restraining
11 order.

12 **Background on DPH**

13 3. Los Angeles County is the most populous county in the nation and is one of the
14 country’s most diverse local public health jurisdictions. DPH is the leading public health
15 authority in Los Angeles County and, in this role, works very closely with all communities to
16 promote population health and disease prevention by marshaling a network of public health
17 professionals, Community Based Organizations, health care providers, and other partners. In
18 addition, DPH provides critically needed, directly operated services including immunizations and
19 testing services through its network of fourteen community health clinics. These clinics provide
20 both care management services and other support to children with special healthcare needs and
21 their families, provide substance abuse treatment and prevention programs, and connect children
22 and families to needed programs and benefits provided by other agencies. DPH directly serves
23 hundreds of thousands of Los Angeles County residents each year through its various programs
24 and services.

25 4. DPH works closely with all communities to promote population health and respond to
26 public health emergencies. DPH directly serves hundreds of thousands of Los Angeles County
27 residents each year through its various programs and services. Los Angeles County is home to
28 nearly 100 acute care hospitals, 74 emergency departments, 200 dialysis units, and over 300

1 skilled nursing facilities. These services are essential because having a large, highly mobile, and
2 complex location and population makes Los Angeles County especially prone to emerging
3 infectious diseases and outbreaks. It is a major hub for international travel and a port of entry
4 with more than 77 million travelers passing through Los Angeles International Airport annually
5 alone (United States’s fifth busiest airport). With the large inflection of people from varying
6 locations, Los Angeles County is ground zero for the nation’s challenges as they pertain to public
7 health. Los Angeles County’s continued investment in its health care infrastructure has made it a
8 prominent role model in the detection and control of many communicable diseases and has
9 benefited the nation as a whole, by helping prevent the spread of disease.

10 5. With Los Angeles County to play a pivotal role for the country in hosting worldwide
11 sporting events for the World Cup this summer, the Super Bowl in 2027, and the Olympics in
12 2028, DPH depends on continued funding more than ever.

13 **DPH’s Funding through the Public Health Infrastructure Grant and HIV**
14 **Surveillance Funding Opportunity**

15 6. To provide that infrastructure, DPH has relied on grant funding, including grants from
16 the Department of Health and Human Services (“HHS”) and the Centers for Disease Control and
17 Prevention (“CDC”). Two such sources of grant funding include the CDC Public Health
18 Infrastructure Grant (PHIG) and the National HIV Behavioral Surveillance Grant (NHBS).

19
20 *A. PHIG Funding*

21 7. The CDC PHIG funding is DPH’s primary source of federal public health
22 infrastructure funding. DPH is one of one hundred and seven health departments and three
23 national public health partners that receive this funding.

24 8. PHIG funding was designed to satisfy three goals: developing a skilled workforce,
25 developing foundational capabilities needed to deliver effective public health services, such as
26 disease surveillance, community partnerships, and emergency preparedness, and investing in
27 modern technologies to improve data collection and analysis for faster and more efficient public
28 health decision-making. DPH continues to effectuate these goals. Funding from this award is

1 used for a variety of purposes including to cover workforce, foundational capabilities, and data
2 modernization activities. DPH invests PHIG funding in necessary infectious disease control,
3 including data information infrastructure which helps control and prevent the spread of
4 tuberculosis; environmental health risk assessments and institutional partnership-building to
5 prevent communicable diseases like hepatitis A, measles, shigella, giardia, dengue, West Nile
6 Virus, Valley fever, typhus, and influenza; sexually transmitted disease screening and treatment
7 services; and chronic disease prevention and control efforts addressing conditions like diabetes,
8 hypertension, obesity, and smoking. This funding is critical for control of diseases presently
9 surging, including the emerging H5 avian flu, respiratory illnesses like RSV and influenza, and
10 the reemerging measles disease.

11 9. DPH receives the PHIG grant award from the CDC under the full name
12 “Transforming Public Health Through a Community Collaborative Model: investing in public
13 health infrastructure, improving efficiency and community partnerships enhance public health
14 workforce to improve health of vulnerable residents”, grant number NE11OE000036. Part of this
15 grant was awarded in 2022, for a five-year period, while the rest of the grant is received in annual
16 awards. Of the total award funding remaining, \$40.7 million is allocated for Budget Period 4
17 (December 2025- November 2026) and \$23.5 million is allocated for Budget Period 5 (December
18 2026- November 2027) of the grant project. If CDC were to terminate funding, DPH would lose
19 more than \$64 million that DPH relies on receiving in the next two years.

20 10. With the funding, DPH supports 109 DPH employee staff members, 36 contracted
21 DPH staff members, provides contract funds for 268 additional staff members with peer
22 Community Based Organizations, and funds 20 contracted Community Based Organizations and
23 community health clinics. The staff member positions would have to be terminated, and
24 community health clinics and Community Based Organizations would have to radically curtail
25 and reduce the direct outreach, health education, and prevention activities with community
26 residents experiencing poor health outcomes.

27
28 *B. NHBS Funding*

HOA.105801535.1

1 11. This award was established to support the monitoring of HIV-related behaviors,
2 detect changes over time in HIV risk behaviors, especially among populations at high-risk for
3 HIV infection, and to inform the development of HIV prevention activities. In particular, this
4 funding was designed to gather data regarding (i) behavioral risk factors that may indicate
5 persons are more at risk for contracting HIV, (2) HIV testing behaviors, (3) receipt of prevention
6 services, and (4) use of prevention strategies. In addition to gathering data, this program provided
7 participants with HIV testing.

8 12. DPH received this award, titled “National HIV Behavioral Surveillance of Los
9 Angeles County”, award number NU62PS924771, in the amount of \$620,000 this year. This grant
10 is at risk of being terminated. DPH has participated in this program since 2003. DPH uses NHBS
11 funding to support 4 DPH staff and to cover the costs associated with such data collection and
12 disease testing. DPH would be unable to continue its nearly 25-year surveillance effort that
13 reaches the populations at highest risk of HIV without this funding.

14 13. DPH has been in constant and complete compliance with the terms of both grants and
15 has met all operational and reporting requirements for the lifetime of the awards. The CDC has
16 never alerted DPH of suspected fraud or mismanagement in its administration of either grant.

17 14. DPH expects to lose more than \$64.5 million in funding over the next two years if
18 funding from these two grants is terminated by Defendant.

19 **Impact of the Termination on DPH and Los Angeles County Residents**

20 15. As a result of this expected termination,¹ the Los Angeles Department of Public
21 Health is at risk of losing \$64.5 million that Los Angeles County relied on until the end of the
22 budgetary period on November 30, 2027, and losing \$41.3 million of that funding this year alone.

23 16. It is impossible for DPH to offset the loss of this grant money.

24 17. Based on my experience overseeing DPH and knowledge of the communities that it
25 serves, I anticipate that implementation of termination will have grave impacts on (i) the health of
26 many of the residents of Los Angeles County and on (ii) the public health infrastructure of the
27 Los Angeles County. All aspects of the Los Angeles County public health system will be

28 ¹ DPH has not yet received official notice⁴ of the termination or rescinding of this award.
HOA.105801535.1

1 impacted as a result of this funding termination: Los Angeles County will have to immediately
2 slash large and critical portions of the services provided, the infrastructure, and the professionals
3 employed as DPH attempts to maintain our vast network on a substantially diminished budget.

4 *A. Irreparable harm to Public Health*

5 18. The result of the expected funding cuts will directly undermine DPH's ability to
6 promote the well-being of all people in Los Angeles County. There are many examples that
7 illustrate the importance of prevention and education efforts. In 2017, DPH was able to control a
8 Hepatitis A outbreak among homeless and people experiencing substance use disorder through
9 cooperation with community stakeholders and the effective provision of health services. If DPH
10 had not been able to offer a full continuum of services, the cost of the epidemic could have easily
11 swelled from \$2 million to more than \$14 million and resulted in dozens of deaths.

12 19. During the first half of 2019, DPH declared an outbreak of measles. There were eight
13 confirmed cases of measles among Los Angeles County residents, and six non-resident measles
14 cases that traveled through Los Angeles County. More than 100 staff members were and
15 continue to be involved in responding to these individual cases and conducting contact
16 investigations. Further, efforts to control the spread of measles among the general population
17 necessitated the issuance of approximately 1,000 quarantine orders to exposed individuals.
18 Vaccinations for diseases like measles are the most cost-effective and best line of defense. Costs
19 for responding to and treating a case of measles can be as high as \$142,000 per case, far more
20 than the cost of vaccinations; indeed, a preliminary estimate of Los Angeles County DPH
21 response costs revealed that it cost approximately \$27,000 per each measles case that transited
22 through the Los Angeles International Airport on the way to other locations in the United States.
23 For vaccines to be effective and protect the general population, public health providers like DPH
24 need to provide adequate infrastructure and effective delivery of services. These emergencies
25 reflect the importance of a well-staffed and well-funded department for public health.

26 20. Public health strategies, like those employed by DPH, can only succeed when they
27 address the needs of entire communities. When public health providers are unable to deliver core
28 services and support, they often lose their patients' trust, and the wellbeing of our communities

1 suffers. Among the negative health-related impacts for our communities are worse health
2 outcomes; increased use of emergency rooms as a method of primary health care; and increased
3 prevalence of communicable and infectious diseases. I am concerned that eliminating these funds
4 will significantly exacerbate health outcomes in Los Angeles County and in the long term, harm
5 the Los Angeles County's ability to respond effectively to future pandemics and similar public
6 health issues. Failure to prepare for future disease outbreaks will create an increased burden and
7 cost on DPH and Los Angeles County.

8 21. The expected termination of this grant funding will force DPH to terminate several
9 programs, including the [Community Public Health Teams](#) initiative that works with 20 contracted
10 community partners and community health clinics that provide direct outreach, health education,
11 and prevention activities with community residents experiencing the greatest health inequities.
12 DPH would also have to curtail efforts to modernize our laboratory, surveillance and
13 immunization data systems. This would erode critical data infrastructure, interoperability, and
14 reliability. This will lead to delays and decreased operational capacity across all DPH functions,
15 and impede our ability to effectively monitor, prevent, and address public health threats.

16 DPH would potentially have to terminate or reassign up to 148.5 DPH personnel
17 and 268 staff members with Community Based Organizations.

18 22. One place where the broad impact of the termination of public health funding is most
19 apparent is the surveillance and control of communicable and infectious diseases. While the
20 incidence of most communicable diseases can often be decreased through early detection and
21 response, curtailing investment into DPH's infrastructure will damage its ability to maintain
22 modern laboratory, surveillance and immunization data systems needed to conduct that early
23 detection and response. Termination of the PHIG and NHBS funding will likely diminish Los
24 Angeles County's swift response to the incidence of future communicable and infectious disease
25 case clusters and outbreaks, which will pose a serious health and safety risk to Los Angeles
26 County residents and persons visiting our jurisdiction. It will also impose significant costs on Los
27 Angeles County taxpayers, as DPH's response to clusters and outbreaks of communicable disease
28 requires a significant outlay of resources and money.

1 23. DPH has experienced considerable challenges in addressing the rising rates of ever-
2 present diseases, such as tuberculosis, as well as new and reemerging outbreaks, such as measles,
3 pertussis, typhus, and West Nile Virus. More recently, DPH has invested significantly in
4 presently surging disease like the emerging H5 avian flu and respiratory illnesses like RSV and
5 influenza. While Los Angeles County has been able to manage outbreaks in the past, our ability
6 to manage future outbreaks will be significantly diminished given the expected loss of funding.

7 24. In sum, I believe that the termination of funding will lead to lasting, severe health
8 impacts for Los Angeles County residents. All Los Angeles County residents will suffer as a
9 result of this decrease in funding: if they are not harmed by Los Angeles County's diminished
10 ability to prepare and manage communicable and infectious diseases, they will be affected by
11 budget cuts that occur in other public health sectors including the handling, sharing, and
12 presentation of public health data and information. DPH's ability to safeguard the health and
13 well-being of our communities will be destroyed and the impact of this will have consequences
14 on other cities and neighboring states that, especially to the extent that this funding termination
15 cripples Los Angeles County's ability to prevent the spread of infectious diseases.

16 *B. Irreparable Harm to the Department of Public Health*

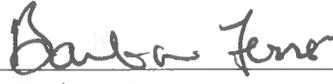
17 25. In addition to all the harm that will occur to the residents of Los Angeles County that
18 use and depend on the health services provided by the Department of Public Health, Los Angeles
19 County employes and contractors will also experience immediate and irreparable harm as a result
20 of the implementation of the expected award termination. As discussed above, the public health
21 infrastructure in Los Angeles County is vast and as a result, expensive. Budget cuts, layoffs, and
22 permanent closure of certain functions will be necessary to respond to the termination.
23 Responding to this funding loss will divert resources from DPH's core mission of serving the
24 residents of Los Angeles County and force DPH to spend hundreds of hours to formulate an
25 appropriate response to compensate for this loss of funds and to undertake the difficult task to
26 determine which of our indispensable services our department will have to stop providing to
27 residents.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

26. All Californians deserve to live in healthy and thriving communities, which is the role of public health. The Los Angeles Department of Public Health remains committed to seeking the resources required to support the critical, lifesaving infrastructure needed to keep people healthy and protect them against infectious disease, vaccine-preventable diseases, and health emergencies.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on February 11, 2026, in Los Angeles, California.



Dr. Barbara Ferrer
Director
Los Angeles County Department of Public Health

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 12

Declaration of Theresa Maldonado

DECLARATION OF THERESA MALDONADO

I, Theresa A. Maldonado, declare as follows:

1. I am a resident of California. I am over the age of 18 and understand the obligations of an oath.
2. I am the system-wide Vice President for Research & Innovation at the University of California (UC), Office of the President. I am familiar with the information in the statements set forth below either through personal knowledge, in consultation with UC staff, or from documents that have been provided to and reviewed by me.
3. I have served as the Vice President for Research & Innovation at UC since 2020. In addition to my current role, I have a Ph.D. in electrical engineering and over 30 years' academic experience. As Vice President for Research & Innovation, I lead UC researchers and administrators in research policy, funding for systemwide programs, and the innovation and entrepreneurship ecosystem. We work to build UC-wide partnerships, help shape effective policies and provide a strong voice nationally for research and innovation on behalf of UC. As the systemwide leader for research and innovation, I work very closely with the Vice Chancellors for Research from each UC campus, and I am in regular contact with them to identify any issues impacting UC systemwide research, including concerns related to research funding.
4. I provide this declaration to explain some of the immediate adverse impacts UC faces from termination of the public health grants awarded to UC by the U.S. Centers for Disease Control and Prevention ("CDC"), of the U.S. Department of Health and Human Services.
5. UC received six public health grant termination notices from the CDC on February 11, 2026. The grants subject to the termination notices are described below.

6. To date, CDC has accepted UC's regular progress reporting and never provided UC with notice, written or otherwise, that UC's administration of these grants, or the grants' outcomes, were in any way unsatisfactory.

7. As described further below, termination of UC's awards would have immediate adverse impacts on UC, our public health programs, and the critical services they provide—impacts that cannot simply be undone if these awards are terminated and then later restored.

Centers for Public Health Preparedness and Response, Region 9 Grant

8. The Centers for Public Health Preparedness and Response, Region 9 Grant ("Preparedness and Response Grant"), Federal Award Identification Number (FAIN) U48DP006806, is a 5-year grant awarded by the CDC to the Pacific Southwest Center for Emergency Public Health at the University of California, San Francisco. This is one of ten cooperative agreements made by the CDC to one institution in each of the ten U.S. Department of Health and Human Services (HHS) regions. These regional centers play an essential role in advancing the uptake of evidence-based strategies and interventions across communities, enhancing their ability to prepare for and respond to public health threats.

9. The Preparedness and Response Grant strengthens regional public health emergency preparedness and response by focusing on the three priority areas, workforce surge readiness, weather-related harms and illness, and risk communication.

10. Approximately \$1,991,952 in total was awarded to UC under the Preparedness and Response Grant.

11. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$1,069,957.

UCSF Prevention Research Center Grant

12. The UCSF Prevention Research Center Grant, FAIN U48DP006806, is a 5-year grant awarded by CDC to University of California, San Francisco. It focuses on reducing loneliness and social isolation among older LGBTQ+ adults, a population disproportionately affected by poor health outcomes. Through partnerships with community organizations and healthcare systems, the project will scale up an evidence-based peer outreach program to improve social connectedness, promote mental well-being in a range of community settings.

13. Approximately \$1,999,852 in total was awarded to UC under the UCSF Prevention Research Center Grant.

14. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$801,751.

Innovative Administration of Long-Acting Injectables for HIV Treatment Enhancement at Home Grant

15. The Innovative Administration of Long-Acting Injectables for HIV Treatment Enhancement at Home Grant (“INVITE-Home”), FAIN U01PS005259, is a 4-year grant awarded by CDC to University of California, San Francisco. INVITE-Home is a research study designed to expand access to long-acting injectable antiretroviral therapy (LAI-ART) for people with HIV by developing and evaluating a structured training program that enables trained laypersons (e.g., partners, family members, friends) to administer injections at home. The project aims to reduce clinic-based barriers, improve acceptability and feasibility of home-based LAI-ART, and support broader implementation beyond traditional healthcare settings.

16. Approximately \$3,000,000 in total was awarded to UC under INVITE-Home.

17. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$1,000,000.

Prevention of Disease, Disability, and Death by Infectious Diseases Grant

18. The Prevention of Disease, Disability, and Death by Infectious Diseases Grant (“Prevention Grant”), FAIN U01PS005248, is a 5-year grant by the CDC to the University of California, San Francisco.

19. The purpose of this grant program is to strengthen capacity to prevent disease, disability, and death through immunization and control of respiratory and related diseases. The project at the University of California, San Francisco, focuses on creating medical trust with underserved communities.

20. Approximately \$1,459,711 was awarded to UC under the Prevention Grant.

21. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$465,248.

Community Health Centers Grant

22. The Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health; Category C: Community Health Centers Grant (“Community Health Centers Grant”) FAIN NU38PW000045, is a 5-year grant to the University of California, San Francisco.

23. The Community Health Centers Grant aims to strengthen the ability of community health centers (CHCs) to effectively serve LGBTQ+ communities by providing training, technical assistance, and peer learning opportunities.

24. Approximately \$400,000 in total was awarded to UC under the Community Health Centers Grant.

25. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$130,130.

UCLA Public Health Scholars Training Program

26. The UCLA Public Health Scholars Training Program, FAIN NU50CD300862, is a 5-year grant to the University of California, Los Angeles.

27. The program provides undergraduate students and recent graduates the opportunity to explore the field of public health through hands-on training, structured workshops, group events, volunteering opportunities, leadership and professional development. The program works with community-based organizations, health systems and government agencies, to offer scholars the unique opportunity to “learn by doing” public health in a large, urban city. Through internship experiences, scholars work to advance public health by learning about the communities our partners serve, engaging with community members, and exploring the Los Angeles landscape while commuting on public transportation. To supplement their field work, scholars attend workshops, develop leadership and professional skills, and receive mentoring from graduate students and faculty at UCLA Fielding. The goal of the program is for scholars to expand their life skills, adopt a growth mindset, and prepare to navigate an ever-changing world and workforce as resilient public health minded professionals invested in creating healthy futures for all.

28. Approximately \$3,400,000 in total was awarded to UC under Public Health Scholars Training Program.

29. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$871,829.

Injury Prevention and Control Research and State and Community Based Programs

30. The Injury Prevention and Control Research and State and Community Based Programs Grant (“Injury Prevention and Control Grant”), FAIN U01CE003753, is a 4-year grant awarded by the CDC to the University of California, Berkeley.

31. The overarching goal of this research project is to rigorously evaluate recently adopted state-level laws that shape access to resources and rights for sexual and gender minority youth, to understand whether these laws help protect young people, or unintentionally put them at greater risk. This research will also explore the role of social climates (school and community environments, etc.) in buffering or amplifying the effects of these laws and qualitatively explore mechanisms through which state-level policies impact sexual and intimate partner violence among sexual minority youth. This research will provide critical evidence on which state-level policies work in reducing sexual and intimate partner violence among youth at population-level, addressing a major gap in the field of violence prevention.

32. Approximately \$2,000,000 in total was awarded to UC under the Injury Prevention and Control Grant.

33. As of the date of this declaration, the approximate total remaining unpaid encumbrances and available funds for activities and items approved by the CDC is \$476,888.

Irreparable Injury to UC from CDC Action

34. The total loss of funding to UC from the six grant terminations described above is \$4,815,803.

35. In addition to the immediate adverse impacts on our public health programs and the critical services they provide, UC itself will be irreparably harmed if the federal government terminates the funding described above. For example, CDC’s termination of grant funding for the

Preparedness and Response Grant, would eliminate funding for 2 positions (1 full-time and 1 part-time position) resulting in the elimination of these roles at the Pacific Southwest Center for Emergency Public Health, and further resulting in a loss of effort to develop an early warning system for emerging epidemic threats (e.g., dengue and other arboviruses) and environmental health hazards such as extreme heat and wildfire smoke.

36. Additionally, the CDC's termination of grant funding for the Public Health Scholars Training Program would eliminate the program. Even if funding is restored at a later date, depending on the length of the funding delay, delaying this program will result in the loss of the incoming cohort, require the review of over 1000 new applications, and have further downstream impacts, like re-performing vendor onboarding, housing and meal plan registration, and similar costly and time consuming administrative tasks, reducing the availability of resources for substantive programming.

37. In short, termination of UC's awards would have immediate adverse impacts on UC, our public health programs, and the critical services they provide—impacts that cannot simply be undone if these awards are terminated and then later restored.

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

Executed this 20th day of February, 2026, in Oakland,
California

DocuSigned by:

537FE71B2CB94F8...
Theresa A. Maldonado
Vice President for Research & Innovation
University of California, Office of the President

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 13

Declaration of Tim McMahon

DECLARATION OF TIM MCMAHON

I, Tim McMahon, declare as follows:

1. I am over the age of 18 years and a U.S. citizen. I know the following facts based on my own personal knowledge, and if called as a witness, I could and would testify competently to the matters set forth below.

2. I am the Federal Affairs Bureau Chief at the Illinois Department of Transportation (IDOT). My job duties include overseeing federal legislative and executive branch activity for IDOT, identifying and developing IDOT's federal grant applications, and coordinating internally with IDOT program leads and externally with USDOT staff to execute, obligate, and administer federal awards.

3. I have been employed by IDOT and served as Federal Affairs Bureau Chief since February 2023. Before starting at IDOT, I served as Intergovernmental Affairs Senior at the Chicago Metropolitan Agency for Planning, managing federal legislative and executive branch activities and developing the Chicago region's priority projects for federal grant applications. Before CMAP, I served as Associate Director of Governmental Affairs at the U.S. Department of Transportation (USDOT) within the Office of the Secretary managing outreach and engagement with congressional and committee staff.

Background

4. In Illinois, IDOT has statutory responsibility for the vast majority of planning, construction, operation, and maintenance of Illinois's extensive transportation network, which encompasses highways and bridges, airports, public transit, rail freight and rail passenger systems. This vast transportation system supports Illinois residents and more than 100 million visitors annually.

5. IDOT is the Illinois grantee from the USDOT, which includes the following

divisions: Federal Highway Administration (FHWA), Federal Transit Administration (FTA), Federal Motor Carrier Safety Administration (FMCSA), National Highway Traffic Safety Administration (NHTSA), the Federal Aviation Administration (FAA), and the Federal Railroad Administration (FRA). IDOT administers a wide range of grant programs meant to ensure safe, cost-effective transportation for Illinois in ways that enhance the quality of life, promote economic prosperity, and demonstrate respect for our environment.

6. As part of my regular job duties, and since 2023, I have led the identification and development of IDOT's federal grant applications to USDOT. Those duties also include monitoring and coordinating with IDOT and USDOT staff to obligate and administer the grants once they are awarded by USDOT. Therefore, I am familiar with the competitive grant awards that were awarded to IDOT by USDOT and am familiar with their contents.

7. IDOT is responsible for administering thousands of projects funded by federal grants from USDOT, including both competitive grant programs and formula grant programs. While too numerous to list in full, each grant supports critical programs in Illinois, keeping roadways, airspace, waterways, transit systems, and pedestrians safe.

8. IDOT uses federal grant funds for IDOT projects, and it also passes these funds through to other entities including thousands of local governments, rural and urban public transit agencies, airports, universities, and nonprofit entities. The programs funded by these federal grants are vital to protect the residents of Illinois.

IDOT Relies on USDOT Competitive Grant Programs

9. The USDOT grant process for competitive awards, at a very broad level, includes a few steps. First, FHWA "awards" funding to recipients based on its evaluation of how well the competitive grant application satisfies requirements within the respective notice of funding

opportunity. Following the award announcement, recipients must sign a grant agreement, which stipulates terms, conditions, and milestones for the project. Once the signed grant agreement has been executed by USDOT, the funds can then be obligated to recipients.

10. IDOT is awaiting obligation to administer numerous competitive grants that have been awarded to IDOT by USDOT, including those as shown in Table 1 below:

Competitive USDOT Grants Awarded to IDOT Since FY2021			
Grant Program	Description	Award Amount	Federal Fiscal Year in which funds were awarded
BUILD	Rockford Complete Streets Revitalization Project	\$16,384,905	2021
BUILD	Bloomington-Normal to Peoria Express Bus Feasibility Study	\$1,200,000	2024
Highway Construction Training Program	Expansion of IDOT's Highway Construction Careers Training Program	\$287,988	2024
Low or No Emission (Bus) Grants	IDOT Statewide Deployment of Battery Electric Paratransit Buses	\$12,299,377	2023
National Infrastructure Project Assistance (MEGA)	Interstate 290/IL 171 (1st Avenue) Interchange	\$95,589,533	2024
Pollinator-Friendly Practices on Roadsides and Highway Rights-of-Way	Enhancing and Diversifying Pollinator Friendly Practices on IDOT Right of Way	\$150,000	2025

Rural Surface Transportation Grant Program	IL Route 9 Multimodal Improvements	\$52,860,638	2023
---	--	--------------	------

11. These USDOT competitive grants provide critical funding to meet Illinois's transportation infrastructure needs.

12. The BUILD program was established to create jobs and spur economic recovery through transportation infrastructure investments. The goal of the BUILD program is to fund eligible surface transportation projects that will have a significant local or regional impact and improve transportation infrastructure.

13. IDOT plans on using BUILD program funds for two projects. The first project aims to modernize and improve roads and infrastructure in the central business district of Rockford, Illinois. This project also provides for the purchase of three electric buses. In order to meet the RAISE grant's obligation deadlines, IDOT sought and received federal authorization under advanced construction to allow Rockford to proceed with preliminary engineering and land acquisition for the highway components of the project with the understanding that these costs would be reimbursed upon execution of the grant agreement. The City of Rockford has incurred over \$3 million dollars in eligible costs to date and is ready to advertise for the construction contract. IDOT is unable to seek reimbursement until the agreement is completed and the obligation allowed.

14. Every month delay for the construction procurement equates to price escalation on the project costs. Additionally, delays in this project impact safety as the project addresses non-compliant ADA infrastructure as well as other economic development in Rockford including a new college campus and several community events. For the purchase of the two buses, the delay

in the agreement and ability to obligate funds has resulted in a cost increase that the community had not planned on. The original estimated cost of the 2 buses was \$2.5 million and now it is estimated at least \$3 million. Multiple versions of the agreements have been diligently sent to USDOT/FHWA, each time addressing any requested modifications with the most recent submitted in August of 2025.

15. IDOT's second BUILD program project provides for a \$1.2 million study on the feasibility of adding express bus service to Interstate 74 between Bloomington-Normal and Peoria. The study will help IDOT determine the best way to connect the industry hubs and educational institutions in Central Illinois. This project would create a crucial connection for residents throughout the corridor who hope to access jobs, medical resources, and amenities that both major cities offer the small towns between Peoria and Bloomington-Normal. Delays of awarding these funds impact connections that allow residents of rural communities, Peoria, and Bloomington-Normal to travel to jobs, medical appointments, shopping, and institutions in the other city. This part of the state lacks a reliable, frequent, low-fare transit connection that would provide important links between communities, businesses, and institutions.

16. The Low or No Emission Bus Grants program goals are to enhance safety and renew transit systems through the deployment of modern buses and associated equipment and facilities. The objective is to maximize benefits for families and communities by increasing access to jobs, healthcare facilities, recreational activities, and commercial activity.

17. IDOT plans to use the \$12.3 million from the Low or No Emission Bus Grant Program to deploy 50 battery-electric paratransit vehicles, including associated charging infrastructure, to five large urban, four small urban, and 15 rural public transit agencies. Delaying the replacement of aging vehicles will impact the system performance of transit agencies. There

will continue to be breakdowns and increased operating costs per hour, decreased bus on-time performance, decreased total annual public transit ridership, and increased deadhead miles. Across the 25 transit communities, the delays impact the ability to reduce congestion and improve air quality.

18. The Multimodal Project Discretionary Grant Opportunity (MPDG) contains three programs: the National Infrastructure Project Assistance grants program (MEGA), the Nationally Significant Multimodal Freight and Highway Projects grants program (INFRA), and the Rural Surface Transportation Grant program (Rural). The objectives of this program are (1) to invest in surface transportation infrastructure projects of national or regional significance, or improve/expand infrastructure in rural areas; and (2) to support projects that are consistent with the Department's strategic goals: improve safety, economic strength and global competitiveness, equity, and climate and sustainability.

19. IDOT was awarded grants under the MEGA program and the Rural Surface Transportation Grant Program.

20. IDOT plans on using the over \$95 million awarded under the MEGA program to reconstruct portions of interstate I-290 as well as reconstruct the I-290 at Illinois Route 171 interchange. Any prolonged delay in obligation of funds on this project will directly affect IDOT's ability to advance construction of the I-290/IL 171 Interchange Project in accordance with its programmed schedule. The project is a major component of IDOT's broader I-290 corridor improvement program and is dependent upon federal participation at the awarded level. If federal funds are not timely obligated, IDOT would be required either to delay the project or to divert funds from other programmed safety and preservation projects statewide. Delay would prolong exposure to documented crash patterns, congestion-related emissions, and repeated flooding

events that have historically resulted in temporary interstate closures and significant economic disruption.

21. The I-290/IL 171 Interchange Project is fundamentally a safety-focused project. The improvements include auxiliary lanes to reduce rear-end and sideswipe crashes, conversion to a SPUI to eliminate conflict points, signalization upgrades with increased all-red clearance intervals, raised medians, and improved pedestrian crossings. These countermeasures are projected to significantly reduce fatal and serious injury crashes within the corridor. Without the project, crash projections indicate an increase in total crashes over time. Delays in implementing these improvements will therefore increase the continued risk of serious injury and fatal crashes for motorists, pedestrians, and cyclists using the corridor.

22. IDOT plans to use the \$52 million from a Rural Surface Transportation Grant Program for a roadway improvement project in Bloomington, Illinois, for resurfacing, curb and gutter replacement, and sidewalk and accessibility improvements consistent with the Americans with Disabilities Act (“ADA”), bicycle facilities including bike lanes and shared bike/pedestrian paths, traffic signal upgrades, and drainage improvements. Since the grant was awarded in 2023, IDOT has sent and received 7 different versions of draft agreements at the request of USDOT, with the most recent version being sent to USDOT in November 2025. USDOT has not yet signed the grant agreement for this project.

23. USDOT has provided advanced construction authorization for components of this unobligated project, and some of those components are already under construction. Without a final obligation, IDOT may not be reimbursed if USDOT decides not to honor the award after allowing IDOT to continue with advanced construction with the understanding that the funds would be reimbursed by USDOT. IDOT leadership has posed this question directly to USDOT/FHWA

division leadership multiple times within the last year noting that this project is currently being constructed, but has only been told that it is currently under review and has not yet been approved for final obligation.

Obligation Delays and Their Impact on IDOT Grant Administration and Illinois Residents

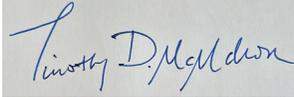
24. IDOT has not been given a clear indication of when competitive grant awards will be obligated by USDOT. When IDOT has asked USDOT staff about the specific grants mentioned within table above, USDOT staff has consistently responded that the unobligated awards are still under review at USDOT's Grant Review Task Force without providing indication of when they will be obligated, if ever.

25. Since federal grants are reimbursable, the uncertainty created by USDOT in not committing to obligating funds has and will continue to lead to project delays, depriving Illinois residents of critical safety improvements to infrastructure, and transit investment and improvements.

26. Continued delay and lack of guidance regarding when competitive awards will be obligated by USDOT will continue to negatively impact projects across Illinois that support critical improvements to infrastructure that will make the transportation system safer for all users and ensure communities have access to jobs, healthcare, and other necessary services.

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

Executed this __5th__ day of March, 2026, in
Chicago, Illinois.

A handwritten signature in blue ink, reading "Timothy D. McMahon", is written over a grey rectangular background. The signature is cursive and appears to be written on a document.

Tim McMahon
Federal Affairs Bureau Chief
Illinois Department of Transportation

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 14

Declaration of Lisa Brockway

DECLARATION OF LISA BROCKWAY

I, Lisa Brockway, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct, is within my personal knowledge, and if called as a witness, I am competent to testify thereto.

1. I am over the age of eighteen and understand the obligations of an oath.
2. This declaration is merely a summary and is not intended to be a complete or comprehensive statement of all the facts within my personal knowledge regarding these topics.
3. I currently serve as a Fiscal Administrator for the Illinois Secretary of State's Office in the Department of Driver Services, Fiscal Services Department. In that role, I am responsible for overseeing all aspects of grants awarded to the Department.
4. ILSOS is responsible for the issuance of Commercial Driver's License (CDL) and Commercial Learner's Permit (CLP) credentials for the State of Illinois.
5. In 2024, the Illinois Secretary of State's Office issued 131,746 CDL and 26,204 CLP credentials.
6. In 2025, the Illinois Secretary of State's Office issued 149,562 CDL and 23,237 CLP credentials.
7. On April 19, 2024, the Illinois Secretary of State's Office (ILSOS) submitted a grant application ("the application") seeking \$3,617,244 from the U.S. Department of Transportation (USDOT) Federal Motor Carrier Safety Administration (FMCSA) 2024 Commercial Driver's License Program Implementation (CDLPI) Financial Assistance Program - CDLPI High Priority/ Emerging Issues Grant, Notice of Funding Opportunity Number FM-CDL-24-002, authorized under the Bipartisan Infrastructure Law (BIL).
8. On September 24, 2024 ILSOS received the Notice of Grant Award (NGA) and Grant Agreement ("the Agreement") from FMCSA, signed by Thomas Martin, Division Chief, Grants from FMCSA.
9. The NGA explicitly approves the project plan, line item budget and budget narrative as requested on ILSOS' original application, for a total Federal award of \$3,617,244.
10. ILSOS was awarded the grant funds for purposes including commissioning a research study to investigate the most effective strategies in the issuance of CDL and CLP

credentials for reducing crashes, injuries and fatalities involving large trucks and buses and implementing a proctoring program to oversee written CDL exams.

11. ILSOS was awarded \$720,000 for purposes of commissioning the CDL research study, and intended to commission said study in 2026 to prepare for facility modernization efforts which will be implemented in 2027.
12. The majority of the granted funds, \$2,866,500, were earmarked for implementation of enhanced security measures for CDL automated testing, including the use of test proctors at CDL facilities throughout the State of Illinois.
13. Rapid changes in technology have led to a need for enhanced security measures, such as additional human proctors, to ensure that examinees are not using technology or other methods to cheat on the exam.
14. Test integrity for CDL examinations is important to ensure that drivers of commercial vehicles like 18-wheelers and buses know the rules of the road and understand how to operate their vehicles safely. Cheating on the written examination could lead to unqualified and unsafe drivers obtaining CDLs and putting others on the roads at risk.
15. The Department of Driver Services for ILSOS planned for the addition of approximately 55 contractual employees to begin monitoring the automated written CDL examination beginning on approximately July 1, 2026 at an estimated cost of \$2,866,500 to be covered by the awarded grant funds.
16. It has come to my attention that the Trump Administration has made statements indicating an intent to terminate the aforementioned grant in the State of Illinois.
17. If the grant is terminated, the safety of Illinois' and interstate roadways will be impacted because the Drivers Services Department does not have funds in its budget to conduct the planned research study into enhancing safety and best practices in the issuance of CDL credentials or to implement the enhanced security measures/proctoring program. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 4th day of March, 2026.


LISA BROCKWAY

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 15

Declaration of Megha Lakhchaura

DECLARATION OF MEGHA LAKHCHAURA

I, Megha Lakhchaura, declare as follows:

1. I am over the age of 18 years and a U.S. citizen. I know the following facts based on my own personal knowledge, and if called as a witness, I could and would testify competently to the matters set forth below.

2. I am the Electric Vehicle (“EV”) Officer for the State of Illinois at the Illinois Environmental Protection Agency (“IEPA”). My job duties include acting as the point person for EV-related and EV charging-related policies and activities in Illinois, including, but not limited to, the issuance of EV rebates for consumers and EV charging rebates for organizations and companies pursuant to 20 ILCS 627/15. I also work with various state agencies, public entities, and the EV industry to develop a comprehensive EV and EV charging approach and programs for the state.

3. I was appointed to my position at IEPA in April 2022. Before that, I was the Head of Policy, North America at EVBox Group, an electric vehicle supply equipment company, where I worked on transportation electrification initiatives across states and at a federal level. At EVBox, I worked on transportation electrification before state utility commissions, including California, Colorado, and New York. In total, I have 18 years of experience working on power planning and procurement, renewable energy and transportation electrification.

IEPA CFI Grant Award

4. IEPA is an Illinois executive-branch state agency. IEPA’s mission is to safeguard environmental quality, consistent with the social and economic needs of the State of Illinois, so as to protect the health, welfare, property, and quality of life of Illinois residents.

5. IEPA applied for funding under the \$2.5 billion Charging and Fueling Infrastructure (“CFI”) Discretionary Grant Program (Corridor Program, Round 2) administered by the Federal Highway Administration (“FHWA”). IEPA applied for \$126 million in funding to establish a strong foundation of 14 publicly accessible charging stations along priority freight corridors across Illinois. To advance this effort, IEPA issued a competitive and public call for projects to identify qualified infrastructure partners. After a comprehensive review of submissions, IEPA selected Gage Zero, Pilot Company, Prologis, and Tesla—bringing together a team with extensive expertise in planning, designing, engineering, constructing, operating, and maintaining alternative fuel vehicle infrastructure to successfully deliver the proposed network.

6. On January 10, 2025, IEPA was selected for a \$100 million Round 2 CFI award focused on medium- and heavy-duty charging stations for electric trucks. IEPA received the largest Round 2 CFI award nationwide.

7. IEPA planned for the \$100 million grant to support development of 14 stations with 345 EV charging connectors. This project, if implemented, would significantly expand the range of electric freight transport in Illinois and beyond. Although IEPA was notified on January 13, 2025 that it had been “selected” for the award, Defendants have taken no further steps to move forward with the project. The FHWA has not obligated any funds, even for initial administrative costs.

8. Under the CFI program, IEPA cannot access the awarded funds until FHWA provides IEPA with an executed award agreement for IEPA’s acceptance, obligating the announced \$100 million in funding.

9. IEPA has been told that an unspecified review has indefinitely delayed progress toward award ratification and fund obligation. Most recently, on October 2, 2025, an FHWA official based in Chicago emailed IEPA as follows:

In order to proceed with obligating grants our office must receive approval from the Grant Review Task Force in Washington. To date, the task force has not approved any CFI grants to proceed. So, until we receive notice from HQ, this program is on hold.

A true and correct copy of this email is attached as Exhibit A.

10. In a separate October 2, 2025, email to IEPA, an FHWA official reiterated that a new “Grant Review Task Force” was still considering whether CFI would be “approved to move forward.” The official acknowledged grantees’ “frustration with this new process” and stated that “we have little to no information to share on a potential timeline for their approval of this program.” A true and correct copy of this email is attached as Exhibit B.

Obligation Delay and Its Impact on IEPA and Illinois Residents

11. The loss of CFI funds will harm Illinois’s economy and its efforts to achieve decarbonization goals mandated by state law. The IEPA grant alone was estimated to bring about emission reductions yielding up to \$21 million in positive annual health effects via reduced rates of asthma, hay fever, and respiratory-related emergency room visits.

12. The CFI award is a significant step forward for Illinois in meeting its transportation decarbonization goals. Illinois enacted the Climate and Equitable Jobs Act (“CEJA”) in 2021, committing the State to the following goals: 1) Deploy 1 million EVs on the road by 2030; 2) Achieve 100 percent clean energy by 2050; and 3) Achieve 100 percent zero emission energy generation by 2045.

13. The CFI award is expected to increase zero emission vehicle (“ZEV”) deployments resulting in associated emissions reductions. The 14 new stations funded by the CFI

award are estimated to yield annual reductions of 79,178 short tons of greenhouse gases; 263,395 pounds of carbon monoxide; 418,080 pounds of nitrogen oxides; 3,435 pounds of particulate matter with diameters less than 10 micrometers; 3,257 pounds of particulate matter with diameters less than 2.5 micrometers; 20,800 pounds of volatile organic compounds; and 747 pounds of sulfur oxides.

14. Illinois has experienced strong recent growth in EV registrations, with new EVs increasing nearly 32% in early 2026 compared to the same period in 2025, outpacing national growth rates. The state has invested heavily in charging infrastructure and leveraged federal funding to help close the gap between EV charging demand and supply. Each new charging station contributes to meeting the refueling needs of the state's growing EV fleet. Collectively, the 14 new stations funded by the CFI award will add 345 public EV charging connectors and vehicle stalls, all accessible to medium- and heavy-duty zero-emission vehicles ("MHD ZEVs"), significantly expanding fast-charging capacity for residents and businesses across Illinois.

15. Illinois was poised to install electric truck charging stations at truck stops, a development that would have delivered meaningful economic benefits for site owners, surrounding communities, and the broader freight economy. Because electric trucks require longer charging sessions than traditional refueling, driver dwell times increase—creating greater opportunities for drivers to patronize on-site restaurants, retail shops, and other small businesses offering food and amenities. Charging partners also proposed incorporating enhanced amenities such as showers, driver lounges, high-speed internet, laundry facilities, and 24/7 staffed convenience stores. These investments would not only have improved the driver experience but also created construction, operations, and retail jobs, further strengthening local economies.

16. Further, station construction under the CFI award is expected to create 198 temporary station development jobs and support over 30 ongoing operations and maintenance jobs. The CFI award will support local economic growth through construction and electrical installation jobs, ongoing operations and maintenance roles, software, network management, and energy management positions. Together, these investments strengthen local economies.

17. Moreover, IEPA requested funding to address significant anticipated increases in demand for ZEV infrastructure from both public and commercial fleets operating not only in Illinois, but also within the broader Midwest and nationwide. Developing these charging hubs in Illinois will enable companies with trucks traveling nationwide to further electrify their fleets. In the early days of ZEV adoption, it can be challenging for fleets to invest in their own infrastructure before the reliability, financial viability, and technical capabilities of electric trucks are fully demonstrated. A lack of reliable and accessible refueling infrastructure is a major barrier to adoption, particularly for small businesses and independent owner-operators with limited resources. The infrastructure funded by the CFI award will remove that barrier, unlocking an anticipated acceleration of MHD ZEV adoption across the country and in the state.

Executed this 4th day of March, 2026, in Washington, D.C.

Megha Lakhchaura

Megha Lakhchaura
Electric Vehicle Officer
Illinois Environmental Protection Agency

EXHIBIT A

to the Declaration of Megha Lakhchaura

From: [Neal, Nichole \(FHWA\)](#)
To: [Cruikshank, Jack](#); [Jon Paul Diipla](#)
Cc: [Lakhchaura, Megha](#); [Esquivel, Dennis](#); [Desmond, Gabriel L.](#)
Subject: [External] RE: IEPA Introduction - another IL CFI awardee
Date: Thursday, October 2, 2025 7:58:55 AM

Hi Jack,

In order to proceed with obligating grants our office must receive approval from the Grant Review Task Force in Washington. To date, the task force has not approved any CFI grants to proceed. So, until we receive notice from HQ, this program is on hold.

As soon as we get approval, the IL Division will reach out to all awardees to begin initiation of the grant when it has been approved.

Nichole Neal

FHWA ILDIV~Chicago Urban Satellite Office
e: nichole.neal@dot.gov | p: 312-886-1606

From: Cruikshank, Jack <Jack.Cruikshank@Illinois.gov>
Sent: Wednesday, October 1, 2025 10:59 AM
To: Neal, Nichole (FHWA) <nichole.neal@dot.gov>; Diipla, Jon Paul (FHWA) <JonPaul.Diipla@dot.gov>
Cc: Lakhchaura, Megha <Megha.Lakhchaura@Illinois.gov>; Esquivel, Dennis <Dennis.Esquivel@Illinois.gov>; Desmond, Gabriel L. <Gabriel.Desmond@Illinois.gov>
Subject: RE: IEPA Introduction - another IL CFI awardee

You don't often get email from jack.cruikshank@illinois.gov. [Learn why this is important](#)

CAUTION: This email originated from outside of the Department of Transportation (DOT). Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hello Nichole and Jon Paul,

Here at the Illinois EPA, we would like to know if there are updates on our CFI Round 2 grant, specifically what is needed to initiate obligation of the award.

Thank you,
Jack Cruikshank

Jack Cruikshank

Electric Vehicle Policy Advisor
Illinois Environmental Protection Agency
Chicago, IL | 224-262-7622

From: Neal, Nichole (FHWA) <nichole.neal@dot.gov>

Sent: Wednesday, June 25, 2025 9:30 AM

To: Samantha Bingham <Samantha.Bingham@cityofchicago.org>

Cc: Nicolas Perez <Nicolas.Perez@cityofchicago.org>; Lakhchaura, Megha <Megha.Lakhchaura@Illinois.gov>; Esquivel, Dennis <Dennis.Esquivel@Illinois.gov>; Cruikshank, Jack <Jack.Cruikshank@Illinois.gov>

Subject: [External] RE: IEPA Introduction - another IL CFI awardee

Hi Samantha, et. All,

My apologies for my delay in response. Thank you for the introduction. I oversee all of the grants in IL, but your main point of contact for this project will be Jon Paul Diipla, who is copied on this email.

If you have any questions or would like to discuss the award, please feel free to reach out to Jon Paul and he can schedule a call if needed.

Thank you kindly,

Nichole Neal

Grants & Programs Coordinator

FHWA-Illinois Division~Chicago Urban Satellite Office

200 W. Adams St. Suite 330

Chicago, IL 60606

email: nichole.neal@dot.gov ph: 312-886-1606

From: Samantha Bingham <Samantha.Bingham@cityofchicago.org>

Sent: Thursday, June 5, 2025 1:19 PM

To: Neal, Nichole (FHWA) <nichole.neal@dot.gov>

Cc: Nicolas Perez <Nicolas.Perez@cityofchicago.org>; Megha Lakhchaura <Megha.Lakhchaura@Illinois.gov>; Esquivel, Dennis <dennis.esquivel@illinois.gov>; Cruikshank, Jack <jack.cruikshank@illinois.gov>

Subject: IEPA Introduction - another IL CFI awardee

You don't often get email from samantha.bingham@cityofchicago.org. [Learn why this is important](#)

CAUTION: This email originated from outside of the Department of Transportation (DOT). Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi Nichole.

I hope you are doing well.

I want to introduce you to the team at the Illinois EPA (IEPA) who work on transportation electrification. Megha, Jack, and Dennis are responsible for the IEPA's Round 2 CFI selected

application.

I'll let you two take it from here—hope it's a fruitful connection!

Best Regards,

Samantha Bingham
Clean Transportation Program Director
Chicago Department of Transportation
2 N. LaSalle St., Suite 950
Chicago, IL 60602
312.744.8096

This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachment thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message, and permanently delete the original and any copy of any e-mail and printout thereof.

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

EXHIBIT B

to the Declaration of Megha Lakhchaura

From: [Neal, Nichole \(FHWA\)](#)
To: Samantha.Bingham@cityofchicago.org; [Irvin, Elizabeth](#); [Brinley, Claire](#); emakra@mayorscaucus.org; [Cruikshank, Jack](#)
Cc: [Jon Paul Diipla](#)
Subject: [External] IL CFI Awardees
Date: Thursday, October 2, 2025 8:16:08 AM

Hi All-

Many of you have been reaching out to our office requesting information about the CFI program and your awards. This year, the Office of the Secretary (OST) formulated a Grant Review Task Force to review and approve every grant and program across the USDOT. This task force reviews that grants and their respective programs and notifies each state when they can proceed. To date, this program has not been approved to move forward.

We appreciate your patience and understand your potential frustration with this new process, please be aware that the **FHWA-IL Division will let you know when your grant has been approved** and will work with you to get it executed and obligated when the time comes. Until we receive such notification, we have little to no information to share on a potential timeline for their approval of this program.

Again, we appreciate your continued patience while we all work to navigate this new grant process.

Good day,

Nichole Neal
Grants & Programs Coordinator
FHWA-Illinois Division~Chicago Urban Satellite Office
200 W. Adams St. Suite 330
Chicago, IL 60606
email: nichole.neal@dot.gov ph: 312-886-1606

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 16

Declaration of Susie Strife

DECLARATION OF SUSIE STRIFE

I, Susie Strife, declare as follows, pursuant to 28 U.S.C. § 1746:

1. I am the Director of Boulder County's Office of Sustainability, Climate Action and Resilience. I make this declaration in my official capacity. I am a resident of the state of Colorado, and I am over the age of 18. I am familiar with the information in the statements set forth below either through personal knowledge or review of Boulder County records.
2. In 2024, Boulder County was awarded a \$4.9 million Charging and Fueling Infrastructure (CFI) grant (round 1A) under the Infrastructure Investment and Jobs Act (IIJA) from the U.S. Department of Transportation (U.S. DOT) Federal Highway Administration (FHWA) to increase access to EV charging, grant award number 693JJ32540009.
3. The grant award agreement was signed on December 6, 2024.
4. The agreement was for \$742,000 in federal funds for Phase 1 work and \$4,158,000 for Phase 2 work.
5. This project funds the installation of EV charging infrastructure to increase access for communities that have gaps in EV charging, including low- and moderate-income neighborhoods, neighborhoods with multifamily housing, and rural areas in Boulder County.
6. The project is divided into two Phases.
7. Phase 1 is the pre-construction work including planning, outreach, EV infrastructure site selection, and preliminary design.
8. Boulder County is actively underway in Phase 1.
9. Boulder County completed an RFP and competitively selected an EV charging vendor to support the planning, construction, installation, and operations.
10. Boulder County is actively recruiting site hosts and have begun work under the contract with the vendor.
11. Phase 2 includes construction, installation, and operations.
12. There is a deadline of September 30, 2026 to obligate FY2023 funding under the CFI program.
13. Boulder County cannot proceed to Phase 2 without FHWA approval.
14. Phase 2 is anticipated to start in early October 2026.

15. Boulder County learned on February 4, 2026, through an article in the New York Post, that the White House had instructed U.S. DOT to cancel \$943 million in grants for Colorado, California, Illinois, and Minnesota. The article specifically mentioned Boulder County's CFI grant.
16. In response, Boulder County contacted the FHWA for clarification. FHWA stated that the grant was not "cancelled," but was assigned to a "Not Approved to Proceed" project list.
17. The FHWA represented projects on the "NOT Approved to Proceed" will not have any request to obligate funds reviewed or approved, such as a request to schedule or obligate construction funds. This means that Boulder County is not able to proceed to Phase 2.
18. We have approximately 30 sites interested in EV charging infrastructure, but because we were told we are on the "NOT Approved to Proceed" list we cannot commit to them that the grant will cover this work.
19. The grant award agreement states that the only condition relevant to unlocking the Phase 2 funding obligation is "FHWA Division Office confirms the Recipient has met all the applicable Federal and local requirements including NEPA [National Environmental Policy Act] approval."
20. The FHWA's position that our grant will not proceed even if we meet the obligation requirement and deadlines causes immediate irreparable harm because Boulder County cannot provide any assurance to the approved sites or vendors that the project will move forward, which is significantly harming Boulder County's ability to complete its Phase 1 work. Without these funds, Boulder County will be unable to complete the Phase 2 work and will lose the EV charging infrastructure that it was promised under the award.

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

EXECUTED on March 3, 2026.



Susie Strife
3/3/2026

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 17

Declaration of Jon Solberg

DECLARATION OF JON SOLBERG

I, Jon Solberg, declare as follows:

1. I am over the age of 18 years and a U.S. citizen. I know the following facts based on my own personal knowledge, and if called as a witness, I could and would testify competently to the matters set forth below.

2. I serve as the Assistant Commissioner for Sustainability, Planning, and Program Management for the Minnesota Department of Transportation (MnDOT). As the Division Director, I am responsible for providing strategic leadership for MnDOT's Sustainability, Planning, and Program Management Division, ensuring that all work groups operate effectively and advance agency goals. I set divisional policies, budgets, organizational structures, and work plans; supervise office directors; oversee resource deployment; and guide major strategic initiatives, including equity and inclusion efforts. As a member of the Commissioner's Management Team, I help shape agency-wide policies, budgets, and legislative priorities. I maintain broad situational awareness across programs, collaborate with other executives to identify and resolve issues, direct policy-related studies, and build strong partnerships with federal, state, local, and stakeholder groups. I represent the department on key committees and policy forums. I also counsel and advise MnDOT's executive leadership on statewide multimodal planning and programming. I brief leaders for key engagements, accompany them to high-level meetings, flag emerging issues, provide solution options, and represent the Commissioner and Deputy Commissioners when needed.

3. I have been employed by MnDOT since 2008, and I have served as Assistant Commissioner of the Sustainability, Planning and Program Management Division since September of 2024. Before starting my current position, I served as the Assistant Division Director of the Sustainability, Planning and Program Management Division for two years. I have over 17 years

of experience in project prioritization for federal highway funding, managing federal highway funded projects and forecasting and programming federal highway funds for future needs at MnDOT. During the course of my career at MnDOT in roles at both the District and State Level I have 8 years of direct experience administering and programming funding for programs and projects in excess of a billion dollars of funds that the State of Minnesota has received from the Federal Highway Administration.

Background

4. In Minnesota, MnDOT has statutory responsibility for the vast majority of planning, construction, operation, and maintenance of Minnesota's extensive transportation network, which encompasses highways and bridges, airports, public transit, rail freight and rail passenger systems. This vast transportation system supports Minnesota residents and visitors to the State.

5. MnDOT is the Minnesota grantee from the USDOT, which includes the following divisions: Federal Highway Authority (FHWA), Federal Transit Administration (FTA), Federal Motor Carrier Safety Administration (FMCSA), National Highway Traffic Safety Administration (NHTSA), the Federal Aviation Administration (FAA), and the Federal Railroad Administration (FRA). MnDOT administers a wide range of grant programs meant to ensure safe, cost-effective transportation for Minnesota in ways that enhance the quality of life, promote economic prosperity, and demonstrate respect for our environment.

6. As part of my regular job duties, I oversee staff that forecast funds from USDOT, including federal highway funds, access federal highway funds, and manage federal highway funds. I have reviewed the FY2021-2025 formula federal highway funds and competitive grant awards that were issued to MnDOT and am familiar with their contents.

7. MnDOT is responsible for administering thousands of projects funded by federal grants from USDOT, including both competitive grant programs and formula grant programs. While too numerous to list in full, each grant supports critical programs in Minnesota, keeping roadways, airspace, waterways, transit systems, and pedestrians safe.

8. MnDOT uses federal grant funds for MnDOT projects, and it also passes these funds through to other entities including thousands of local governments, rural and urban public transit agencies, airports, universities, and nonprofit entities. The programs funded by these federal grants are vital to protect the residents of Minnesota.

9. MnDOT first learned of the possibility of termination of USDOT grants to Minnesota in an article from the *New York Post* published on February 4, 2026. The article reported that the Office of Management and Budget had ordered USDOT to terminate more than \$943 million in grants meant for California, Colorado, Illinois, and Minnesota.¹

MnDOT Relies on USDOT Competitive Grant Programs

10. The USDOT grant process for competitive awards, at a very broad level, includes two steps. First, USDOT “allocates” funding to recipients based on its evaluation of the competitive grant applications. Then, once an allocated award has been executed, there is a process that can take several years of “obligating” the monies on a phased, project-by-project basis after further review and approval.

11. MnDOT is awaiting obligation to administer numerous competitive grants that have been allocated to MnDOT by USDOT, including a partial list shown in Table 1 below:

¹ <https://nypost.com/2026/02/04/us-news/white-house-instructs-dot-cdc-to-cut-1-5b-in-woke-green-grants-for-dem-states/>

Competitive USDOT Grants Awarded to MnDOT Since FY2021

Grant Program	Description	Award Amount	Federal Fiscal Year in which funds were awarded
BUILD	Highway 59 Worthington complete streets	\$15,140,000	2024
BUILD	Robert Street complete streets and viaduct replacement	\$25,000,000	2025
BUILD	Trunk Highway 5, Trunk Highway 61 improvement project	\$6,500,000	2021
Charging and Fueling Infrastructure	Greater Minnesota EV Community Program	\$6,400,000	2022-2023
Rural Surface Transportation Grant Program	Minnesota Trunk Highway 19 Reconstruction Project, Northfield, MN	\$25,490,000	2025-2026

12. These USDOT competitive grants provide critical funding to meet Minnesota's transportation infrastructure needs.

13. The BUILD program was established under the American Recovery and Reinvestment Act of 2009 to create jobs and spur economic recovery through transportation infrastructure investments. The goal of the BUILD program is to fund eligible surface transportation projects that will have a significant local or regional impact and improve transportation infrastructure.

14. MnDOT plans on using BUILD program funds for several projects, including the following three MnDOT projects:

15. The first project aims to modernize and improve roads and infrastructure on Highway 59 in Worthington, Minnesota. This grant was awarded in June 2024, but USDOT still has not entered into a grant agreement. MnDOT plans to solicit bids for the project starting in October 2026 and construction is anticipated to start in 2027. In order to be ready to proceed with the October 2026 solicitation, MnDOT is currently spending time and resources, including working with external consultants, on preliminary design, final design, and right of way acquisition processes.

16. The second project aims to replace a nearly 100-year-old viaduct and modernize and improve roads on Robert Street in St. Paul, Minnesota. This project will help extend the life of the roadway and enhance safety for motorists and pedestrians. This grant was awarded in January 2025, but USDOT still has not entered into a grant agreement. MnDOT plans to solicit bids for the project in March 2027 and construction is anticipated to start in 2027. In order to be ready to proceed with the March 2027 solicitation, MnDOT is currently spending time and resources, including working with external consultants, on preliminary design, final design, and right of way acquisition processes.

17. The third project aims to improve safety and mobility by reconstructing Highway 61/Arcade Street in St. Paul, Minnesota. This grant was awarded in February 2022, but USDOT still has not entered into a grant agreement. MnDOT solicited bids for the project in September 2024, construction started in April 2025, and construction is expected to be fully completed by November 2026.

18. The Charging and Fueling Infrastructure (CFI) program is a grant program established under the 2021 Infrastructure Investment and Jobs Act to help States expand access to electric vehicle charging along major transportation corridors and in underserved communities.

19. MnDOT plans to use \$6,400,000 in allocated CFI funds to support its Greater Minnesota Electric Vehicle Infrastructure Community Program. This Program will identify, design, and construct electric vehicle charging sites across Minnesota. The award was split into two phases: MnDOT was awarded \$1,035,600 for Phase 1 (the planning and pre-construction phase) and \$5,364,400 for Phase 2 (the construction phase) in 2024. MnDOT is still awaiting a specific obligation for Phase 2, and it cannot proceed without FHWA approval. If Phase 2 funds are not obligated by September 30, 2027, MnDOT will lose these promised funds.

20. Staffing changes at FHWA and uncertainty about future reimbursement for construction projects already forced MnDOT to significantly delay its Phase 1 launch over the last year, including delays in soliciting program participants, and contracting with a consultant to support program participants with capacity building and technical assistance. These delays were caused in part by stakeholder concerns that FHWA would not follow through with the original intent outlined in the grant award. Continued CFI funding delays and uncertainty over whether the Program will be funded and reimbursed by FHWA will further frustrate program objectives and jeopardize partnerships with key stakeholders.

21. MnDOT plans to use the \$25,490,000 million from a Rural Surface Transportation Grant Program for the Minnesota Trunk Highway 19 reconstruction project in Northfield, Minnesota in order to improve motorist, cycling, and pedestrian safety and streamline traffic. This grant was awarded in January 2025, but USDOT has not yet signed the grant agreement for this project. MnDOT plans to release RFPs in April 2027. In order to be ready to proceed with the RFP release, MnDOT is currently spending time and resources, including working with external consultants, on preliminary design, and right of way acquisition processes.

Obligation Delays and Their Impact on MnDOT Grant Administration and Minnesota Residents

22. The competitive grants described above have been stuck in limbo—some for several years. The above-described BUILD grants include \$46,500,000 million awarded to MnDOT between February 2022 and January 2025. Yet, USDOT has taken no further steps to move forward with the projects. USDOT has not obligated any funds pursuant to an executed grant agreement, even for initial administrative costs. Once USDOT funding is awarded, MnDOT typically begins the design and planning process so that MnDOT can meet the agreed upon bid-solicitation date, and shortly thereafter, start construction on the project. To meet the scheduled solicitation dates for the above-described BUILD grants, MnDOT has started working with internal and external stakeholders, including cities and counties, throughout the preliminary planning and permitting phases. If federal funding is delayed or withheld, this work will have been wasted. If federal funding is withheld, there is no guarantee that these projects will move forward. MnDOT either will not have sufficient state funds to complete the projects, depriving Minnesotans of important infrastructure and safety improvements, or MnDOT will have to divert funds from other important projects to finance the ongoing projects.

23. Additionally, with respect to the BUILD grant to fund Highway 61 improvements, MnDOT has already—with USDOT approval—used temporary/advance construction funds to start construction on the project. Without this federal funding, MnDOT will need to permanently divert funds from other important projects to pay for the already sunk construction costs. MnDOT has already paid approximately \$21,000,000 to the construction contractor.

24. MnDOT was awarded \$5,364,400 in CFI funding for Phase 2 of the Greater Minnesota Electric Vehicle Infrastructure Community Program. The uncertainty over Phase 2 funding is jeopardizing current and future partnerships with key stakeholders who anticipate

federal and state support. For example, 40 rural and Tribal communities indicated interested in applying as an EV charger site on our initial application for the program, but only 27 communities indicated interested in applying ahead of our formal solicitation of site selection. MnDOT would expect the number of communities interested in funded EV charging sites to go up, not down, once we secured the grant. We believe this decline in community interest is tied in part to the uncertainty around the grant award funding.

25. The funding uncertainty for Phase 2 also puts MnDOT in the untenable situation of investing state resources and in planning for and designing important EV charging projects that will remain incomplete if federal funding is not obligated. If FHWA does not obligate funding for Phase 2, FHWA will not move forward with the necessary environmental review process for any EV charging infrastructure projects that MnDOT selects in Phase 1. Thus, if FHWA were to freeze or withhold funding for Phase 2 at this point in the process, this would result in a considerable waste of public and private resources expended during the planning phase.

26. Without CFI funding, MnDOT does not have sufficient funds to cover the construction of EV charging infrastructure in Greater Minnesota, especially in historically underfunded areas of the State. Without CFI funding, many rural and Tribal communities will lack access to EV charging, which is one of the top barriers to widespread EV adoption. This loss in funding will hinder the State's ability to meet important climate goals set forth in Minnesota's Climate Action Framework.

27. MnDOT was also awarded a \$25,490,000 Rural Surface Transportation Grant to reconstruct Trunk Highway 19. Yet, USDOT has taken no further steps to move forward with the project. USDOT has not obligated any funds, even for initial administrative costs. In order to meet the scheduled RFP release date described above, MnDOT has been investing resources

during the preliminary planning, design, and permitting phases to work with internal and external stakeholders, including cities and counties. If this federal funding is withheld, there is no guarantee that this project will move forward and this work will be wasted. MnDOT will either not have sufficient state funds to complete the project, depriving Minnesotans of important infrastructure and safety improvements, or MnDOT will have to divert funds from other important projects to finance the ongoing project.

28. The projects funded by these grant programs administered by USDOT are vital to develop, maintain, and ensure safety, access, and connectivity on and through critical infrastructure throughout the State. Minnesota has immense transportation needs, which these grant awards address, and without this federal funding, the State will not be able to modernize its highway system in a way that promotes safety, improves connectivity, and supports a strong economy.

29. If these funds are withheld, MnDOT will have to cease planning, design, and construction work associated with these projects, which would have drastic impacts on project costs given the inflationary pressures that impact project costs when delays occur. MnDOT has already spent significant time and resources—including millions in construction costs—on these USDOT awarded projects. If MnDOT cannot access these promised federal funds, MnDOT will have to choose either to divert resources from other important transportation safety projects or terminate projects in which MnDOT has already invested heavily. Either result will deprive Minnesota residents of necessary transit investment and safety improvements, and could result in infrastructure failures or increased traffic crashes, which would further harm Minnesotans.

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

Executed this 5th day of March, 2026, in St. Paul,
Minnesota.

/s/ Jon Solberg

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 18

Declaration of Keith Duncan

DECLARATION OF KEITH DUNCAN

I, Keith Duncan, declare as follows:

1. I am over the age of 18 and understand the obligations of an oath.
2. I am employed by the California Department of Transportation (Caltrans) as Chief, Caltrans Division of Budgets. I have been Chief of Caltrans Division of Budgets since June 2021. Before that, I was the Chief of the Office of Capital and Finance within the Caltrans Division of Budgets for two years. In my current position, I am delegated the authority, on behalf of Caltrans, for the development, adoption and management of financial policy for Caltrans, including, but not limited to, managing the responsibilities designated in all departmental policies and deputy directives for budgetary roles and responsibilities, the apportionment and use of state and federal transportation funds, and the development, monitoring and reporting of the annual State of California budget for Caltrans according to State statutes and mandates. I make this declaration based on personal knowledge, on information I acquired through the performance of my duties at Caltrans, and on my review of records maintained in the ordinary course of business by Caltrans.
3. Caltrans uses federal funding, both formula and grant funds, for state highway system projects, and it also passes funds through to local governments,

statewide. The programs funded by these federal formula and grants are vital to protect the residents of California.

4. Caltrans and local agencies rely on Federal Highway Administration (FHWA) Competitive Grant Programs to address critical transportation infrastructure needs. FHWA "allocates" funding to recipients based on its evaluation of the competitive grant applications. Then, once an allocated award has been executed, there is a process that can take several years of "obligating" the monies on a phased, project-by-project basis after further review and approval. One federally funded program through FHWA is the Nationally Significant Freight & Highway Projects, also known as Infrastructure for Rebuilding America (INFRA). The INFRA grant program funding is made available under the Multimodal Project Discretionary Grant (MPDG) combined Notice of Funding Opportunity (NOFO). FHWA awards competitive grants for multimodal freight and highway projects of national or regional significance to improve the safety, efficiency, and reliability of the movement of freight and people in and across rural and urban areas.

5. One INFRA (urban) awarded project administered by Caltrans is the State Route (SR) 84 - Interstate 101 Interchange project in San Mateo County to replace ramps, widen local roads connecting to the ramps, signalize ramps, and add pedestrian and bicycle paths on the local connecting roads. The current SR 84-US

101 Interchange configuration results in congestion, traffic merging issues, and traffic backup onto the US 101 mainline. This area saw 195 collisions between 2018 and 2022.

6. The SR 84 – US 101 Interchange project meets specific Grant evaluation criteria such as being strong in state of good repair and economic impacts, freight movement, and job creation. The project will modernize the outdated interchange and provide standard vertical clearance under US 101, which is a significant freight bottleneck in accessing the nearby Port of Redwood City, the only deep-water port in the South San Francisco Bay and the fastest-growing small bulk port in California. The interchange is the main gateway from US 101 to the Port and adjacent industrial and commercial job centers. This project supports long-term good paying jobs, is expected to utilize union labor in construction, and includes workforce training programs. It will address significant freight bottlenecks to the nearby Port of Redwood City and reduce congestion in the Redwood City to South San Francisco Bay region of San Mateo County, a fast-growing area. Improvements to ramps, travel lines, and intersections work together to enhance safety and operational effectiveness, leading to fewer collisions and serious injuries.

7. A total of \$105 million was awarded for the SR 84-US 101 Interchange project, but not yet obligated. \$8 million was awarded for

preconstruction work on January 10, 2025, but Caltrans sent the Project Authorization request to FHWA to obligate this \$8 million a few times in January and February 2025 in an attempt to keep the preconstruction work on schedule. The FHWA returned it to Caltrans unsigned in late-February 2025 for a 90-day pause.

8. Another INFRA (rural) awarded project administered by Caltrans is the State Route 99 Corridor and Paige Avenue Multimodal Interchange Improvements project in the City of Tulare, in Tulare County. The Tulare project will: reconstruct four on/off ramps into a consolidated multimodal interchange; construct sequential roundabouts at the ramp termini and adjacent local street intersections; construct shared-use paths along both sides of Paige Ave to provide an east-west multimodal corridor for users; and convert 5.4 miles of four-lane freeway into a six-lane freeway utilizing the existing median for planned future managed-lane use.

9. The Tulare project meets specific Grant evaluation criteria such as being strong in economic impacts, freight movement, job creation and equity, multimodal options, and quality of life. The improvements on SR 99 mainline will support economies in the southern half of the San Joaquin Valley by reducing a regional freight bottleneck, thereby supporting workforce development by getting people and goods to their destinations more quickly. The reconstructed interchange

at Paige Ave provides for equitable safety improvements such as separated ten-foot-wide shared use paths on both sides of Paige Ave for bicyclists and pedestrians. The project also provides additional sidewalks on surrounding local streets that expand from the Paige Ave interchange, which provides safe access to the new facilities at the interchange. Areas of persistent poverty and historically disadvantaged communities will directly benefit from the project.

10. Caltrans does not have any other appropriation in its budget that could cover the loss of the grants previously mentioned. If Caltrans cannot access these federal funds, Caltrans will not have funds to immediately cover the unique programs funded by the grants, and in turn, will result in project delays, depriving California of these critical transportation infrastructure investments and improvements.

11. The projects funded by the INFRA grant program administered by FHWA are vital to develop, maintain, and ensure safety, access, and connectivity on and through critical infrastructure throughout the State. California's transportation system is vital to achieving the state's safety, climate, equity, and economic prosperity goals. California has immense transportation infrastructure needs, which these grant awards address, and it is imperative to ensure the State of California can maintain and sustain our multimodal transportation system. Without adequate investment from these Grant awards, the state will not be able to

modernize its highway system for all users that promotes safety, reduces pollution, achieves transportation equity, and supports a strong economy.

12. If these funds are withheld, Caltrans would have to cease preconstruction work associated with these projects, which would have drastic impacts as inflationary pressures that impact project costs when delays occur. In some instances, this may have fiscal impacts on several other highway and local transportation system projects as these anticipated grant funded projects are combined with other projects to gain time and fiscal efficiencies and reduce impacts to the travelling project to align construction timelines for projects within a corridor. These time and cost impacts could cost the State and local agencies millions.

13. California has already spent significant time and resources—including in planning, design, and public engagement—for these INFRA Grant awarded projects, and these projects that would now need to be stopped or delayed, and delays and/or terminations of projects will further deteriorate the condition of the State's infrastructure, which will impact users of the highways and potentially result in emergency failures of transportation infrastructure due to funding not being available to deliver these necessary state transportation infrastructure projects.

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

Signed on March 4, 2026 in Sacramento, California.

Keith Duncan

Keith Duncan
Chief, Division of Budgets,
California Department of Transportation

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 19

Declaration of James O'Dea

DECLARATION OF JAMES O'DEA

I, James O'Dea, declare as follows:

1. I am over the age of 18 years and a U.S. citizen. I know the following facts based on my own personal knowledge, and if called as a witness, I could and would testify competently to the matters set forth below.

2. I am the Assistant Deputy Director, Transportation Electrification at the California Department of Transportation ("Caltrans"), where I serve as Caltrans's lead staff on issues related to zero-emission vehicles and manage federal funding received by Caltrans for electric vehicle charging infrastructure. My knowledge of the federal funding received by Caltrans is based on my review of program documents, agreements, authorizations, and communications with my staff and divisions within the department. It is within the course of my duties to coordinate with Caltrans Division of Local Assistance staff (DLA staff) responsible for interpreting and administering programs, policies, and procedures required to oversee Federal-aid and state funded local transportation projects. DLA staff has access to the Federal Aid Data System or "FADS." My knowledge includes matters relayed to me by DLA staff, along with Caltrans staff from other divisions assigned to the federal programs discussed herein, with whom I have consulted. It is also within the course of my duties to coordinate with staff at the California Energy Commission (CEC staff) responsible for managing contracts with awardees under the National Electric Vehicle Infrastructure (NEVI) Formula Program, Charging and Fueling Infrastructure Discretionary Grant Program (CFI), and Electric Vehicle Charger Reliability and Accessibility Accelerator (EVC RAA).

3. I have been employed by Caltrans since August 15, 2022 as Assistant Deputy Director, Transportation Electrification. Before starting at Caltrans, I served as the Deputy Director

of the Trucks and Off-Road Initiative at CALSTART, managing strategy, advocacy, and analysis for federal and state policies related to medium- and heavy-duty vehicles. In total, I have over 20 years of experience in technologies, policies, and programs related to zero-emission vehicles at Caltrans, CALSTART, the Union of Concerned Scientists, Cornell University, and the University of California, Santa Barbara. At Caltrans, I administer over \$500 million of funds that the State has received from the FHWA within the United States Department of Transportation (USDOT).

Background

4. In California, Caltrans has statutory responsibility for the vast majority of planning, construction, operation, and maintenance of California's extensive transportation network, which encompasses highways, bridges, airports, public transit, rail freight, and rail passenger systems.

5. Caltrans is the California grantee from the USDOT, which includes the following divisions: FHWA, Federal Transit Administration (FTA), Federal Motor Carrier Safety Administration (FMCSA), National Highway Traffic Safety Administration (NHTSA), the Federal Aviation Administration (FAA), and the Federal Railroad Administration (FRA). Caltrans administers a wide range of grant programs meant to ensure safe, cost-effective transportation for California in ways that enhance the quality of life, promote economic prosperity, and demonstrate respect for our environment.

6. Caltrans is responsible for administering thousands of projects funded by federal grants from USDOT, including both competitive grant programs and formula grant programs. While too numerous to list in full, each grant supports programs and projects critical to transportation in California.

7. Caltrans uses federal grant funds for Caltrans projects, and it also passes these funds through to other entities including thousands of local governments, rural and urban public transit

agencies, airports, and universities. The programs funded by these federal grants are vital to the mobility of the residents of California and the movement of goods in California.

8. As part of my regular job duties, I oversee staff that administer and pursue funds from FHWA including the NEVI Formula Program, CFI Discretionary Grant Program, and EVC RAA discretionary grant program. I led the teams responsible for drafting applications to the FHWA for Caltrans's CFI and EVC RAA programs and am familiar with the applications' contents and programs' objectives.

Caltrans Relies on FHWA Competitive Grant Programs

9. The FHWA grant process for competitive awards, at a very broad level, includes two steps. First, FHWA "allocates" funding to recipients based on its evaluation of the competitive grant applications. Then, once an allocated award has been executed through an agreement with FHWA, there is a process that can take several years of "obligating" the monies on a phased basis after further review and approval. For EV charging projects, such as those in the NEVI, CFI, and EVC RAA programs, obligation of project funding needs to occur much faster due to the short environmental, design, right of way, and construction timelines of these projects compared to typical highway projects.

10. These FWHA competitive grants provide critical funding to meet California's transportation infrastructure needs.

11. The CFI program was established under the Infrastructure Investment and Jobs Act to fund projects that accelerate an electrified and alternative fuel transportation system that is convenient, affordable, reliable, equitable, accessible, and safe. The CFI program supplements necessary private sector investment to facilitate public access to a national charging and alternative fuel infrastructure network.

12. On August 27, 2024, Caltrans was awarded \$102,389,046 for the “West Coast Truck Charging and Fueling Corridor Project” from FHWA under the CFI program in partnership with the CEC, Oregon Department of Transportation (ODOT), and Washington State Department of Transportation (WSDOT) to build out a network of 20 EV charging stations and three hydrogen fueling stations for medium- and heavy-duty vehicles along the West Coast. The project focuses on Interstate 5 and key highways that connect freight facilities such as ports, warehouses, agricultural centers, and manufacturing with Interstate 5. Interstate 5 serves as a critical highway for interstate truck travel not only between California, Washington, and Oregon, but also trucks traveling from Baja California and British Columbia. California’s portion of the award is \$60,204,760. On March 3, 2025, Caltrans and the CEC entered an interagency agreement relating to implementation of the West Coast Truck Charging and Fueling Corridor Project in California. On March 6, 2025, Caltrans, the CEC, ODOT, and WSDOT finalized a project charter to guide the three states’ coordinated implementation of the West Coast Truck Charging and Fueling Corridor Project.

13. EVC RAA was established through funding under the Infrastructure Investment and Jobs Act, which set aside 10 percent of the NEVI Formula Program for the Secretary of Transportation “to make grants to States and localities that require additional assistance to strategically deploy electric vehicle charging infrastructure.” The first round of funding made available in this set-aside from the NEVI program was for the EVC RAA program, which focuses on repairing or replacing broken or non-operational EV chargers to improve the reliability of existing EV charging infrastructure. EVC RAA is intended to provide a cost-effective mechanism to rapidly increase the number of available chargers in parallel to larger-scale deployments funded by the NEVI Formula Program, the CFI program, and other state, local, and private investments.

14. On January 18, 2024, Caltrans was awarded \$63,702,988 under the EVC RAA program to support the repair, replacement, and installation of over 1,000 EV charging ports (estimated) in California. On July 2, 2024, Caltrans and the CEC entered an interagency agreement relating to implementation of EVC RAA. On October 30, 2024, the CEC released the state's first solicitation related to EVC RAA, with a pre-application workshop held for potential applications on November 12, 2024. The application window closed on February 6, 2025 and three iterations of proposed awards were issued, the most recent on August 20, 2025, with proposed awards totaling \$5,182,410 with private sector match of \$4,176,382. The proposed awards would support three EV charging providers to replace and install 68 charging ports at 17 locations in California.

Obligation Delays and Their Impact on Caltrans Grant Administration and California Residents

15. Under the CFI program, FHWA has obligated \$847,943 for Caltrans and the CEC to administer funding under the CFI program. Caltrans's allocation memo for CFI, issued on November 26, 2024 includes \$9,030,715 for pre-construction related expenses.

16. Under the EVC RAA program, FHWA has obligated \$660,101 for the CEC's administrative costs. Caltrans's allocation memo for EVC RAA, issued on August 27, 2024, includes all \$63,702,988 of the funding awarded to Caltrans.

17. Since approximately March 2025, FHWA has refused to approve new obligations under the CFI and EVC RAA awards without explanation. That suspension of the CFI and EVC RAA programs—which is apparently national in scope—is the subject of separate litigation in the Seattle federal district court, *California v. U.S. Department of Transportation*, No. 2:25-cv-02574-TL (W.D. Wash.). In the meantime, Caltrans has continued to work with the CEC, ODOT, WSDOT, and proposed awardees on preparatory activities subject to approved obligations.

18. The termination of the CFI and EVC RAA grants would significantly harm the State of California and jeopardize achievement of its transportation, economic, and environmental policies. The CFI and EVC RAA awards to the State are important to the success of state climate and environmental policies to reduce climate-changing greenhouse gas emissions and smog, as well as state economic and transportation policies to modernize freight movement and improve access to EVs. The termination of these awards would stall the build-out and maintenance of necessary EV charging and hydrogen fueling infrastructure, increasing the costs of and impeding progress on State policies, and increasing direct harms to the State from climate change and other dangerous air pollution.

19. California's efforts to promote the widespread adoption of zero-emitting EVs are critical to its Climate Change Scoping Plan, developed to meet the California Legislature's greenhouse gas reduction targets, and its attainment of federal ambient air quality standards, which require significant measures to reduce smog precursors like nitrogen oxides and particulate matter. Failure to attain and maintain these ambient concentrations not only increases public health risks, including cardiovascular and respiratory illnesses; it also risks noncompliance penalties to the State, including the loss of highway funds.

20. The CEC periodically prepares Zero-Emission Vehicle Infrastructure Plans that set forth the State's goals for building out the charging and fueling infrastructure for zero-emission vehicles (including electric vehicles) that will support California's climate and air pollution policies. In the 2024 Zero-Emission Vehicle Infrastructure Plan, the CEC projected 7.1 million plug-in passenger EVs in California in 2030 and 15.2 million in 2035. Building out a large and geographically extensive network of public chargers is critical to consumer acceptance of EVs—and thus, critical to the decarbonization of California's passenger car traffic.

21. Medium- and heavy-duty vehicles are particularly important to California's transportation and economic policies. These classes include the long-haul freight trucks that move goods along major overland routes, the drayage trucks that constantly transport containers among ports, railyards, and warehouses, and the delivery vans that carry packages from logistics hubs to homes and businesses. Many medium- and heavy-duty EVs can be charged at central depots when they are off-duty, but for others, it is crucial that they can access fast charging at public stations along their routes. Fast-charging an electric semi-truck requires significant power, such that constructing these en route chargers carries unique financing, engineering, and permitting challenges. Another zero-emission technology with significant promise for medium- and heavy-duty transportation—the fuel-cell electric powertrain—requires periodic hydrogen refueling.

22. The CEC's 2024 Zero-Emission Vehicle Infrastructure Plan calls for 109,497 lower-speed depot chargers (20 kW to 150 kW) and 5,527 faster chargers along trucking routes (350 kW to 1,500 kW) by 2030. An alternative scenario that builds 4,910 local fast chargers—which would allow drayage trucks, for example, to quickly re-charge while on duty—allows California to forgo over twenty thousand depot chargers. The Plan also references the need for a network of hydrogen refueling stations along priority corridors, which represent over 50 percent of average daily medium- and heavy-duty truck vehicle miles traveled.

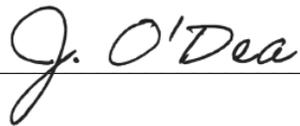
23. Likewise, California has developed a Sustainable Freight Action Plan, which calls for the deployment of over 100,000 zero-emission freight vehicles by 2030. The California Freight Mobility Plan similarly calls for decarbonization of the commercial freight fleet and last-mile delivery, which depends on available, reliable medium- and heavy-duty EV chargers and hydrogen fueling stations.

24. The projects supported by the CFI and EVC RAA awards to Caltrans are important to the achievement of the above goals. Termination of these awards would delay and increase the cost of California achieving its transportation and economic policies, particularly for freight movement—a massive piece of California’s transportation sector economy. Moreover, the inhibited deployment of zero-emission vehicles increases greenhouse gas emissions, smog precursors, and other harmful air pollution, exacerbating climate change and nonattainment of federal air quality standards and jeopardizing California’s climate targets and other environmental policies.

25. Caltrans does not have any other appropriation in its budget that could cover the loss of grants under the CFI and EVC RAA programs. If Caltrans cannot access federal funds, Caltrans will not have funds to immediately cover the unique programs funded by the grants. This, in turn, will result in further project delays, depriving California residents of transportation investments and improvements.

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

Executed this 5th day of March, 2026, in Sacramento, California.



James O'Dea
Assistant Deputy Director, Transportation Electrification
California Department of Transportation

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 20

Declaration of Clayton Kuetemeyer

DECLARATION OF CLAYTON E. KUETEMEYER

I, Clayton E. Kuetemeyer, pursuant to 28 U.S.C. § 1746, hereby declare:

1. I am over the age of eighteen and understand the obligations of an oath.
2. I am currently the Deputy Director of the Illinois Emergency Management Agency and Office of Homeland Security (“IEMA-OHS”). I have held this role since 2023. I am responsible for providing oversight on behalf of the Director of all Emergency Management programs applicable to the State of Illinois. These include disaster recovery programs such as public assistance and hazard mitigation through coordination with the Federal Emergency Management Agency (“FEMA”) for Illinois project applicants. I make this declaration based on my personal knowledge, on information I acquired through the performance of my duties at IEMA-OHS, and on my review of records maintained in the ordinary course of business by IEMA-OHS.
3. IEMA-OHS is an Illinois executive-branch state agency. IEMA-OHS coordinates the State’s disaster mitigation, preparedness, response, and recovery programs. As the primary grantee of FEMA in Illinois, IEMA-OHS administers a wide range of federal programs meant to assist states and localities in preventing and responding to catastrophic events like natural disasters and pandemics.
4. Under the structure of FEMA grant programs, IEMA-OHS must submit reimbursement requests to FEMA. Only after FEMA processes and remits a reimbursement request can IEMA-OHS disburse payment to vendors and sub-grantees. As such, when FEMA delays or entirely fails to process reimbursements and obligate funds, IEMA-OHS cannot provide any funds to sub-grantees.

I. Post-Disaster Public Assistance Programs

5. FEMA provides critical funding to assist Illinois communities after major disasters.

6. Specifically, several FEMA grant programs are tied not to an annual application process but rather to a presidential declaration of a major disaster under the Stafford Disaster Relief and Emergency Assistance Act (“Stafford Act”). 42 U.S.C. § 5121 *et seq.* Typically, a State’s governor sends a request for a disaster declaration to FEMA, and the President then either grants or denies the request. The President can also declare a major disaster without a governor’s request.

7. Further, under the Stafford Act funding process, a presidential major disaster declaration makes the recipient and sub-applicants potentially eligible for funding, but FEMA does not incur any obligation until the approval and review process for each grant is complete.

8. In Illinois, seven major disasters, as declared by the President, have active or pending FEMA awards at this time, listed below according to their major disaster declaration number (“DR”):

- a. DR-4116: Severe storms, straight-line winds, and flooding that took place across northern and central Illinois between April 16, 2013 and May 5, 2013;
- b. DR-4461: Severe storms and extended-duration flooding that took place in many western Illinois counties along the Mississippi and Illinois Rivers during the period February 24, 2019 to July 3, 2019;
- c. DR-4489: The disaster declaration for the COVID-19 pandemic, which lasted for the period January 20, 2020 to May 11, 2023;
- d. DR-4676: Severe storms and flooding that took place in St. Clair County during the period July 25, 2022 to July 28, 2022;

- e. DR-4728: A derecho event causing severe storms and flooding that took place in many central Illinois counties during the period June 29, 2023 to July 2, 2023;
- f. DR-4749: Severe storms and flooding that took place in Cook County during the period September 17, 2023 to September 18, 2023; and
- g. DR-4819: Severe storms, tornadoes, straight-line winds, and flooding that took place in seven Illinois counties during the period July 13, 2024 to July 16, 2024.

9. In total, as to the seven major disasters above, FEMA has awarded over \$2.4 billion in federal funds through IEMA-OHS to help Illinois communities recover from these devastating events. FEMA has allocated these funds via IEMA-OHS primarily through two Stafford Act grant programs: the Public Assistance Program and the Hazard Mitigation Grant Program.

Public Assistance Program

10. I am familiar with the Public Assistance Program. After the President makes a major disaster declaration, the Public Assistance Program provides federal funding to states and other eligible recipients to help communities pay for emergency work in the immediate aftermath of a disaster as well as to complete more long-term recovery work.

11. Specifically, emergency work immediately after a disaster includes extraordinary life-saving measures like search and rescue and distribution of food aid, as well as debris removal. In the longer term, Public Assistance “permanent work” refers to efforts to repair eligible roads, bridges, water control facilities, buildings and equipment, utilities, ports, recreational areas, and other physical infrastructure.

12. IEMA-OHS, as the state recipient for Public Assistance funds, develops a list of impacts that the disaster had on Illinois. FEMA and IEMA-OHS work together to develop detailed

damage descriptions, which ultimately become the basis on which FEMA determines the amount of funding that will be made available.

13. FEMA awards funds based on the validated cost of the scope of work developed by IEMA-OHS and approved by FEMA. Typically, FEMA reimburses eligible applicants for at least 75% of eligible costs that were a direct result of the disaster incident, with the state recipient responsible for the remaining 25%.

14. In addition to using Public Assistance funds themselves, states may pass Public Assistance funds through to sub-grantees as part of the approved scope of work.

15. By following the above process, FEMA has allocated Public Assistance funds to Illinois each time the President has declared a major disaster in Illinois.

16. IEMA-OHS has four open Public Assistance awards:

- a. DR-4116: Award of \$32,677,038.53;
- b. DR-4461: Award of \$67,208,327.48;
- c. DR-4489: Award of \$2,370,646,115.87; and
- d. DR-4728: Award of \$22,847,706.96.

17. IEMA-OHS intends to continue to apply for Public Assistance funds whenever there is an eligible major disaster affecting Illinois, which could happen at any time.

18. The Public Assistance Program has proven indispensable to Illinois, helping its communities save lives, recover faster, and rebuild stronger and more resilient systems in the face of devastation. From restoring electrical infrastructure damaged by powerful derechos to deploying medical surge staffing during a historic pandemic, the program ensures that vital public services can be quickly stabilized and rebuilt. Disaster relief and recovery would proceed more slowly without federal Public Assistance funding.

19. For example, disaster DR-4728 was declared after the June 29, 2023, derecho that swept across Illinois causing significant damage to critical infrastructure, particularly to the City of Springfield's power transmission and distribution system. The storm damaged dozens of utility poles—ranging from 30-ft wood poles to 100-ft steel poles—and over 60 electrical transformers of varying capacities. Wind and rain also tore through vital sub-assemblies and nearly 3,500 linear feet of conductor wire, severely disrupting power services. The City of Springfield promptly undertook full restoration efforts. The total cost of this recovery effort amounted to \$7,378,332.41. Through the Public Assistance Program, 75% of the eligible costs—totaling \$5,533,749.31—was federally funded, significantly aiding local recovery and reinforcing the resilience of Illinois' electrical infrastructure following this severe weather event.

20. Under disaster DR-4489, Illinois undertook a massive expansion of inpatient capacity to provide critical care during the peak of the COVID-19 public health emergency, incurring a total eligible cost of \$386,596,484.65. Managed by the Illinois Department of Healthcare and Family Services as a sub-grantee of IEMA-OHS, this project involved the deployment of over 178,000 hours of contracted medical and support staffing to 171 healthcare facilities across the state from January 2021 to June 2022. Staffing included a wide range of medical professionals and support roles, forming strike teams to meet urgent regional needs. This project, fully funded at 100% federal share, highlights FEMA's role in supporting Illinois' pandemic surge staffing program through the Public Assistance Program.

21. During the 2019 DR-4461 flooding, the Illinois Department of Natural Resources ("IDNR") sustained significant impacts across its managed sites, leading to 119 documented damages with a total signed cost of \$5,269,762.50. Through Public Assistance funds, IDNR as a sub-grantee of IEMA-OHS received a federal share of \$3,991,228.97 to address these damages.

This funding addressed issues ranging from emergency protective measures and debris removal to the repair of critical infrastructure like levees, roads, and utilities within state parks and natural areas affected by the severe flooding.

22. Beginning in June 2025, the federal government has failed to obligate over \$103,822,075 to reimburse Illinois for funds spent under the State's open Public Assistance awards.

23. The delay in receipt of this funding for Public Assistance projects has caused serious harm to the State. Because the State does not have the budgetary resources or flexibility to make up for the lost federal funding, the delay forces IEMA-OHS and its sub-grantees to suffer additional financial burdens. For example, municipalities often must divert funds away from essential public services such as police, fire, and road maintenance or secure short-term financial bridge loans or lines of credit to pay for emergency level repairs.

Hazard Mitigation Grant Program

24. I am familiar with the Hazard Mitigation Grant Program ("HMGP"). After the President makes a major disaster declaration, HMGP provides federal funding to states to develop Hazard Mitigation Plans and rebuild in a way that reduces future disaster losses in the communities affected by the declared disaster.

25. In addition to using HMGP funds themselves, states may pass HMGP funds through to sub-grantees for the same purposes. Local governments as well as eligible private, nonprofit organizations apply to IEMA-OHS, which in turn sends applications on to FEMA for approval.

26. FEMA requires state, local, tribal, and territorial governments to have approved and adopted Hazard Mitigation Plans to be eligible for certain types of non-emergency disaster assistance, including funding for HMGP projects. Jurisdictions must update their Hazard Mitigation Plans and resubmit them for FEMA approval every five years to remain eligible.

27. Because HMGP grants are formula grants and not competitive grants, a recipient is entitled to a specific allocation determined by regulation following a major disaster declaration.

28. Under most circumstances, HMGP grantees and sub-grantees may not begin work under a grant until FEMA obligates funding for that project. Any work performed outside of allowable pre-obligation activities, such as construction, may be deemed ineligible for reimbursement by FEMA if completed prior to obligation.

29. IEMA-OHS administers HMGP funding in Illinois and has five open HMGP awards:

- a. DR-4461: Award of \$11,558,331.78;
- b. DR-4489: Award of \$64,354,320.00;
- c. DR-4676: Award of \$4,110,099.00;
- d. DR-4728: Award of \$51,969,376.53; and
- e. DR-4749: Award of \$9,503,930.82.

30. IEMA-OHS is in the process of applying for an HMGP award under disaster DR-4819, with a HMGP request of \$25,823,318.26, which remains under FEMA review.

31. IEMA-OHS intends to continue to apply for HMGP funds whenever there is an eligible major disaster affecting Illinois, which could happen at any time.

32. HMGP funds are invaluable to the State's local mitigation preparedness and planning efforts. For example, in St. Clair County, which has been hit with three presidentially declared major disasters in recent years, IEMA-OHS has multiple active grants to address the needs of the repetitively flooded areas, including by identifying projects that would mitigate the flooding going forward and help prevent the need for future funding.

33. As another example, the Addison Creek Reservoir and the Addison Creek Channel improvements are two connected flood control projects that will work together to significantly benefit communities in western Cook County along Addison Creek, including Bellwood, Northlake, Stone Park, Melrose Park, Westchester, and Broadview. The 600-acre-foot Addison Creek Reservoir will hold 195 million gallons of storage capacity and connect with the Addison Creek Channel to protect the communities from overbank flooding. This project's total cost is \$60,967,301. IEMA-OHS estimates that the project will have \$93,125,730 in benefits, paying for itself. This project is ongoing.

34. Beginning in May 2025, the federal government has failed to obligate over \$59,126,555 to reimburse Illinois for funding spent under the State's open HMGP awards.

35. FEMA has implemented enhanced review requirements for projects with budgets exceeding \$100,000, which significantly extended processing times for reimbursement requests. Additionally, the federal government shutdowns in late 2025 and early 2026 contributed to further delays in communication and funding timelines. Sub-applicants are experiencing protracted delays in receiving approval and crucial funding for HMGP projects.

36. The delay in the obligation of funding for ongoing HMGP projects has caused serious harm to the State. Because grantees and sub-grantees may not work on a project until FEMA obligates funding for that project, many jurisdictions have been forced to delay mitigation activities, in some cases for multiple years. These delays hinder progress toward a more resilient Illinois.

37. Further, many counties depend on HMGP funding to complete their required Hazard Mitigation Plan updates, and the delay in federal funding has resulted in the expiration of several counties' Plans. Without a current FEMA-approved Hazard Mitigation Plan, counties

become ineligible for future HMGP funding. Restoring eligibility requires updating and securing FEMA approval of the Plan, a process that typically takes 18 to 24 months.

II. Flood Mitigation Assistance

38. FEMA also provides financial assistance in the form of grants for planning and carrying out activities designed to reduce the risk of flood damage to structures covered under contracts for flood insurance with the National Flood Insurance Program, with a focus on eliminating the risk of repetitive flood damage via Flood Mitigation Assistance (“FMA”).

39. Investments in flood mitigation help to significantly minimize the risk of flooding and the severity of the impacts from flood events, which can reduce the need for state or federal disaster declarations and recovery costs.

40. IEMA-OHS administers FMA funding in Illinois.

41. FMA grants are awarded on a competitive basis to specific sub-applicants, which are generally units of local government. Units of local government present flood mitigation plans to IEMA-OHS, which IEMA-OHS reviews and presents in one combined application to FEMA. FEMA then makes awards based on IEMA-OHS’s ranking of the projects, project eligibility, and cost-effectiveness of the projects.

42. Under most circumstances, FMA grantees and sub-grantees may not begin work under a grant until FEMA obligates federal funding for such project. Any work performed outside of allowable pre-obligation activities, such as construction, may be deemed ineligible for reimbursement by FEMA if completed prior to obligation.

43. Illinois has applied for and received FMA funds on many occasions since its creation in the National Flood Insurance Reform Act of 1994.

44. IEMA-OHS has three open FMA awards:

a. FFY 2019: Award of \$1,929,926.90;

b. FFY 2021: Award of \$2,158,695.00; and

c. FFY 2022: Award of \$373,210.50.

45. On April 18, 2025, IEMA-OHS submitted its application for FFY 2024 FMA funds.

46. IEMA-OHS intends to apply again for FMA funds in FFY 2025.

47. FMA funds help units of local government in Illinois to build planning and management capacity and to undertake both localized and individual flood mitigation projects. Localized projects include drainage pipes, pump stations, grading, and seawalls to reduce flood risk in a localized area. Individual flood mitigation operates at the property level, for instance by allowing local governments to acquire flood-prone properties so that the owners can relocate.

48. For example, Machesney Park, Illinois, is using FMA funding to acquire and demolish 17 flood-prone properties. These properties will be returned to open space to both improve resilience and relieve the current owners from great financial strain. This project's total cost is \$2,078,356 and has been made possible only through federal assistance.

49. Beginning in June 2025, the federal government has failed to obligate over \$35,807,486 to Illinois for funds under the State's open FMA awards.

50. FEMA has implemented enhanced review requirements for projects with budgets exceeding \$100,000, which significantly extended processing times for reimbursement requests. Additionally, the federal government shutdowns in late 2025 and early 2026 contributed to further delays in communication and funding timelines. Sub-applicants are experiencing protracted delays in receiving approval and crucial funding for FMA projects.

51. The delay in the obligation of funding for ongoing FMA projects has caused serious harm to the State. Because grantees and sub-grantees may not work on a project until FEMA obligates funding for that project, many jurisdictions have been forced to delay mitigation

activities, in some cases for multiple years. These delays hinder progress toward a more resilient Illinois and in particular leave Illinoisians at risk of flooding and further damage caused by flooding.

Executed this 5th day of March 2026, in Springfield, Illinois.



Clayton E. Kuetemeyer
Deputy Director
Illinois Emergency Management Agency and Office of
Homeland Security

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 21

Declaration of Michael Haney

DECLARATION OF MICHAEL HANEY

I, Michael Haney, pursuant to 28 U.S.C. § 1746, hereby declare:

1. I am over the age of eighteen and understand the obligations of an oath.
2. I am the Director of the Office of Preparedness (aka Office of Grants Management) at the Division of Homeland Security and Emergency Management (DHSEM). In this role I am responsible for the state administration of the Federal Emergency Management Agency (“FEMA”) grant programs, I have held this role since 2022. I make this declaration based on my personal knowledge, on information I acquired through the performance of my duties at Colorado Department of Public Safety (CDPS), and on my review of records maintained in the ordinary course of business by DHSEM.
3. The Colorado Division of Homeland Security and Emergency Management (“DHSEM”) is a Division of the Colorado Department of Public Safety (“CDPS”), an executive-branch state agency. DHSEM administers the State’s disaster mitigation, preparedness, response, and recovery programs. As the primary grantee of the FEMA in Colorado, DHSEM administers a wide range of federal programs meant to assist states and localities in preventing and responding to catastrophic events like natural disasters and pandemics.
4. Under the structure of our State-administered FEMA grant programs, Colorado first accepts reimbursement requests from sub-grantees. DHSEM evaluates these requests to ensure compliance with all federal rules and regulations. CDPS then pays the subrecipient. After payment is made to the subgrantee, CDPS seeks reimbursement of eligible costs to FEMA. Consequently, when FEMA delays or entirely fails to process reimbursements, the State carries a negative balance in our accounts and not only cannot balance our budget but we also forego any interest that would be accrued due to the negative balance.

I. Post-Disaster Public Assistance Programs

5. FEMA provides critical funding to assist Colorado communities after major disasters.

6. Specifically, several FEMA grant programs are tied not to an annual application process but rather to a presidential declaration of a major disaster under the Stafford Disaster Relief and Emergency Assistance Act (“Stafford Act”). 42 U.S.C. § 5121 *et seq.* Typically, a State’s governor sends a request for a disaster declaration to FEMA, and the President then either grants or denies the request. The President can also declare a major disaster without a governor’s request.

7. Further, under the Stafford Act funding process, a presidential declaration of disaster makes the recipient and sub-applicants potentially eligible for funding, but FEMA does not incur any obligation until the approval and review process for each grant is complete.

8. In Colorado, five major disasters, as declared by the President, have active or pending FEMA awards at this time, listed below according to their major disaster declaration number (“DR”):

- a. DR-4145: Severe storms, flooding, landslides, and mudslides that took place across much of Colorado between September 11, 2013 and September 30, 2013;
- b. DR-4498: The COVID-19 Pandemic during the period January 20, 2020 and May 11, 2023.
- c. DR-4581: Colorado Wildfires which occurred in Northern Colorado, which lasted for the period September 6, 2020 through November 5, 2020;
- d. DR-4634: Wildfires and straight-line winds Boulder County during the period December 30, 2021 to January 7, 2022;

e. DR-4731: Severe storms, flooding and tornadoes through much of the front range and eastern plains for the period of June 8, 2023 to June 23, 2023;

9. In total, as to the five major disasters above, FEMA has awarded nearly \$2.3 billion in federal funds to help Colorado communities recover from these devastating events. FEMA has allocated these funds primarily through two Stafford Act grant programs: the Public Assistance Program and the Hazard Mitigation Grant Program.

Public Assistance Program

10. I am familiar with the Public Assistance Program. After the President makes a major disaster declaration, the Public Assistance Program provides federal funding to States and other eligible recipients to help communities pay for emergency work in the immediate aftermath of a disaster as well as to complete more long-term recovery work.

11. Specifically, emergency work immediately after a disaster includes extraordinary life-saving measures like search and rescue and distribution of food aid, as well as debris removal. In the longer term, Public Assistance “permanent work” refers to efforts to repair eligible roads, bridges, water control facilities, buildings and equipment, utilities, ports, recreational areas, and other physical infrastructure.

12. DHSEM, as the state recipient for Public Assistance funds, develops a list of impacts that the disaster had on Colorado. FEMA and DHSEM work together to develop detailed damage descriptions, which ultimately then go through the FEMA process and become the basis on which FEMA determines the amount of funding that will be made available.

13. FEMA awards funds based on the validated cost of the scope of work developed by DHSEM and the sub-grantee and approved by FEMA. Typically, FEMA will cover 75% of the eligible costs, with the state and the sub-grantee responsible for the remaining 25%.

14. In addition to using Public Assistance funds themselves, States also pass Public Assistance funds through to sub-grantees as part of the approved scope of work.

15. By following the above process, FEMA has allocated Public Assistance funds to Colorado each time the President has declared a major disaster in Colorado.

16. DHSEM has five open Public Assistance awards:

- a. DR-4145: Award of \$490,930,959.96 total cost with \$371,398,478.94 federal share;
- b. DR-4498: Award of \$1,827,951,757.91 total cost with \$1,812,972,542.97 federal share;
- c. DR-4581: Award of \$42,469,703.24 total cost with \$38,576,171.49 federal share;
- d. DR-4634: Award of \$49,714,143.19 total cost with \$45,189,660.68 federal share; and
- e. DR-4731: Award of \$27,306,560.18 total cost with \$20,847,155.12 federal share

17. DHSEM intends to continue to apply for Public Assistance funds whenever there is an eligible major disaster affecting Colorado, which could happen at any time.

18. DHSEM applied for and was denied two major disaster declarations in 2025, despite meeting all programmatic requirements and the per capita indicator for a declaration.

19. The Public Assistance Program has proven indispensable to Colorado, helping its communities save lives, recover faster, and rebuild stronger and more resilient systems in the face of devastation. From restoring electrical infrastructure damaged by fires, floods, and strong winds to deploying medical surge staffing during a historic pandemic, the program ensures that vital

public services can be quickly stabilized and rebuilt. Disaster relief and recovery would proceed more slowly in Colorado without federal Public Assistance funding.

20. For example, disaster DR-4145 was declared after severe flooding started on September 11, 2013, causing significant damage across Colorado. Tragically, nine people lost their lives during this event. The flooding spanned over 4,500 square miles across 18 counties. Eleven thousand people were forced to evacuate and approximately 1,800 homes were destroyed, with total damage estimated at over \$4 billion. Particularly devastated was the town of Lyons. A town with a population of approximately 2,200 people and an annual operating budget of around \$1 million, Lyons incurred significant damage to its water treatment facility, roads, bridges, and park system. Through the Public Assistance Program, the Town of Lyons was able to rebuild its critical infrastructure and today, the town is thriving. Seventy-five percent of the eligible costs—totaling \$27,070,364.62—was federally funded. Without this funding Lyons and its residents would have been completely unable to recover.

21. Under Disaster DR-4498, Colorado undertook a massive testing campaign during the peak of the COVID-19 public health emergency, incurring a total eligible cost of \$882,882,567.30. Managed by the Colorado Department of Public Health and Environment (CDPHE) as a sub-grantee of DHSEM, this project involved rigorous statewide testing of the public to help stop the spread of the COVID-19 virus and save lives. This project, fully funded at 100% federal share, highlights FEMA’s vital role in supporting Colorado’s pandemic response and protecting public health through the Public Assistance Program.

22. DR-4581 was declared after Colorado suffered our largest wildfire to date, the Cameron Peak fire, which burned 208,913 acres. The fire destroyed over 492 structures and has led to lasting flooding impacts. Colorado Division of Fire Prevention and Control (“DFPC”), along

with our federal partners including the Bureau of Land Management, National Park Service, and the Fish and Wildlife service incurred significant firefighting costs, and Colorado was billed \$13,819,278.00 by those federal agencies for their assistance. FEMA Public Assistance helped Colorado by paying 90% of these costs. Without this help it is likely the fire would not have been able to be contained in the same time-frame, leading to additional damage to Coloradans.

23. DR-4634 was declared for the Marshall Fire in Boulder County. The Marshall Fire, which ignited on December 30, 2021, stands as the most destructive wildfire in Colorado's history. Fueled by extreme drought and propelled by hurricane-force winds gusting well over 100 mph, what began as a brush fire rapidly exploded into a terrifying urban firestorm. In just a matter of hours, the inferno swept through the densely populated suburban communities of Superior, Louisville, and unincorporated Boulder County, burning over 6,000 acres. The speed and intensity of the flames forced the evacuation of tens of thousands of residents, ultimately leveling 1,084 homes and dozens of commercial structures and resulting in the tragic deaths of two Coloradans. Colorado requested the activation of FEMA Public Assistance's Private Property Debris Removal Program to help clean up the mountains of debris to alleviate a public health crisis and to help people rebuild after the devastating incident. The net cost of that program was \$22,173,827.22, of which FEMA covered 90%. Without this funding it is likely that the downstream impacts from the debris and the contamination of the soil in the area would have made rebuilding significantly more difficult, if not impossible, for the impacted communities.

24. Colorado continues to administer the FEMA Public Assistance program according to all rules and regulations. Colorado maintains an exceptionally low rate of improper payments as is evinced by our ability to obtain and maintain the FEMA "Validate As You Go Closeout Benefit" since the inception of the program.

25. Since the change in presidential administration on January 20, 2025, Colorado has been subjected to numerous delays in the Public Assistance Program. While many smaller projects have been delayed, the largest and most egregious example is Project #175262 ('Project Worksheet 55') under DR-4498. DHSEM submitted this project for closeout on January 22, 2025. During closeout, FEMA made a data entry error that erroneously reduced the eligible costs by \$17 million. When the State identified the error, FEMA acknowledged the mistake and processed a request to add the \$17 million back to the total eligible costs. Despite this, the project has been pending obligation since February 18, 2025. The system status indicates it is waiting at DHS headquarters, but we have received no updates regarding when we can expect this funding. Because the State has already incurred these costs, the delay creates a significant financial burden. Based on the current interest rate of 4.58% under the Cash Management Improvement Act, this delay has cost the State \$866,055.89 from January 22, 2025, through today, March 4, 2026.

Hazard Mitigation Grant Program

26. I am familiar with the Hazard Mitigation Grant Program ("HMGP") and the Hazard Mitigation Grant Program Post Fire ("HMGP-PF"). After the President makes a major disaster declaration, HMGP provides federal funding to States to "plan for and implement hazard mitigation measures [and plans] that reduce the risk of loss of life and property from future disasters" (2025 FEMA Hazard Mitigation Assistance Program and Policy Guide ("HMAPPG")). Following a Fire Management Assistance Grant ("FMAG") declaration, HMGP-PF helps "communities implement hazard mitigation measures after wildfire disasters in any area affected by a fire" (2025 HMAPPG).

27. The DHSEM prioritizes HMGP and HMGP-PF funds to Hazard Mitigation Plans statewide and projects within the areas affected by the disaster or FMAG-declared fire. If those communities cannot use all available funding, DHSEM prioritizes projects in neighboring

communities and then statewide if necessary. Other state agencies are also able to apply for HMGP or HMGP-PF funds but receive a lower priority than local governments and eligible private nonprofit (“PNP”) organizations. Local governments and eligible PNPs submit their sub-applications to DHSEM, who then convenes an interagency panel to prioritize projects in accordance with the process described in our State Hazard Mitigation Plan. DHSEM submits all sub-applications to FEMA in ranked order for approval and obligation until all federal funds in that particular HMGP or HMGP-PF are obligated.

28. Because HMGP grants are formula grants and not competitive grants, a State recipient is entitled to a specific allocation determined by regulation following a major disaster declaration or FMAG-declared fire.

29. DHSEM administers all HMGP funding in Colorado and has seven open and active HMGP awards (excluding programs that are open but in the closeout process). Programs with a DR designation indicate regular HMGP funding from a major disaster declaration and those with FM indicate HMGP-PF funding from a FMAG-declared fire. The dollar amounts shown are federal funds, including recipient and sub-recipient management costs:

- a. FM-5378: Award of \$1,869,067.20;
- b. DR-4581: Award of \$7,915,699.00;
- c. DR-4498: Award of \$70,395,919.00
- d. DR-4631: Award of \$11,428,307.00
- e. FM-5423: Award of \$1,258,483.20
- f. DR-4731: Award of \$6,364,497.00; and
- g. FM-5524: Award of \$4,728,535.00.

30. Additionally, Colorado had three fires that received FMAG declarations in federal fiscal year 2025. According to the annual Colorado FEMA State Agreement (“FSA”) governing FMAG, FEMA should have authorized a new HMGP-PF with a total federal award of \$4,626,831.60 as a result of these three FMAG declarations. Although FEMA automatically authorized HMGP-PF in previous fiscal years, in accordance with the FSA, DHSEM submitted a formal request for one on August 26, 2025. FEMA has not responded to DHSEM’s inquiries or requests related to these funds.

31. DHSEM will apply for HMGP or HMGP-PF funds whenever there is an eligible major disaster or wildfire affecting Colorado, which could happen at any time.

32. HMGP funds are invaluable to the State’s local mitigation efforts. For example, Larimer County has received two major disaster declarations for floods and fires and two FMAG declarations since 2013. Larimer County and its municipalities have completed six flood and two wildfire mitigation projects since 2013. The County has both another flood and another fire mitigation projects in progress and another fire mitigation project awaiting FEMA award and obligation. Additionally, the Loveland Fire Rescue Authority has applied for approximately \$1.6 million in hazardous fuels mitigation projects under FM-5524. That project has been in the US Department of Homeland Security approval process since January 6, 2026.

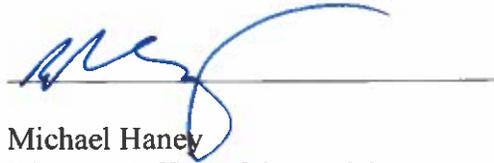
33. As another example, Boulder County and its municipalities have received three major disaster declarations for floods and fires along with three FMAG declarations since 2013. Those communities have completed six flood and six fire mitigation projects in that time. They have another three wildfire projects and two flood projects in process currently. The Town of Superior’s hazardous fuels reduction and infrastructure hardening project in the wake of the devastating Marshall Fire will reduce future wildfire risk to 4,600 residential homes, 1,300

businesses, 3 miles of agricultural ditches, 46.5 miles of road, 8 bridges/underpasses, 40 miles of trails, and 30 Town facilities. FEMA provided an incremental award of \$867,352.75 for this project on January 31, 2025, but has since failed to award the second increment of \$853,105.78 that was scheduled for December 2025. Two other projects in Boulder County have similarly received incremental awards but have not received four additional scheduled awards.

34. Five large HMGP projects in Colorado, including the three mentioned in Boulder County, have received first award increments totaling approximately \$4.8 million, but FEMA has not awarded the additional increments owed that total approximately \$9.8 million. The total cost of these five projects is approximately \$24.3 million. FEMA's delays in the additional increment awards have put these projects at risk of either not being completed or incurring increased costs due to the passage of time. Additionally, six other large wildfire and two large flood mitigation projects are in the DHS approval process despite meeting all eligibility requirements. FEMA Region 8 submitted those projects to DHS for approval between August 5, 2025 and January 6, 2026. These projects have a total cost of approximately \$36.4 million and a combined federal cost share of approximately \$30.4 million. They are similarly at risk of either not being completed or incurring increased costs due to the passage of time.

35. The delay in receipt of funding for ongoing HMGP projects has caused serious harm to Colorado and local governments. Because Colorado and local governments do not have the budgetary resources or flexibility to make up for the lost federal funding, these critical projects lack the funds to continue moving forward at a reasonable pace or perhaps at all.

Executed this 4th day of March, 2026, in Centennial, Colorado.



Michael Haney
Director, Office of Grants Management
Colorado Division of Homeland Security and Emergency
Management

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 22

Declaration of Allison Farole

DECLARATION OF ALLISON FAROLE

I, Allison Farole, pursuant to 28 U.S.C. § 1746, hereby declare:

1. I am over the age of eighteen and understand the obligations of an oath.
2. I am currently the Director of Homeland Security and Emergency Management with the Minnesota Department of Public Safety (“DPS”). I have held this role since May 2025, and I have thirteen years of experience with Homeland Security Grant Program (“HSGP”) and Emergency Management Performance Grant Program funding. I make this declaration based on personal knowledge and on my review of information and records gathered by DPS’s staff.
3. The Minnesota Division of Homeland Security and Emergency Management (“HSEM”) is a division of DPS, an executive branch agency. HSEM is responsible for coordinating Minnesota’s disaster mitigation, preparedness, response, and recovery programs. As the primary recipient of emergency management related funding in Minnesota from the Federal Emergency Management Agency (“FEMA”), HSEM administers a wide range of federal programs meant to assist states and localities in preventing and responding to catastrophic events like terrorist attacks and natural disasters.
4. Under the structure of FEMA grant programs, HSEM must submit reimbursement requests to FEMA. Only after FEMA processes and remits a reimbursement request can HSEM disburse payment to vendors and sub-grantees. As such, when FEMA delays or entirely fails to process reimbursements, HSEM cannot provide any funds to sub-grantees.

I. Post-Disaster Public Assistance Programs

5. FEMA provides critical funding to assist Minnesota communities after major disasters.
6. Several FEMA grant programs are tied not to an annual application process but rather to a presidential declaration of a major disaster under the Stafford Disaster Relief and

Emergency Assistance Act (“Stafford Act”). 42 U.S.C. § 5121 *et seq.* Typically, a State’s governor sends a request for a disaster declaration to FEMA, and the President then either grants or denies the request. The President can also declare a major disaster without a governor’s request. Following a presidential declaration of a major disaster, a State and any sub-applicants are potentially eligible for funding, but FEMA does not incur any obligation until it reviews and approves each grant.

7. Minnesota currently has nine active or pending FEMA awards following a presidential declaration of a major disaster. Those awards are listed below, identified by their major disaster declaration number (“DR”):

- DR-4797: Severe storms and flooding across southern Minnesota and portions of northern Minnesota beginning on June 16, 2024;
- DR-4722: Severe storms and flooding across western and northeastern Minnesota that took place between April 11, 2023, and April 30, 2023;
- DR-4666: Severe storms, straight line winds, tornados, and flooding across central Minnesota that took place on May 29, 2022, and May 30, 2022;
- DR-4659: Severe storms, straight line winds, and flooding that occurred between April 22, 2022, and June 15, 2022;
- DR-4658: Severe storms, straight line winds, tornados, and flooding across Minnesota from May 8, 2022, through May 13, 2022;
- DR-4531: The disaster declaration for the COVID-19 pandemic, which began on January 20, 2020;

- DR-4442: Severe winter storms, straight line winds, and flooding throughout most of western and southern Minnesota between March 12, 2019, and April 28, 2019;
- DR-4414: Severe storms and flooding in northeast Minnesota between October 9, 2018, and October 11, 2018; and
- DR-4390: Severe storms, tornadoes, straight line winds, and flooding in northwest and western Minnesota between June 15, 2018, through July 11, 2018.

8. For the nine major disaster declarations listed above, HSEM estimates FEMA has awarded more than \$175 million to help Minnesotans and their local communities recover from these devastating events. FEMA has allocated these funds primarily through two Stafford Act grant programs: the Public Assistance Program and the Hazard Mitigation Grant Program.

Public Assistance Program

9. I am familiar with the Public Assistance Program. After the President makes a major disaster declaration, the Public Assistance Program provides federal funding to States and other eligible recipients to help communities pay for emergency work in the immediate aftermath of a disaster as well as to complete more long-term recovery work.

10. Specifically, emergency work immediately after a disaster includes extraordinary life-saving measures like search and rescue and distribution of food aid, as well as debris removal. In the longer term, Public Assistance “permanent work” refers to efforts to repair eligible roads, bridges, water control facilities, buildings and equipment, utilities, ports, recreational areas, and other physical infrastructure.

11. HSEM, as the state recipient for Public Assistance funds, develops a list of impacts that the disaster had on Minnesota. FEMA and HSEM work together to develop detailed damage descriptions, which ultimately become the basis on which FEMA determines the amount of funding that will be made available.

12. FEMA awards funds based on the validated cost of the scope of work developed by HSEM and approved by FEMA. Typically, FEMA will cover 75% of the eligible costs, with the state recipient responsible for the remaining 25%.

13. In addition to using Public Assistance funds themselves, States may pass Public Assistance funds through to sub-grantees as part of the approved scope of work.

14. By following the above process, FEMA has allocated Public Assistance funds to Minnesota each time the President has declared a major disaster in Minnesota.

15. HSEM has nine open Public Assistance awards:

- DR-4797: Award of approximately \$45,355,726;
- DR-4722: Award of approximately \$10,452,711;
- DR-4666: Award of approximately \$9,275,553;
- DR-4659: Award of approximately \$11,468,910;
- DR-4658: Award of approximately \$10,669,028;
- DR-4442: Award of approximately \$39,257,773;
- DR-4531: Award of approximately \$775,000,000;
- DR-4414: Award of approximately \$11,549,560; and
- DR-4390: Award of approximately \$21,755,330.

16. HSEM intends to continue to apply for Public Assistance funds whenever there is an eligible major disaster affecting Minnesota, which could happen at any time.

17. The Public Assistance Program has proven indispensable to Minnesota, helping its communities save lives, recover faster, and rebuild stronger and more resilient systems in the face of devastation. From restoring electrical infrastructure damaged by powerful derechos to deploying medical surge staffing during a historic pandemic, the program ensures that vital public services can be quickly stabilized and rebuilt. Disaster relief and recovery would proceed more slowly without federal Public Assistance funding.

18. For example, disaster DR-4659 was declared after devastating and ongoing floods impacted Minnesota between May 8, 2022 and May 13, 2022. This flooding caused overland flooding across the Red River Valley impacting local roads and key facilities around the City of Crookston. The total cost of this recovery effort is approximately \$11,569,150. Through the Public Assistance Program, 75% of the eligible costs—totaling \$8,676,862.50—is supposed to be federally funded, significantly aiding local recovery and reinforcing the resilience of the impacted communities.

19. Under disaster DR-4658, the Red River Valley in northeast Minnesota experienced severe storms that caused major flooding. These storms generated wind speeds in excess of 60 miles per hour and caused widespread damage through the central part of Minnesota, including damage to electrical lines. Overall, this storm impacted multiple counties across Minnesota causing approximately \$10,858,782 in public assistance damages.

20. During the 2024 storms associated with DR-4797, five counties across Minnesota experienced significant impacts from flooding, causing significant damage to public infrastructure. One impacted county, Dakota County, experienced approximately \$1,263,073 in damages. The needed funding would address issues ranging from emergency protective measures and debris

removal to the repair of critical infrastructure like levees, roads, and utilities affected by the severe flooding.

21. The ongoing delay in Public Assistance funding is causing, and will continue to cause, significant harm to impacted communities. These communities are awaiting funding necessary to rebuild critical infrastructure, prevent cascading impacts from successive disaster events, and avoid further erosion of economic stability and essential infrastructure across Minnesota.

22. The delay in receipt of funding for ongoing Public Assistance Program projects irreparably harms the State. The State does not have the budgetary resources or flexibility to make up for the lost federal funding. If Public Assistance funds are not forthcoming, the impacted jurisdictions—which are primarily rural communities—may be unable to fully repair damaged infrastructure and may be unable to replenish sudden expenditures incurred while responding to the disaster. Losing these funds irreparably undermines a local community’s resiliency and preparation for future disasters, thus risking future loss of life and property.

Hazard Mitigation Grant Program

23. I am familiar with the Hazard Mitigation Grant Program (“HMGP”). After the President makes a major disaster declaration, HMGP provides federal funding to States to develop hazard mitigation plans and rebuild in a way that reduces future disaster losses in the communities affected by the declared disaster.

24. In addition to using HMGP funds themselves, States may pass HMGP funds through to sub-grantees for the same purposes. Local governments as well as eligible private, nonprofit organizations apply to HSEM, which in turn sends applications to FEMA for approval.

25. Because HMGP grants are formula grants and not competitive grants, a recipient is entitled to a specific allocation determined by regulation following a major disaster declaration.

26. HSEM administers HMGP funding in Minnesota and has seven open HMGP awards:

- DR-4797: Award of \$9,019,122.30;
- DR-4722: Award of \$1,431,905.72;
- DR-4666: Award of \$904,163.48;
- DR-4659: Award of \$3,107,243.90;
- DR-4658: Award of \$1,856,908.48;
- DR-4531: Award of approximately \$14,600,000.00; and
- DR-4442: Award of approximately \$10,400,000.00.

27. HSEM intends to continue to apply for HMGP funds whenever there is an eligible major disaster affecting Minnesota, which could happen at any time.

28. HMGP funds are invaluable to the State's local mitigation preparedness and planning efforts. For example, the majority of hazard mitigation applications submitted under DR-4797 propose the acquisition of residential properties located within the floodplain that sustained damage as a result of the declared disaster. In addition, the funding request includes an application to update 18 county hazard mitigation plans to ensure continued eligibility for federal mitigation assistance and to strengthen long-term risk reduction efforts.

29. As another example, the Bassett Creek Watershed Management Commission submitted a HMGP application through DR-4797 to purchase a new flood modeling system and develop modernized model flood scenarios to inform future planning processes and mitigate risk within the watershed. HSEM estimates that the project will cost \$278,055 and will have significant benefits in mitigating future flood risk. Due to the delays in processing and approving the HMGP

application, the Bassett Creek Watershed Management Commission has indicated they can no longer wait for the HMGP application to be awarded.

30. The delay in HMGP funding will significantly impair the ability of local communities to make timely and appropriate investments in mitigation measures designed to reduce the impact of future disasters. Absent the receipt of statutorily required HMGP funds associated with each presidential disaster declaration, the State Hazard Mitigation Program will lack sufficient resources to provide necessary technical assistance to communities across Minnesota, including support to develop and maintain federally compliant Hazard Mitigation Plans.

31. The delay in receipt of funding for ongoing HMGP projects irreparably harms the State. The State does not have the budgetary resources or flexibility to make up for the lost federal funding. Without HMGP funds, the impacted jurisdictions—which are primarily rural communities—may lack financial resources to build critical mitigation infrastructure to protect against future disasters. Losing these funds irreparably undermines a local community’s resiliency and preparation for future disasters, thus risking future loss of life and property.

Executed this 5th day of March, 2026, in Blaine, Minnesota.



Allison Farole
Director
Minnesota Homeland Security and Emergency
Management

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

STATE OF ILLINOIS *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, *in his official capacity
as Director of the Office of Management &
Budget, et al.*,

Defendants.

Case No. 26-cv-1566

Hon. Manish S. Shah

EXHIBIT 23

Declaration of Robyn Fennig

DECLARATION OF ROBYN FENNIG

I, Robyn Fennig, pursuant to 28 U.S.C. § 1746, hereby declare:

1. I am over the age of eighteen and understand the obligations of an oath.
2. I am currently the Deputy Director for Recovery and the State Hazard Mitigation Officer at the California Governor's Office of Emergency Services (Cal OES). Prior to being appointed Deputy Director of Recovery in January 2026, I was the Assistant Director of Hazard Mitigation. In my current role I oversee and coordinate hazard mitigation activities within California and serve as California's primary point of contact with the Federal Emergency Management Agency (FEMA) for FEMA's hazard mitigation programs. It is my job to ensure that outreach occurs, technical assistance is provided, and systems are in place so that eligible government entities in California can apply for, administer, close out, and monitor implementation of, all FEMA Hazard Mitigation Assistance grants, including the Hazard Mitigation Grant Program (HMGP), as well as the Building Resilient Infrastructure and Communities (BRIC) program, Flood Mitigation Assistance program, and Congressionally Directed Spending Pre-Disaster Mitigation program, among others. I make this declaration based on my personal knowledge, on information I acquired through the performance of my duties at Cal OES, and on my review of records maintained in the ordinary course of business by Cal OES.
3. Cal OES is a cabinet level agency that oversees and coordinates emergency preparedness, response, recovery, and homeland security activities in California. Cal OES's mission is to protect lives and property, build capabilities, and support communities for a resilient California.
4. Under the structure of FEMA Hazard Mitigation Assistance programs, only after FEMA processes and obligates a subaward can Cal OES disburse reimbursements to subgrantees.

As such, when FEMA delays or entirely fails to process subawards, Cal OES cannot provide any funds to subgrantees.

I. Hazard Mitigation Grant Program (HMGP)

5. FEMA provides critical funding to assist California communities after major disasters.

6. Specifically, FEMA grant programs are tied to a presidential declaration of a major disaster under the Stafford Disaster Relief and Emergency Assistance Act (“Stafford Act”), 42 U.S.C. § 5121 *et seq.*, not an annual application. Typically, a State’s governor sends a request for a disaster declaration to FEMA, and the President then either grants or denies the request. The President can also declare a major disaster without a governor’s request.

7. Further, under the Stafford Act funding process, a presidential declaration of disaster makes the recipient and sub-applicants potentially eligible for funding under three major FEMA programs, as approved by the President: Public Assistance (PA), Individual Assistance (IA), and Hazard Mitigation Grant Program (HMGP). FEMA does not incur any obligation until the approval and review process for each grant is complete.

8. In California, twenty-two major disasters, as declared by the President, have active or pending FEMA HMGP awards at this time, listed below according to their major disaster declaration number (“DR”):

- a. DR-1731:2007 Southern CA Fire & Debris Flows occurring October 21, 2007 to March 31, 2008;
- b. DR-4240: Valley and Butte Fires; burning across two counties from September 9, 2015 to November 2, 2015;
- c. DR-4301: California Severe Winter Storms, Flooding, and Mudslides impacting 34 Counties from January 3, 2017 to January 12, 2017;

- d. DR-4305: California Severe Winter Storms, Flooding, and Mudslides impacting 22 Counties from January 18, 2017 to January 23, 2017;
- e. DR-4308: February 2017 Storms impacting 28 Counties and one Tribe from February 1, 2017 to February 23, 2017;
- f. DR-4344: October 2017 California Wildfire burning across 9 counties from October 8, 2017 to October 31, 2017;
- g. DR-4353: California Wildfires, Flooding, Mudflows, and Debris Flows impacting 5 counties from December 4, 2017 to January 31, 2018;
- h. DR-4382: California Wildfires and High Winds across two Counties from July 23, 2018 to September 19, 2018;
- i. DR-4407: California Wildfires burning 3 counties from November 8, 2018 to November 25, 2018;
- j. DR-4431: California Severe Winter Storms, Flooding, Landslides, and Mudslides impacting 11 Counties from February 13, 2019 to February 15, 2019;
- k. DR4434: California Severe Winter Storms, Flooding, Landslides, and Mudslides impacting 18 Counties from February 24, 2019 to March 1, 2019;
- l. DR-4482: California COVID-19 Pandemic, Statewide, occurring from January 20, 2020 to May 11, 2023;
- m. DR-4558: California Wildfires burning 20 Counties from August 14, 2020 to September 26, 2020;

- n. DR-4569: California Wildfires burning 12 Counties from September 4, 2020 to November 17, 2020;
- o. DR-4610: California Wildfires burning 6 Counties from July 14, 2021 to October 25, 2021;
- p. DR-4619: California Caldor Fire burning across 2 Counties from August 14, 2021 to October 21, 2021;
- q. DR-4683: California Severe Winter Storms, Flooding Landslides, and Mudslides impacting 44 Counties from December 27, 2022 to January 31, 2023;
- r. DR-4699: California Sever Winter Storms, Straight-line Winds, Flooding, Landslides, and Mudslides impacting 47 Counties from February 2, 2023 to July 10, 2023;
- s. DR-4750: California Hurricane Hilary impacting 5 Counties from August 19, 2023 to August 21, 2023;
- t. DR-4758: California Severe Winter Storm and Flooding impacting one County from January 21, 2024 to January 23, 2024;
- u. DR-4769: California Severe Winter Storms, Tornadoes, Flooding, Landslides, and Mudslides impacting 9 Counties from January 31, 2024 to February 9, 2024; and
- v. DR-4856: Wildfires and Straight-line Winds, impacting one county from January 7, 2025 to January 31, 2025.

9. In total, as to the twenty-two major disasters above, FEMA has allocated over \$2.8 billion in federal funds in HMGP to help California communities recover from these devastating events and mitigate risk of future impacts of disasters.

10. An additional \$68.6 million has been allocated to California through seven HMGP Post-Fire allocations that result from Fire Management Assistance Grants, FM-5189, FM-5278, FM-5293, FM-5380, FM5419, FM-5502, and FM-5545.

11. I am familiar with the management, delivery, and eligibility in HMGP. After the President makes a major disaster declaration, HMGP provides federal funding to States to develop hazard mitigation plans and rebuild in a way that reduces future disaster losses in the communities affected by the declared disaster.

12. In addition to using HMGP funds themselves, States may pass HMGP funds through to sub-grantees for the same purposes. Local governments, as well as federally recognized tribes, special districts, and some private, nonprofit organizations apply to Cal OES, which in turn sends applications on to FEMA for approval.

13. Because HMGP grants are formula grants, a recipient is entitled to a specific allocation determined by regulation following a major disaster declaration that includes HMGP.

14. As an Enhanced State, California meets additional program management and planning requirements, demonstrating a comprehensive, statewide program that is capable of managing increased funding for mitigation goals. This designation affords California additional post-disaster funding through HMGP.

15. This Enhanced Status is evaluated and documented on a quarterly basis with FEMA Region 9 and annually through a formal validation review.

16. Cal OES administers HMGP funding in California and has one open HMGP application period, and one open HMGP Post Fire Award application period:

- a. DR-4856: Award of \$744,692,859 available for subgrants, per the 12-month lock-in issued January 23, 2026. Subapplications are due to FEMA on April 8, 2026.
- b. FM-5545: Award of \$6,426,155 available for wildfire subgrants, per the Funding and Management Cost Ceiling Amendment Letter, dated January 21, 2025. Sub applications are due to FEMA on March 30, 2026.

17. Cal OES intends to continue to apply for HMGP funds whenever there is an eligible major disaster affecting California, which could happen at any time.

18. HMGP funds are essential to the State's local mitigation preparedness and planning efforts for California's 58 counties, 400 cities and 3,800 eligible special districts. Among the success stories that have resulted from these grants is Sonoma County, which has been hit with 14 presidentially declared major disasters between 2013-2023. These disaster declarations have been from the result of flood and wildfire incidents. As a result of receiving HMGP funding, Sonoma County has been able to undertake county wide hazard mitigation planning efforts that identified projects to mitigate losses to lives, property and the environment and ensure essential services to the citizens of Sonoma County would be sustainable. For example, FEMA-funded Early Warning Fire Camera system has allowed the County to sustain automated early warning fire protection for vulnerable areas of the county and link to emergency notification systems. Additional FEMA subgrants have allowed Sonoma County to elevate hundreds of homes in areas of repetitive flood loss, resulting in between \$170 million and \$345 million dollars in losses avoided and a return on investment ranging from 8:1 to 17:1 in flooding events so far. In addition, FEMA funded the

Community Wildfire Protection Plan which outlined strategies for mitigation wildfire risks and identified strategies that could be taken by the public and local government officials. This information was also used to inform mitigation efforts in the comprehensive county-wide flood plan, the Local Coastal Plan, the Comprehensive Economic Strategy and the General Plan update, which included a hazard and vulnerability analysis section that was taken directly from the HMGP funded Local Hazard Mitigation Plan. All of these plans and projects have been essential to mitigating future disaster events and eliminating the need for future disaster-related funding.

19. As another example, the Randall Road Debris Basin Project in Santa Barbara County is a hazard mitigation effort designed to reduce the risk of debris flows and downstream damage following intense storms. The approximately nine-acre basin has a storage capacity of about 37,000 cubic yards and includes two earthen basins flanking a low-flow channel with four debris rack structures designed to capture large rocks, boulders, and woody debris while allowing water and finer sediment to pass through. This design helps prevent debris from being transported downstream and damaging homes, infrastructure, and natural resources, while also accommodating fish passage and allowing sediment to continue nourishing downstream banks. The basin finished construction in September 2022, then immediately demonstrated its effectiveness during the January 2023 storms, successfully capturing debris while allowing crews to safely access the site and remove more than 15,000 cubic yards of accumulated material following the event. This project's total cost (adjusted to 2026 dollars) is \$16,356,597.22. The estimated benefits realized so far from one disaster event conservatively total \$6,162,905. Considering that this is an ongoing project midway through analysis, the 30-year life cycle of the project, and accounting for storms of similar magnitude, the projected cumulative benefits are expected to exceed the total project cost, effectively paying for itself over its life cycle.

20. Delays in FEMA's delivery of the Hazard Mitigation Assistance programs put California at risk for damage to public infrastructure, private property, and loss of life from natural hazard events.

21. To my knowledge, FEMA has not obligated a new subaward since July of 2025. There are currently 192 Subapplications, accounting for \$814 million in Federal Share, in FEMA Review pending approval and obligation. Thirty-nine (39) of those totaling \$80.9 million are from DR-4856, with additional subapplications to be submitted in April 2026. From 2019 to 2024, FEMA averaged 115 obligations per calendar year (CY). In CY2025, FEMA notified OES of only 33 subgrant obligations across the first seven months of the year. FEMA has not notified Cal OES of any obligations that have occurred in CY2026, as of March 4, 2026.

22. The only recent new obligation action that I am aware of is from an obligation that occurred in July 2025, was signed in November 2025, but not transmitted to Cal OES until February 2026. This obligation notification was lost and provided three months late only when a FEMA Region 9 analyst discovered it.

23. Grant administration requirements call for FEMA approval of certain changes to the subaward activities before a subrecipient can take action. Title 2 CFR 200 § 200.308 requires FEMA to review requests for budget or program plan revisions and that it should notify Cal OES whether the revision has been approved within 30 days of receipt of the request, or it must inform the Cal OES in writing when a decision can be expected if more than 30 days is required for review. There are currently 93 pending project modification requests in FEMA Review. To my knowledge, FEMA has not notified Cal OES of an approved a scope of work modification or budget increase requiring obligation greater than \$100,000 since July 2025. Projects impacted by this delay in approving post-award include:

- a. A budget modification for a project in Redwood City that enhances resiliency of a stormwater drainage area. This request was submitted to FEMA on June 25, 2024.
- b. A scope of work modification for the City of Ukiah's hazardous fuels reduction project to reduce wildfire risks. This request was submitted to FEMA on June 14, 2024.

24. Most FEMA HMGP projects require period of performance extensions. Per the FEMA Hazard Mitigation Assistance Program and Policy Guide, Part 8, G.1, the period of performance for the Hazard Mitigation Grant Program (HMGP) begins with the opening of the application period and ends no later than 48 months after the close of the application period. Under normal circumstances, because the application period takes up to 15 months and the FEMA Review period before approval takes an average of an additional 15 months, it is typical for FEMA to approve projects with a period of performance that is shorter than the project work schedule. For example, a typical subaward project has a work schedule of 36-months, but is approved left with only 18 months in its period of performance. By the time FEMA approves a subaward there is likely 24 or fewer months remaining in the eligible 48-month period of performance. This requires Cal OES to submit a time extension request to FEMA upon obligation. Without a full period of performance, a Subrecipient often cannot procure a contractor for the full work schedule until FEMA has extended the overall grant award period of performance.

25. FEMA processed 72 grant award time extensions between December 2021 and September 2025, with an average review period of 138 days. Although every request to extend an overall grant period of performance was eventually approved during this period, the time that a

request is under review creates delays for subrecipients due to uncertainty of timeframes and deadlines to complete work and if costs will be reimbursed.

26. In 2025, the pace of review slowed further, further reducing approved periods of performance with little or no work being conducted by the subrecipient, creating a vicious cycle of delay. Eighteen (18) of these 72 extension requests were under review at FEMA for more than 200 days, with the longest review period lasting 749 days. In this example, FEMA approved the time extension six-months after the period of performance expired.

27. On September 29, 2025, FEMA denied a time extension request citing “lack of progress” on a project with deliverables under FEMA review. Subrecipients are prohibited from conducting any work on projects until FEMA approves the grant actions, which are held up in the agency’s separate \$100,000 obligation review process.

28. Per the FEMA Hazard Mitigation Assistance Program and Policy Guide, Part 8, G.2. and 2 CFR § 200.332(b)(1)(v), FEMA does not establish activity completion timelines for individual subawards. Cal OES is responsible for establishing the subaward period of performance start and end dates when FEMA grants subawards in California. Since FEMA does not automatically extend the overall grant period of performance, Cal OES cannot establish the timeline for the subawards according to the FEMA approved subapplication work schedule. Moreover, FEMA’s Award Notification letters routinely establish the subaward period of performance, counter to CFR and FEMA’s own guidance.

29. California is experiencing similar delays in approving post-disaster code enforcement activities to support permitting processes in Los Angeles. In the aftermath of the 2025 Eaton and Palisades wildfires in Los Angeles County that destroyed or damaged over 16,000 structures and caused loss of life of 31 people, the City of Los Angeles, City of Pasadena, City of

Malibu, and Los Angeles County prepared subapplications for review and consideration by Cal OES and FEMA. Cal OES personnel worked side-by-side in the Joint Field Office in Pasadena with representatives from FEMA to assist the local entities in the scoping and development of the subapplications. The activity was prioritized with the objective of frontloading input from FEMA to streamline the review and approval process with the hopes of quickly obligating resources to allow communities to rebuild quickly and resiliently. These subapplications were submitted to FEMA on December 5, 2025. Despite the early involvement of FEMA, as of March 4, 2026, the subapplications have not been approved.

30. The delay in receipt of funding for ongoing HMGP projects has caused serious harm to the State. Because Subrecipients are prohibited from conducting work while projects are in FEMA review, and the State does not have budgetary resources or flexibility to make up for the lost federal funding, these critical projects cannot progress leaving California vulnerable to the next flood, wildfire, or earthquake.

II. Flood Mitigation Assistance

31. FEMA also provides financial assistance in the form of grants for planning and carrying out activities designed to reduce the risk of flood damage to structures covered under contracts for flood insurance with the National Flood Insurance Program, with a focus on eliminating the risk of repetitive flood damage via Flood Mitigation Assistance (“FMA”).

32. Investments in flood mitigation help to significantly minimize the risk of flooding and the severity of the impacts from flood events, which can reduce the need for state or federal disaster declarations and recovery costs.

33. Cal OES administers FMA funding in California.

34. FMA grants are awarded on a competitive basis to specific sub-applicants, which are generally units of local government or eligible special districts. Units of local government

present flood mitigation subapplications to Cal OES, which Cal OES reviews and presents in one combined application to FEMA. FEMA then makes awards based on based on Cal OES' ranking of the projects, project eligibility, and cost-effectiveness of the projects.

35. California has applied for and received FMA funds on many occasions since its creation in the National Flood Insurance Reform Act of 1994.

36. Cal OES has four active FMA awards:

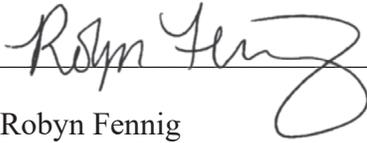
- a. FFY 2020: Award of \$292,163
- b. FFY 2022: Award of \$53,174,090
- c. FFY 2023: Award of \$2,086,193
- d. FFY 2023 Swift Current: Award \$3,792,141

37. Cal OES intends to apply again for FMA funds in FFY 2026, should another Notice of Funding Opportunity be made available.

38. FMA funds help units of local government in California to build planning and management capacity and to undertake both localized and individual flood mitigation projects. Localized projects include drainage pipes, pump stations, grading, and seawalls to reduce flood risk in a localized area. Individual flood mitigation operates at the property level, for instance by allowing local governments to acquire flood-prone properties so that the owners can relocate.

39. The delay in receipt of funding for ongoing FMA projects has caused serious harm to the State. Because the State does not have the budgetary resources or flexibility to make up for the lost federal funding, these critical projects lack the funds to continue moving forward at a reasonable pace.

Executed this 6th day of March 2026, in Sacramento,
California.



A handwritten signature in black ink, appearing to read "Robyn Fennig", is written over a horizontal line.

Robyn Fennig
Deputy Director of Recovery
California Governor's Office of Emergency Services