UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

HENNEPIN COUNTY, MINNESOTA, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 26-cv-2460 (CRC)

PLAINTIFFS' MOTION FOR 5 U.S.C. § 705 STAY AND PRELIMINARY INJUNCTION

Plaintiffs Hennepin County, Minnesota; King County, Washington; Planned Parenthood of the Heartland, Inc.; and Sexuality Information and Education Council of the United States (SIECUS) respectfully move for a 5 U.S.C. § 705 stay and preliminary injunction. For the reasons stated in the accompanying memorandum, Plaintiffs are likely to succeed on their claims that Defendants' rejection of the Teen Pregnancy Prevention (TPP) Program as established by Congress violates the Administrative Procedure Act and 2026 Appropriations Act. Plaintiffs are suffering and will continue to suffer harm that is beyond remediation absent preliminary relief, and the balance of the equities and public interest favor preliminary relief.

Pursuant to Local Civil Rule 7(m), on July 15, 2026, at 9:37 AM ET, counsel for Plaintiffs emailed Alex Haas and Diane Kelleher at the U.S. Department of Justice's Civil Division, Federal Programs Branch, as well as Peter Pfaffenroth at the U.S. Attorney's Office for the District of Columbia, to provide a copy of the complaint and accompanying exhibits filed in this matter, and to provide actual notice that Plaintiffs intended to file this motion and request Defendants' position. At the time of this filing, counsel for Defendants had not yet responded. Counsel for Plaintiffs will

provide a copy of this motion and the accompanying memorandum, declarations, and proposed order to Mr. Haas, Ms. Kelleher, and Mr. Pfaffenroth promptly after they are filed.

Pursuant to Local Civil Rule 65.1(d), Plaintiffs respectfully request an expedited hearing. Expedition is essential because of the urgency of the harms Plaintiffs face, as detailed in the accompanying memorandum. Plaintiffs respectfully request a ruling on their motion as soon as practicable.

Date: July 15, 2026

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on July 15, 2026, I filed the foregoing document with the Clerk of Court for the U.S. District Court for the District of Columbia using the court's CM/ECF system. I further certify that a copy of the foregoing and accompanying memorandum and attachments will be deposited with the U.S. Postal Service for delivery to the below:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Robert F. Kennedy Jr., in his official capacity as Secretary of U.S. Department of Health and Human Services
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MEMORANDUM OF LAW IN SUPPORT OF PLAINTIFFS' MOTION FOR 5 U.S.C. § 705 STAY AND PRELIMINARY INJUNCTION

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INTRODUCTION

Congress created the Teen Pregnancy Prevention (TPP) Program in 2009 to reduce teen pregnancy rates in the United States. In doing so, Congress established an evidence-based program in which awardees must support "medically accurate and age appropriate programs" that have "been proven effective through rigorous evaluation" or that are being tested to determine whether they meet that objective. Consolidated Appropriations Act, 2010, Pub. L. No. 111-117, 123 Stat. 3034, 3253. Congress has renewed the appropriation and these statutory criteria in every subsequent appropriations cycle. The Program has been an enormous success, benefiting more than 1 million youths in the years since its creation.

Defendants seek to transform the Program into something Congress would scarcely recognize. In recent weeks, Defendants have implemented a new policy (the "2026 Policy") rejecting the Program that Congress created and replacing it with one divorced from the evidence-based programs funded by the statute. Defendants have implemented the 2026 Policy through two related actions. *First*, on June 23, 2026, Defendants issued new notices of funding opportunity (NOFOs) that condition TPP funding on incorporating abstinence-only "sexual risk avoidance" education; require awardees to "align" with agency priorities that prohibit "gender ideology" and diversity, equity, and inclusion practices; restrict the provision of information about birth control options; and prevent discussion of teen sexual activity in a program whose statutory mandate is to reduce teen pregnancy through "medically accurate" and "age appropriate" interventions. *Second*, on June 26, 2026, Defendants terminated the overwhelming majority of existing TPP cooperative agreements, cutting off ongoing funding on the grounds that awardees' curricula failed to conform to the same agency priorities that had been introduced as program requirements in the new NOFOs three days prior.

The 2026 Policy is contrary to law and arbitrary and capricious under the Administrative Procedure Act (APA). Defendants abandoned the statutory criteria mandated by Congress in favor of their own policy priorities, in violation of law. Defendants also relied on factors inconsistent with the statutory criteria, failed to consider important aspects of the problem of reducing teen pregnancy, and changed course without regard for the substantial reliance interests of awardees, program beneficiaries, and the broader public.

Plaintiffs—two local governments and one nonprofit that have received TPP funds, as well as an organization that works closely with TPP awardees—seek to preserve the statutory framework of the TPP Program. As a result of the 2026 Policy, Plaintiffs and other awardees have been forced to suspend or start dismantling ongoing teen education programs, pause needed research, interrupt services to adolescents and families, lay off trained personnel and place other staff at risk of termination, and jeopardize longstanding partnerships with schools, healthcare providers, and community organizations. Organizations that partner with TPP awardees also face serious threats to their mission to support effective sexual health education. The young people in the communities served by the TPP awardees will be deprived of the education that they need to avoid unintended pregnancy as Congress intended.

Plaintiffs need relief urgently. Each passing day compounds their significant ongoing harms, and each day the new school year grows closer. This Court should stay and preliminarily enjoin the 2026 Policy as soon as is practicable, and order Defendants to administer the TPP Program in accordance with the law.[1]

[1] Pursuant to Local Civil Rule 65.1(d), Plaintiffs respectfully request an expedited hearing. Expedition is essential because of the urgency of the harms Plaintiffs face, as detailed below.

BACKGROUND

I. Congress creates the TPP Program to address teen pregnancy.

Teenage pregnancy is a "significant public health concern" in this country "because of the range of health, social, and economic effects adolescent childbearing can have on adolescents, their children, and broader society."[2] Congress and the executive branch have long recognized that reducing unintended adolescent pregnancy is an important public-health objective.[3]

In the 1990s and 2000s, Congress directed most funding for sex education to programs emphasizing abstinence from sexual activity. *See Pol'y & Rsch., LLC v. HHS*, 313 F. Supp. 3d 62, 69 (D.D.C. 2018). Congress did not require those programs be effective in reducing teen pregnancy, delaying sexual intercourse, or preventing other sexually risky behaviors.[4] Then in 2006 and 2007, teen pregnancy rates began to climb after years of decline.[5]

Congress understood this to present a public health problem that could be addressed with evidence-based interventions: It established the TPP Program through the 2010 Consolidated Appropriations Act, appropriating $110 million to the Department of Health and Human Services (HHS) for "competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy." 123 Stat. at 3253. Congress sought to "maximize the impact of federal dollars by funding programs that have demonstrated

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[2] Alexandria K. Mickler & Jessica Tollestrup, Cong. Rsch. Serv., R45184, *Teen Births in the United States: Overview and Recent Trends* 1 (2025), https://perma.cc/3HLH-F6BA.
[3] Jessica Tollestrup, Cong. Rsch. Serv., R45183, *Adolescent Pregnancy: Federal Prevention Programs* 1 (2024), https://perma.cc/3DCX-9QMW.
[4] *See* SIECUS, *History of Sex Education* 43–50, https://perma.cc/X3BA-WTNU (last visited July 6, 2026).
[5] Mickler & Tollestrup, *Teen Births in the United States*, *supra* note 2, at 2–3.

evidence of effectiveness, while also funding and evaluating new programs to continue building the evidence base."[6]

Congress has directed that TPP Program funds be disbursed across two tiers of grants, Tier 1 and Tier 2. Tier 1 awardees must "replicat[e]" "medically accurate and age appropriate programs" that have already "been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors." Consolidated Appropriations Act, 2026, Pub. L. No. 119-75, 140 Stat. 173, 281. For most of the Program's history, programs eligible for "replication" were identified by HHS through the agency's Teen Pregnancy Prevention Evidence Review (TPPER), a process akin to expert peer review.[7]

Tier 2 awardees are responsible for "develop[ing], replicat[ing], refin[ing], and test[ing]" "additional models and innovative strategies for preventing teenage pregnancy," that also must be "medically accurate and age appropriate." 140 Stat. at 281. In other words, "Tier 2 lets grantees test new programs, and programs that prove effective then become eligible for Tier 1." *Planned Parenthood of Greater Wash. & N. Idaho v. HHS*, 946 F.3d 1100, 1106 (9th Cir. 2020).

For over fifteen years, Congress has—on a bipartisan basis—consistently appropriated funds to ensure the TPP Program retained the same core structure. And the Program has been an enormous success, benefiting more than 1.4 million young people since its creation and becoming one of the federal government's principal public health initiatives.[8] By 2023, the teen birth rate in the United States had reached a record low—and had decreased 68% since 2007.[9]

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[6] Sarah E. Oberlander & Lisa C. Trivits, Editorial, *Building the Evidence to Prevent Adolescent Pregnancy: Contents of the Volume*, 106 Am. J. Pub. Health, no. S1, 2016, at S6, https://perma.cc/KD2U-Q6M5.
[7] Tollestrup, *Adolescent Pregnancy: Federal Prevention Programs*, *supra* note 3, at 4–6.
[8] *Teen Pregnancy Prevention Program*, OPA, https://perma.cc/WE6W-YUYN (last visited July 12, 2026).
[9] Mickler & Tollestrup, *Teen Births in the United States*, *supra* note 2, at 3.

Congress made clear that the funding for programs *proven effective* at reducing teen pregnancy is distinct from the amount earmarked for abstinence-only education. Most recently, in the 2026 Consolidated Appropriations Act, Congress appropriated $101 million "for making competitive contracts and grants . . . to fund medically accurate and age appropriate programs that reduce teen pregnancy," with roughly seventy-five percent of the funds going to Tier 1 programs, and roughly twenty-five percent to Tier 2 programs. 140 Stat. at 281. Congress did so even though the administration sought to eliminate the TPP Program in its proposed budget. *See* HHS, *Fiscal Year 2026 Budget in Brief* 36, https://perma.cc/46MV-KUXG (last visited July 12, 2026). Separately, in a neighboring provision, the Act appropriates another $35 million for abstinence-only education, directing its use for "competitive grants which exclusively implement education in sexual risk avoidance" (defined as voluntarily refraining from non-marital sexual activity), and instructing that such programs avoid "normalizing teen sexual activity." 140 Stat. at 282.

II. HHS issues cooperative agreements for the 2023–2028 award cycle.

HHS has carried out the TPP Program through "cohorts" of multi-year cooperative agreements. In 2023, as a cohort of cooperative agreements was ending, HHS published notices of funding opportunity soliciting applications for a new five-year cohort. The 2023 NOFOs invited applicants to propose medically accurate and age-appropriate projects replicating (Tier 1) or testing (Tier 2) evidence-based interventions designed to reduce adolescent pregnancy and associated behavioral risk factors. Compl., Ex. A (Tier 1 2023 NOFO) at 2; Compl., Ex. B (Tier 2 2023 NOFO) at 2. The NOFOs solicited applications for projects in communities and populations with the greatest unmet needs that would replicate evidence-based programs that were "culturally and linguistically appropriate, trauma-informed, and inclusive of all youth." Tier 1 2023 NOFO at 8; *see* Tier 2 2023 NOFO at 10. Applications were evaluated using the criteria in the 2023 NOFOs, including a "focus on areas of greatest need and disparities" and meeting "the diverse needs of the

community and population." Tier 1 2023 NOFO at 43–44 (capitalization omitted); *see* Tier 2 2023 NOFO at 42. While funding was distributed on an annual basis, awardees were eligible to receive non-competitive continuation funding for the five-year project period. Tier 1 2023 NOFO at 56; Tier 2 2023 NOFO at 56.

In awarding cooperative agreements—including to Plaintiffs Hennepin County, King County, and Planned Parenthood of the Heartland (collectively, "Awardee Plaintiffs")—HHS necessarily evaluated and approved the proposed projects, including the intervention models to be implemented, proposed curricula, implementation strategies, evaluation plans, organizational capacity, staffing structure, and community partnerships. Decl. of Ashley Johnson ¶ 11; Decl. of Andrea Gerber ¶ 14; Decl. of Virginia Miller ¶ 11.

III. HHS unsuccessfully attempts to impose new conditions on the 2023 awardees.

The 2023 TPP awardees carried out their projects during the first two years of the project period and, consistent with the terms of their agreements, submitted their annual continuation of funding applications. *See* Tier 1 2023 NOFO at 56. HHS approved those applications in 2024 and 2025. Johnson Decl. ¶ 21; Gerber Decl. ¶ 27; Miller Decl. ¶¶ 17, 19.

In early 2025, however, HHS notified TPP awardees that they should "revise their projects, as necessary, to demonstrate that the [non-competing continuation] award application is aligned with current Executive Orders." *Planned Parenthood of Greater N.Y. v. HHS*, No. CV 25-2453, 2025 WL 2840318, at *3 (D.D.C. Oct. 7, 2025). Months later, HHS published a policy notice (the "2025 Policy Notice") imposing requirements on awardees that were not in the 2023 NOFOs or the cooperative agreements under which projects had been awarded. Compl., Ex. C (2025 Policy Notice).

The 2025 Policy Notice reaffirmed that awardees must "align" their programs with "all current Presidential Executive Orders" and provided, among other things, that (1) programs may

not include "diversity, equity, or inclusion-related discrimination" or content reflecting "discriminatory equity ideology"; (2) awardees "are expected to provide parents advance notice (including relevant specifics) and the ability to opt out of any content or activities, especially those related to sexuality, that may burden their religious exercise"; (3) content such as "gender ideology" or content that "normalizes . . . sexual activity for minors" may be outside the scope of the TPP Program; (4) "age appropriate" was redefined to exclude "material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content"; and (5) "medically accurate" instructions were redefined as being "expected to include information on a full range of health risks," while content may be deemed not medically accurate if it "denies the biological reality of sex or otherwise fails to distinguish appropriately between males and females." *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *4. The 2025 Policy Notice also stated that the agency could "re-evaluate the effectiveness of programs" and "impose additional conditions on grantees" as necessary. *Id.*

Affected recipients, including Plaintiff Planned Parenthood of the Heartland, filed suit in this District challenging the 2025 Policy Notice. Those plaintiffs alleged, among other things, that HHS had adopted new substantive funding criteria that departed from the criteria governing the 2023 awards, failed to provide a reasoned explanation for that departure, and unlawfully altered the standards governing continuation funding for ongoing cooperative agreements.

On October 7, 2025, the district court vacated the 2025 Policy Notice, finding the policy was arbitrary and capricious. The court held that the "Policy Notice's vagueness renders the new requirements imposed on TPP grant recipients largely incomprehensible and unworkable, putting in place an opaque 'we-know-it-when-we-see-it' standard for HHS to assess compliance with programming content restrictions that is susceptible to discriminatory application." *Planned*

Parenthood of Greater N.Y., 2025 WL 2840318, at *22. The court also concluded that HHS "did not provide any reasoning or evidence in support of its approach, seemingly relied on irrelevant ideological factors, and did not justify its change in position." *Id.* at *26. HHS did not appeal.

IV. HHS adopts and implements the 2026 Policy.

Less than a year later, HHS again took substantially the same approach. By no later than June 23, 2026, Defendants adopted the 2026 Policy, abandoning the evidence-based approach to preventing teen pregnancy that Congress has codified each year, in favor of a fundamentally different program driven by the administration's ideological preferences. Specifically, the 2026 Policy pivots the TPP Program from one centered on evidence-based content into one of the administration's own creation. To implement the Policy, Defendants issued new NOFOs requiring adherence to their new requirements and contemporaneously terminated nearly every existing cooperative agreement for failure to comply with those same unlawful "priorities."

A. HHS unveils the 2026 NOFOs, abandoning the statutory requirements for the TPP Program.

On June 23, 2026—one week before the end of the third year of the five-year funding cycle—HHS announced a new competition for TPP funding through the 2026 Tier 1 and Tier 2 NOFOs. Compl., Ex. D (Tier 1 2026 NOFO); Compl., Ex. E (Tier 2 2026 NOFO). The NOFOs reimpose requirements found arbitrary and capricious in the 2025 Policy Notice. For example, the NOFOs require that awardees' activities "must align with . . . executive orders," Tier 1 2026 NOFO at 45, without any guidance on how to come into "alignment." The NOFOs also direct awardees to "align" with agency priorities that include: "[e]nding diversity, equity, and inclusion (DEI) policies and practices"; "[e]nding support for gender ideology"; deprioritizing programs whose content "encourages, normalizes or promotes sexual activity for minors"; and providing information on the "full range of health risks" when offering "health-related recommendations." OASH Priorities, https://health.gov/priorities [https://perma.cc/LJ7U-27F2] (last visited July 1,

2026) (cited in Tier 1 2026 NOFO at 4; Tier 2 2026 NOFO at 4 (both requiring awardees to "implement any funds awarded under this NOFO to effectuate program goals and agency priorities in accordance with the Priorities of the Office of the Assistant Secretary for Health")).[10]

In addition, the NOFOs prohibit any "denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic." Tier 1 2026 NOFO at 45; Tier 2 2026 NOFO at 55. They also dictate that awardees include "advance notice and meaningful opt-out provisions" for parents, Tier 1 2026 NOFO at 8, including "clear, accessible processes for parental opt-out of specific content or activities, particularly those related to sexuality that may burden religious exercise or conflict with sincerely held beliefs," *id.* at 1. And they warn that continued funding depends on awardees' "ongoing compliance with these priorities" and threaten that any recipient who fails to "meaningfully align" with those undefined priorities may face "termination pursuant to 2 C.F.R. 200.340(a)(4)." Tier 1 2026 NOFO at 4–5; Tier 2 2026 NOFO at 5.

The NOFOs also go beyond the judicially rejected 2025 Policy Notice by adding other conditions found nowhere in the appropriation. For instance, the NOFOs condition funding on "sexual risk avoidance" (SRA) education—abstinence-only programming by another name, Decl. of Calleen Simon ¶ 15. *See* Tier 1 2026 NOFO at 12. Pursuant to the NOFOs, prospective awardees must "[d]escribe how . . . SRA education will be integrated into program implementation" and are assessed on the extent to which they do so. *Id.* at 19, 37; *see* Tier 2 2026 NOFO at 9. In addition, the NOFOs direct awardees to promote "body literacy" education—defined ambiguously as "the ability to understand how the body functions in a state of health," Tier 1 2026 NOFO at 55—claiming that girls who receive it "are much more likely to remain abstinent compared to their

[10] The NOFOs also mandate adherence to the broader HHS priorities, *see* Tier 1 2026 NOFO at 44; Tier 2 2026 NOFO at 55, which overlap in many areas with the OASH priorities. *See* HHS Priorities, https://www.hhs.gov/about/priorities/index.html [https://perma.cc/9HWV-6N8B] (last visited July 5, 2026) (stating that HHS will not support "DEI programs"; will "[c]ombat gender ideology"; and will "[r]eaffirm parental authority").

body-illiterate peers." *Id.* at 6; *accord* Tier 2 2026 NOFO at 7. As "support" for the proposition that girls receiving "body literacy education" "remain abstinent" longer than their peers, the NOFOs cite multiple journal articles that appear not to exist. Decl. of Kate Talmor ¶¶ 7–12. Even assuming that, for some of those articles, HHS intended to cite similarly named pieces published in entirely different journals, those articles still do not support the NOFOs' assertions. *Id.*

As part of the "body literacy" requirement, HHS directs recipients to include separate female and male reproductive health modules with novel requirements. Among them, young women must be taught "the advantages and disadvantages of ovarian suppression compared to approaches that address root causes" of menstrual health concerns. Tier 1 2026 NOFO at 10. The Tier 1 NOFO claims that many young women "do not receive comprehensive information about the side effects associated with widely prescribed medications," which leads to "a healthcare approach that prioritizes pain relief and symptom suppression over root-cause evaluation and treatment for reproductive health concerns." *Id.* at 6. The NOFO requires that young men be taught "the physiology of arousal, including normal indicators of hormonal health such as waking erections or nocturnal emissions, and provide developmentally appropriate strategies for managing spontaneous arousal in ways that support self-regulation, health, and future fertility." *Id.* at 10. Specifically, young men "should" be told "how repeated or artificially stimulated arousal may affect neural development and behavior over time." *Id.* No citations or evidentiary support are provided for any of these new curricular requirements. The NOFOs go further still, directing awardees—in an approach that appears to promote fertility in a program meant to reduce teen pregnancy—to "[p]romote optimal health" by emphasizing "root-cause understanding of chronic health conditions that may impact overall health and fertility." *Id.* at 1.

The NOFOs also abandon the methodology HHS has long used to identify proven-effective programs. The Tier 1 2023 NOFO had pointed applicants to the criteria in the TPPER to select

permissible, evidence-based programs, noting that it would be updating the TPPER after it was discarded during the first Trump administration. Tier 1 2023 NOFO at 10–11. Awardee Plaintiffs and other awardees selected projects from that previously approved list, Johnson Decl. ¶ 13; Miller Decl. ¶ 14, and HHS updated the TPPER in 2023.[11] The new Tier 1 NOFO does not mention the TPPER, does not explain its abandonment, and provides no guidance as to which existing programs (if any) applicants may run. The NOFOs instead award bonus points to applicants who do not hold active TPP awards or have never received one—penalizing, rather than crediting, the experience and track record the statute promotes. Tier 1 2026 NOFO at 42; Tier 2 2026 NOFO at 52.

Compounding that abandonment, the Tier 1 NOFO contemplates that awardees will modify—rather than replicate with fidelity—evidence-based programs to conform to the new NOFO, instructing applicants to obtain permission from the developer or copyright holder "to make any changes to the materials," and specifying that "[c]hanges may include those to ensure medical accuracy, age-appropriateness, and alignment with [agency] priorities." Tier 1 2026 NOFO at 23.

Further, the NOFOs eliminate any focus on populations most in need. The Tier 1 2023 NOFO directed projects to "focus on communit[ies] and population[s] that are disproportionally affected by unintended teen pregnancy and STIs," including those "adversely affected by persistent poverty and inequality," such as "LGBTQI+ youth." Tier 1 2023 NOFO at 6–7. The new NOFOs delete every reference to LGBTQ youth and omit any consideration of the differing teen pregnancy rates among different populations. They also add anti-DEI requirements and prohibit any "denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable

[11] *About OPA's Research and Evaluation Activities*, OASH, https://perma.cc/6ZR5-SC5X (last visited July 14, 2026).

characteristic," undermining any efforts to prioritize those populations—in direct contrast to the approach of the 2023 NOFO. Tier 1 2026 NOFO at 45; Tier 2 2026 NOFO at 55.

In the new Tier 1 NOFO, Defendants also shifted from the established practice of five-year awards to two-year awards "with an optional competitive third year." Tier 1 2026 NOFO at 1. And the Tier 1 NOFO instructs applicants to "[d]escribe your organization's mission and how it aligns with the goals of this NOFO, including advancing body literacy, informed consent, and optimal health." *Id.* at 20. Applications are then assessed on the extent to which they "demonstrate[] a strong alignment between the organization's mission and the goals of the NOFO." *Id.* at 38.

B. HHS effectuates a mass termination of existing cooperative agreements.

On June 26, 2026—three days after the publication of the NOFOs—HHS relied on the 2026 Policy to issue termination letters to nearly all participants in the 2023 funding cohort, including Awardee Plaintiffs. Immediately preceding the terminations, Awardee Plaintiffs had been awardees in good standing, having successfully completed approximately three years of their approved project periods in compliance with HHS reporting, performance, and oversight requirements. Awardee Plaintiffs had recently prepared and submitted the materials required for continuation funding for the fourth year of their approved project periods. Johnson Decl. ¶ 23; Gerber Decl. ¶ 29; Miller Decl. ¶ 21.

The termination letters informed recipients that their cooperative agreements were terminated effective immediately pursuant to 2 C.F.R. § 200.340(a)(4), which HHS asserted authorized termination where "an award no longer effectuates the program goals or agency priorities." Johnson Decl., Ex. 2 (Hennepin County Letter); Gerber Decl., Ex. 2 (King County Letter); Miller Decl., Ex. 2 (PPH Letter). The terminations were effective the same day, purportedly "in an effort to align with many school systems' end-of-year calendar and minimize disruption." *E.g.*, Hennepin County Letter at 1.

The termination letters do not suggest that awardees failed to satisfy the terms and conditions of their cooperative agreements. Nor do they identify financial mismanagement, deficient reporting, failure to carry out approved project activities, or other recipient-specific failures to comply with applicable award requirements. Instead, in boilerplate language, the letters state that "[a]fter a review of all curricular content, [the agency] believes that some curricula normalize adolescent sexual activity and are not age appropriate." *E.g.*, *id.* at 1. Some letters further state that curricula "provide insufficient information on the range of health risks associated with various forms of birth control." King County Letter at 1.

Each letter also identifies content to which HHS now suddenly objects under its broadly applicable new requirements. For example, one letter objects to a program because it purportedly includes "discussions that normalize adolescent sexual activity," Hennepin County Letter at 1. Another letter objects to a program that "describes and emphasizes the effectiveness, safety, and accessibility of various forms of birth control" because it purportedly "fail[s] to identify common side effects, contraindications, or health risks associated with these methods (e.g., bleeding changes, headaches, cramping, bone density loss, hormonal imbalances, and risks for specific medical conditions or later infertility)." King County Letter at 2.

The termination letters invoke and implement the same unlawful program requirements that the agency had set forth in the 2026 NOFOs just three days earlier. One priority, the letters explain, is a "focus on programs that do not promote material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content, including content that encourages, normalizes or promotes sexual activity for minors." *E.g.*, *id.* at 1. Another priority is providing "medically accurate and reliable information necessary for informed consent" by ensuring that "medically accurate materials or instructions with pharmaceutical or health-related recommendations include information on the full range of health risks," *id.*—without any

explanation as to why "informed consent" is applicable to educators, who are not prescribing or providing pharmaceuticals or making individualized health recommendations.

Nevertheless, the letters state that the agency was "adjusting its discretionary Teen Pregnancy Prevention (TPP) Program award portfolio" and decided "not to renew some of its TPP Program awards" to "better prioritize agency resources." *Id.* They note that HHS has "discretion" to "suspend (rather than decide not to renew) an award to allow the recipient an opportunity to take appropriate corrective action." But "after review and consideration," the letters continue, HHS "has made a programmatic decision regarding continuation funding not to renew the grant," as "[c]urrent program priorities … differ fundamentally from prior approaches." *Id.* at 2.

* * *

Together, the NOFOs and the slew of notices terminating awards on near-identical grounds reflect the existence and implementation of the 2026 Policy. Existing awardees were kicked out of the program—with no regard for the efficacy of their projects or the consequences of terminating them mid-stream with an immediate effect date—because they purportedly failed to align with vague new agency priorities untethered from the statutory purpose. At the same time, future applicants must satisfy those same priorities as a condition of receiving federal funding. Through the 2026 Policy, Defendants have abandoned the evidence-based efficacy approach required by Congress and replaced it with their own unlawful prerogatives.

V. Plaintiffs participate in the TPP Program and are harmed by the 2026 Policy.

Until their awards were abruptly terminated, Awardee Plaintiffs were implementing their projects in accordance with the terms of their cooperative agreements and HHS's programmatic guidance. For example, Hennepin County's teen pregnancy prevention programming, Better Together Hennepin, was substantially funded through a TPP Tier 1 award. Johnson Decl. ¶ 11. The program has been extremely successful, on track to reach more than 5,000 participants and consistently receiving positive feedback from program participants, school and clinic partners, and

HHS program officers. *Id.* ¶¶ 17–20. The timing of the termination "has caused chaos" and thrown the future of the program into serious doubt. *Id.* ¶ 41.

Defendants also terminated PPH's Tier 1 award, which aimed to increase underserved communities' access to inclusive sexual and reproductive health information and resources, and to decrease teen pregnancy and rates of sexually transmitted infections. Miller Decl. ¶ 10. PPH has been forced to begin winding down the project and to announce the layoffs of ten employees whose salaries were funded in whole or in part by TPP funds, including one who has been an educator for PPH for almost thirty years. *Id.* ¶¶ 26–28. Without PPH's program, youths in communities PPH serves "will go without information and resources about sexual and reproductive health." *Id.* ¶ 32.

King County's Tier 2 award was terminated as well. Gerber Decl. ¶ 30. The award supported an evaluation of the Stepping Stones program, which provides one-to-one health education to improve the sexual health outcomes of young men involved in the legal system or child welfare system. *Id.* ¶ 16. Program staff were confident that the study would turn out an evidence-based program that would become eligible for replication under Tier 1, providing an "enormous benefit to the field." *Id.* ¶ 53. Instead, the study has been cut short, and the work of the last three years is likely to go to waste. *Id.* ¶ 49.

LEGAL STANDARD

To obtain a preliminary injunction, "the moving party must show: (1) a substantial likelihood of success on the merits, (2) that it would suffer irreparable injury if the injunction were not granted, (3) that an injunction would not substantially injure other interested parties, and (4) that the public interest would be furthered by the injunction." *Chaplaincy of Full Gospel Churches v. England*, 454 F.3d 290, 297 (D.C. Cir. 2006). The same standard applies to obtain a stay under 5 U.S.C. § 705. *District of Columbia v. USDA*, 444 F. Supp. 3d 1, 15 (D.D.C. 2020).

ARGUMENT

All the requirements for preliminary relief are satisfied. Plaintiffs are likely to show that Defendants' actions are contrary to law and arbitrary and capricious in violation of the Administrative Procedure Act; Plaintiffs are suffering and will continue to suffer irreparable harm; and the balance of equities and public interest strongly favor a stay or injunction.

I. Plaintiffs are likely to succeed on the merits.

A. The 2026 Policy is unlawful.

The APA empowers courts to review "final agency action" and set aside any action found to be "not in accordance with law" or "arbitrary [and] capricious." 5 U.S.C. §§ 704, 706(2)(A), (C). HHS's 2026 Policy constitutes final agency action that should be set aside under both of these provisions; Plaintiffs thus are likely to succeed on the first two counts of their complaint.

i. The 2026 Policy is final agency action.

At the outset, the 2026 Policy is reviewable "final agency action." 5 U.S.C. § 704. Final agency actions are those (1) that mark "the consummation of the agency's decisionmaking process" and (2) "by which rights or obligations have been determined, or from which legal consequences will flow." *Bennett v. Spear*, 520 U.S. 154, 156, 178 (1997) (internal quotation marks omitted). Courts take a "pragmatic approach . . . to finality." *U.S. Army Corps of Eng'rs v. Hawkes Co.*, 578 U.S. 590, 599 (2016) (internal quotation marks omitted).

Importantly, an agency's decision "need not be committed to writing to be final and judicially reviewable," *Bhd. of Locomotive Eng'rs & Trainmen v. Fed. R.R. Admin.*, 972 F.3d 83, 100 (D.C. Cir. 2020), 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) (collecting cases); *see also Venetian Casino Resort LLC v. EEOC*, 530 F.3d 925, 929 (D.C. Cir. 2008) (finding "the record" as a whole "leaves

no doubt" that a policy exists, even though "the details . . . are still unclear"); *S.F. Herring Ass'n v. DOI*, 946 F.3d 564, 577–78 (9th Cir. 2019) (ongoing course of agency conduct demonstrated finality without any written policy).

Over the course of roughly 72 hours, Defendants issued two new NOFOs abandoning the rigorous, evidence-based approach enshrined in the legislation authorizing the TPP Program while contemporaneously issuing scores of form letters terminating virtually all of the existing cooperative agreements that had received funding based on their efficacy and adherence to statutory criteria. These actions evince an agency decision to abandon the evidence-based approach to reducing teen pregnancy that Congress has funded, and to pivot the entire TPP Program to fund sexual-avoidance education curricula that violate the authorizing statute in multiple ways. The agency consummated its decision by shutting the door on the existing version of the program through its rash of abrupt discontinuations of projects that had been proven effective at reducing teen pregnancy and citing its unlawful bases in form letters. And it correspondingly consummated its decision through the NOFOs, which set the terms for TPP Program participation going forward with the agency's ideologically driven requirements that demand abstinence-only curriculums and other unlawful criteria, while sacrificing both efficacy and medical accuracy. Defendants' adoption and implementation of the 2026 Policy constitutes final agency action reviewable under the APA.

The 2026 Policy meets the first *Bennett* prong because it is a "definitive position" and not "merely tentative." *S.F. Herring Ass'n*, 946 F.3d at 578. Defendants have not merely announced that they are considering whether to tweak the criteria for cooperative agreements to fund teen pregnancy prevention, or merely proposed to terminate existing agreements due to alleged violations of existing requirements. Instead, they already have taken the concrete steps of cancelling nearly all existing projects, effective immediately, while issuing new funding

announcements that abandon statutory criteria and renounce the longstanding evidence-driven approach that has been the hallmark of this successful program. This pattern of conduct evidences the policy's finality because Defendants plainly have completed their decisionmaking process. *See NRDC v. Wheeler*, 955 F.3d 68, 78 (D.C. Cir. 2020) ("consummation prong" requires assessment of whether action "represents the culmination of that agency's consideration of an issue" rather than the tentative "ruling of a subordinate official" (citation omitted)); *Appalachian Power Co. v. EPA*, 208 F.3d 1015, 1023 (D.C. Cir. 2000) (decision that "reflect[s] a settled agency position" is final agency action). Absent intervention from this Court, Defendants plainly have no intention of continuing to operate the TPP Program as Congress directed.

Second, it is beyond dispute that the 2026 Policy determines the rights of TPP awardees, subawardees, and the multitude of other parties that depend on services provided through its funding—including Plaintiffs—and the policy likewise has legal consequences. Agency action is final where it "has a direct and immediate effect on the day-to-day business of the subject party," especially where "immediate compliance with its terms is expected." *Or. Nat. Desert Ass'n v. U.S. Forest Serv.*, 465 F.3d 977, 987 (9th Cir. 2006) (internal alterations and quotation omitted). Defendants' decision to forsake proven programs in favor of those that align with administration priorities alters the rights of awardees to continued funding, and the abilities of the teenagers they serve to access educational content with the potential to alter the trajectory of their adolescence. And it has direct consequences, including that Awardee Plaintiffs and their partner organizations have had to lay off staff and abandon planned services for the coming academic year. Johnson Decl. ¶¶ 36–47; Miller Decl. ¶¶ 25–30; *see* Gerber Decl. ¶ 57. Likewise, the NOFOs determine rights and obligations because Plaintiffs and other applicants must comply with their requirements to be eligible for awards. *See Planned Parenthood of N.Y.C. v. HHS*, 337 F. Supp. 3d 308, 328

(S.D.N.Y. 2018) (funding opportunity announcements "create[d] 'direct and appreciable consequences' for any applicant for TPP funding" (quoting *Bennett*, 520 U.S. at 178)).

The simultaneous termination of scores of agreements citing the same policy reasons with the same boilerplate language, along with the issuance of NOFOs imposing those same terms, shows the existence of an overall policy decision that meets both *Bennett* prongs.

ii. The 2026 Policy violates the statutory requirements of the TPP Program and exceeds Defendants' statutory authority.

The APA requires courts to "hold unlawful and set aside agency action" that is "not in accordance with law" or "in excess of statutory jurisdiction, authority, or limitations, or short of statutory right." 5 U.S.C. § 706(2)(A), (C). Because HHS is a "creature of statute" and "possess[es] only the authority that Congress has provided," *Nat'l Fed'n of Indep. Bus. v. DOL*, 595 U.S. 109, 117 (2022), it lacks authority to transform the TPP Program into one that conflicts with the parameters set forth in authorizing legislation. Congress's grant of funding and authority to administer the TPP Program came with clear guardrails specifying how the money must be spent: Tier 1 funding "shall be for replicating programs that have been *proven effective through rigorous evaluation* to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors." 140 Stat. at 281 (emphasis added). Tier 2 funding "shall be" used "for research and demonstration grants to develop . . . and test additional models and innovative strategies" to accomplish that same goal. *Id.* And all TPP programming must be "medically accurate and age appropriate." *Id.* The 2026 Policy jettisons those criteria in favor of the Administration's own political priorities and is contrary to law in numerous respects.

First, by terminating nearly every cooperative agreement that had funded evidence-based programming on the basis that the approved curricula were no longer acceptable to HHS, and explicitly limiting new applications to programs meeting criteria that contravene Congress's

directive instead, HHS is seeking to fund Tier 1 programs in violation of the statutory requirement to "replicat[e] programs that have been proven effective through rigorous evaluation." HHS recognizes that "replication" means "the implementation of an evidence-based program in a new setting or population while maintaining fidelity to its core components," stating that it "refers to duplicating or repeating an effective program."[12] As Plaintiffs' declarations evidence, there *are no* rigorously tested, proven-effective programs that center "body literacy" and comply with the administration's other newly imposed policy priorities. Simon Decl. ¶ 21; Johnson Decl. ¶ 33; *see* Miller Decl. ¶ 39.[13] Effectively, then, the only way applicants could run a program that complies with the new directives is by modifying a program and "integrating" the new content so that it is no longer "replicating" a program that has been "proven effective through rigorous evaluation." This violates the statute.

HHS has implicitly admitted its departure from the statute in multiple respects. For instance, the new Tier 1 NOFO recognizes that awardees will need to modify existing evidence-based programs to align them with HHS's new priorities, stating that applicants should include "any formal, written agreements (e.g., MOUs) from the developer/purveyor/copyright holder of the intervention indicating that you have permission to use and *to make any changes* to the materials." Tier 1 2026 NOFO at 23 (emphasis added). Those "[c]hanges may include those to ensure medical accuracy, age-appropriateness, and alignment with OASH priorities." *Id.* Similarly, despite *requiring* Tier 1 applicants to select programs that have been proven effective through rigorous evaluations that comply with the NOFO requirements, the administration

[12] *Replicating Effective Teen Pregnancy Prevention (TPP) Programs – AH-TP1-26-001: Questions and Answers*, OASH (July 9, 2026), https://perma.cc/FPX3-MNET.

[13] Notably, in response to a question from potential applicants, HHS has refused to identify any specific programs that it believes are "acceptable under the new priority of prioritizing 'body literacy' education." *Id.*

acknowledges that no such programs meet HHS's preferred criteria when they seek to fund Tier 2 applicants to *test* body literacy and other new program elements. *See, e.g.*, Tier 2 2026 NOFO at 1 ("[t]he goal of this initiative is to identify effective interventions focused on body literacy and ensuring transparency and protection of parental rights for future replication"); *id.* (applicants should "[i]mplement and evaluate a proposed intervention that promotes body literacy education and reproductive goals counseling, expanding the knowledge base of such interventions on adolescent optimal health and teen pregnancy prevention outcomes").

As several courts concluded after a previous attempt to redirect the Program in violation of the statute, requiring applicants to revise effective programs—thereby essentially implementing a new program—violates the statutory command that Tier 1 programs replicate studies proven effective. *See Planned Parenthood of Greater Wash. & N. Idaho*, 946 F.3d at 1113 (previous funding announcement "would incorrectly permit grants for programs not proven effective, contrary to the TPPP"); *Multnomah County v. Azar*, 340 F. Supp. 3d 1046, 1067–68 (D. Or. 2018) (setting aside previous Tier 1 announcement because HHS "ignore[d] the qualifier that the programs must be 'proven effective through rigorous evaluation'" (citation omitted)).

Second, the 2026 Policy violates the statute because it shifts both tiers of funding to abstinence-only programming. Under the NOFOs, award recipients "are expected to incorporate sexual risk avoidance (SRA) education as a component of program delivery." Tier 1 2026 NOFO at 12. The NOFOs claim that "SRA education provides adolescents with clear, evidence-informed information about the health and social benefits of avoiding sexual activity during adolescence." *Id.*; *accord* Tier 2 2026 NOFO at 9.

These requirements violate the funding scheme Congress established. In the 2026 Appropriations Act, Congress appropriated $101 million for "medically accurate and age

appropriate programs that reduce teen pregnancy." 140 Stat. at 281. Separately, in the next item of the statute, Congress appropriated a smaller sum for "sexual risk avoidance" education. *Id.* at 281–82 ("$35,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance"). This distinction tracks Congress's intent when it created the TPP Program to expand funding for sexual health education programs beyond those that implement SRA curricula. Exclusively funding abstinence-only program violates Congress's clear directive that TPP funds be used for programs proven effective at reducing teen pregnancy, distinct from the funds it separately earmarked for abstinence-only education. This effort to siphon and repurpose funds without congressional authorization violates the 2026 Appropriations Act.[14]

Third, HHS's opposition to content it believes to "normalize teen sex," is inconsistent with Congress's command to fund programming that is medically accurate, age-appropriate, and effective. As Plaintiffs' declarations explain, effective, age-appropriate and medically accurate sexual health education programming covers certain topics—such as contraception and consent—that necessarily acknowledge and discuss teen sexual activity. Simon Decl. ¶ 18; Johnson Decl. ¶ 32; Gerber Decl. ¶¶ 36–38; Miller Decl. ¶¶ 41–43. But HHS's priorities, incorporated in the NOFOs, explicitly direct applicants to avoid programs that, in the agency's view, "includ[e] content that encourages, normalizes, or promotes sexual activity for minors," OASH Priorities, *supra*, and the termination letters make clear that HHS defines those terms so capaciously as to sweep in broad swathes of effective content that actually educate teens on how to prevent pregnancy—as Congress intended, *e.g.*, King County Letter at 1–2 (questions about "enjoy[ing]"

[14] The 2026 Policy likewise violates the Purpose Statute, which commands that "[a]ppropriations shall be applied only to the objects for which the appropriations were made except as otherwise provided by law." 31 U.S.C. § 1301(a). Even where "separate appropriations" "shar[e] similar purposes," appropriations for one purpose cannot be used to fund the other. *Pa. Dep't of Pub. Welfare v. Sebelius*, 674 F.3d 139, 154 (3d Cir. 2012).

sex constitute normalizing sexual activity). That prohibition is fundamentally at odds with age-appropriate, medically accurate, effective teen pregnancy prevention. Awardees cannot effectively implement programs that reduce teen pregnancy while pretending that teen sexual activity does not exist. *E.g.*, Gerber Decl. ¶ 38 ("[I]t is not possible to run a program that effectively reduces teen pregnancy among sexually active and/or older adolescents without some reference to sexual activity."). The 2026 Policy is thus incompatible with the statutory requirements and objectives.

iii. The 2026 Policy is arbitrary and capricious.

The 2026 Policy is also unlawful because it is arbitrary and capricious. The APA empowers courts to set aside agency action found to be arbitrary, capricious, or an abuse of discretion. *Motor Vehicle Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 41 (1983). This standard "requires that agency action be reasonable and reasonably explained." *FCC v. Prometheus Radio Project*, 592 U.S. 414, 423 (2021). Plaintiffs are likely to show that the 2026 Policy violates the APA because HHS (1) relied on factors Congress did not intend it to consider, (2) failed to consider important aspects of the issue before it, (3) proffered an explanation that runs counter to the evidence, (4) failed to recognize and reasonably explain its decision to reverse substantial past practice, and (5) failed to take into account serious reliance interests.

1. *HHS relied on factors Congress did not intend.*

HHS's decision to overhaul the TPP Program relied on factors not intended by Congress and failed to consider how its political priorities may detract from the program's effectiveness. *State Farm*, 463 U.S. at 43. The statute indicates the "relevant factors to consider when awarding grants are: (1) whether the program is aimed at preventing teenage pregnancy; (2) whether the program is medically accurate and age appropriate; (3) whether the program has achieved proven results; and (4) whether the program represents an innovative strategy for preventing teenage

pregnancy." *Healthy Teen Network v. Azar*, 322 F. Supp. 3d 647, 659 (D. Md. 2018). HHS eschewed this guidance when it imposed requirements that undermine Congress's purpose.

For instance, HHS relied on an agency-imposed priority to "focus on programs that do not promote material that depicts, describes, exposes or presents . . . sexually explicit content, including content that encourages, normalizes, or promotes sexual activity for minors." *E.g.*, Hennepin County Letter at 1. It then relied on that priority to terminate scores of existing cooperative agreements that replicate rigorously tested, proven programs that Awardee Plaintiffs and their communities relied upon to prevent teen pregnancy. Although it is true, as HHS notes, that Congress limited funding to "age appropriate" programs, 140 Stat. at 281, each of the terminated programs already had been deemed age appropriate; besides, the statutory limitation does not give the agency *carte blanche* to decree programs ineligible because they discuss sex or purportedly normalize sexual activity. After all, the "appropriation was not an unrestricted sum of money to use for any purpose that might fall within HHS's broad mandate, but rather directs the agency to use the funds to support proven or innovative medically accurate methods of preventing teenage pregnancy." *Healthy Teen Network*, 322 F. Supp. 3d at 659. Plus, while Congress made clear in the Appropriations Act that funding for "sexual risk avoidance" programs should further the statutory goals "without normalizing teen sexual activity," 140 Stat. at 282, it included no such requirement for the TPP Program. By introducing that prohibition into the TPP Program—and attempting to turn it into an abstinence-only program—Defendants have considered factors Congress did not intend.

HHS also apparently seeks to *promote fertility*—an unexpected goal for a program intended to *reduce* teen pregnancy, but one aligned with this administration's "pronatalism" policies to

increase the national birth rate.[15] At a recent White House event, Secretary Kennedy warned of "a fertility crisis in this country right now" that poses "a threat not only to our economy" but also to "our national security."[16] As one strategy for increasing the birth rate, Secretary Kennedy and the "Make America Healthy Again," or "MAHA," movement he leads have championed a concept called "restorative reproductive medicine," a "holistic . . . philosophy" that believes "doctors can identify and treat the root causes of infertility" without resort to in-vitro fertilization (IVF).[17] "Restorative reproductive medicine" is not a recognized medical specialty; according to the American Society for Reproductive Medicine, a leading society of fertility specialists, it is "a political rather than a scientific concept."[18] Yet panelists at an HHS conference this spring on women's health touted restorative reproductive medicine, positing that U.S. "[e]ducation has become too hyperfocused on preventing pregnancy" and "coalesc[ing] around the idea that . . . [g]irls do not receive enough education on how to become pregnant or identify the warning signs of infertility."[19]

Secretary Kennedy's concern is borne out in HHS's decision; for instance, the Tier 1 NOFO requires all future recipients to "[p]romote optimal health through an upstream, preventive approach by emphasizing root-cause understanding of chronic health conditions that may impact overall health and fertility." Tier 1 2026 NOFO at 1. This obtuse language is a narrowly disguised

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[15] Caroline Kitchener, *White House Assesses Ways to Persuade Women to Have More Children*, N.Y. Times (Apr. 21, 2025), https://perma.cc/8DWZ-HJV7.
[16] *Transcript: President Trump Holds a Maternal Healthcare Event in the Oval Office, 5.11.26*, Senate Democratic Caucus (May 11, 2026), https://perma.cc/MXU5-75RC.
[17] Aria Bendix, *A Little-Known Approach to Infertility Is Complicating the White House's IVF Push*, NBC News (Aug. 8, 2025), https://perma.cc/R7WM-GWTL.
[18] Rachael Robertson, *There Is No 'Alternative' to IVF, Ob/Gyns Warn*, MedPage Today (July 3, 2024), https://perma.cc/E9BK-C4UH.
[19] Amanda Seitz, *Birth Control Skepticism, Teen Fertility Take Center Stage at Trump's Women's Health Summit*, KFF Health News (Mar. 19, 2026), https://perma.cc/W9WE-B3MA.

incorporation of restorative reproductive medicine principles, which encourage "a nonmedical and nonpatient-centered approach." Simon Decl. ¶ 22. Although medically accurate fertility awareness is a component of evidence-based sexual education programs, *id.* ¶ 21, the 2026 Policy goes much further in directing applicants to incorporate principles that *promote* "natural fertility." Congress plainly did not intend HHS to focus on teaching young women strategies to become pregnant in a pregnancy prevention program.[20]

The 2026 Policy imposes other related requirements Congress did not intend. The Tier 1 NOFO, for instance, states that its focus is to support the replication of evidence-based programs that "strengthen adolescent body literacy." Tier 1 2026 NOFO at 8; *see also* Tier 2 2026 NOFO at 9. This emphasis on "body literacy" has no apparent connection to the statute or its central goal of reducing teen pregnancy through programming proven to be efficacious. And other requirements are even more untethered: For example, it is wholly unclear why Congress would have intended that young men should be warned that "repeated or artificially stimulated arousal may affect neural development and behavior over time." Tier 1 2026 NOFO at 10. There is no apparent connection between the values-based messaging HHS is requiring and the statutory command to implement effective programs that reduce teen pregnancy.

Finally, the 2026 Policy scraps medically accurate content regarding birth control (undeniably one of the most important components to preventing teen pregnancy) in favor of a policy preference untethered from science and fact that is aligned with Secretary Kennedy's MAHA movement, which is infamously hostile to contraception. Simon Decl. ¶ 17. The rejection

[20] The TPP Program is not the only program in which the administration is promoting fertility. As part of the Title X family planning program, HHS has a NOFO posted for an "Infertility Training Center," in order to "promot[e] access to robust body literacy education and fertility awareness-based methods to address root causes of infertility." HHS, *Notice of Funding Opportunity: Infertility Training Center* 5, https://perma.cc/3JBK-TF3F (last visited July 13, 2026).

of birth control plainly is not a factor Congress intended the agency to consider in implementing a teen pregnancy prevention program. But some of HHS's termination letters relied on recipients' use of curricula that, according to HHS, "describe[] and emphasize[] the effectiveness, safety, and accessibility of various forms of birth control while failing to identify common side effects, contraindications, or health risks associated with these methods." *E.g.*, King County Letter at 2. The agency will now instead require the provision of information "necessary for informed consent" through "medically accurate materials or instructions with pharmaceutical or health-related recommendations [that] include information on the full range of health risks, so that individuals, such as parents and guardians of minors, can make fully informed decisions." *Id.* at 1. The NOFOs reflect this same priority. Tier 1 2026 NOFO at 10 (instruction must "include an overview of approaches to managing menstrual health concerns, including the advantages and disadvantages of ovarian suppression compared to approaches that address root causes"). Congress ordered the agency to make decisions based on efficacy of educational strategies to reduce teen pregnancy—not based on whether programming promotes "informed consent" (among parents, no less) by highlighting the alleged risks of birth control because the administration is opposed to its widespread use. *See* Gerber Decl. ¶ 44 (role of health educators is to "help people identify whether they would like to avoid the risk of unintended pregnancy" and help facilitate taking those steps, not to provide medical advice). HHS acted arbitrarily by injecting alleged safety concerns regarding birth control into the program, particularly when the focus on purported risks of birth control openly jeopardizes the program's effectiveness and is intended to dissuade program participants from using contraceptives. *Cf. Nebraska v. Su*, 121 F.4th 1, 16 (9th Cir. 2024) ("policy justifications cannot supersede statutory text").

2. *The 2026 Policy fails to consider important aspects of the problem.*

HHS's decision also "ignore[d]" the most "important aspect of the problem" before it: ensuring that TPP Program funding continues to effectively prevent teen pregnancy and testing additional strategies for doing so. *Ohio v. EPA*, 603 U.S. 279, 293 (2024) (internal quotation omitted). As explained above, HHS now prohibits content that it deems "sexually explicit" or to "encourage[], normalize[], or promote[] sexual activities for minors." OASH Priorities, *supra*. Gauging from the widespread terminations of effective programs, HHS seems to interpret those terms capaciously to encompass providing any real information about sex or even talking about sex. But effective sex education indisputably requires discussion and acknowledgement of human anatomy and sex education, as Plaintiffs' declarations attest. Simon Decl. ¶ 18; Johnson Decl. ¶ 32; Gerber Decl. ¶¶ 36–38; Miller Decl. ¶¶ 41–43. HHS acted arbitrarily and capriciously in failing to account for how proven, evidence-based programming could be implemented without acknowledging the reality of sexual activity.

HHS likewise ignored the obvious fact that ordering Tier 1 recipients to modify their programming to comply with the current administration's political viewpoints runs afoul of Congress's directive that funding "replicat[e] programs that have been proven effective through rigorous evaluation." 140 Stat. at 281. Through the directives to avoid "normalizing" sexual activity, to focus on "informed consent" related to contraception, and to "emphasiz[e] root-cause understanding of . . . fertility," Tier 1 2026 NOFO at 1, HHS is mandating certain content while prohibiting other content without regard to how implementing those changes will deliver programs that reduce teen pregnancy.

The 2026 Policy similarly forces Tier 1 program applicants to comply with a broad and standardless parental opt-out requirement without prior analysis and testing to establish whether such programming is proven effective to achieve the statutory objectives or whether it will result

in more teens missing out on content. *See* Tier 1 2026 NOFO at 1, 8. HHS tied these requirements to the Supreme Court's decision in *Mahmoud v. Taylor*, 606 U.S. 522 (2025)—a decision HHS admits "relates to school programs during school hours," Tier 1 2026 NOFO at 7—but failed to explain why that school-centered decision is relevant where TPP programming is decidedly *not* limited to the school setting. And the NOFO's lack of meaningful guidance leaves the agency with wide discretion to enforce this open-ended requirement. *Cf. Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *24 (discussing lack of guidance as to opt-out requirement).

Similarly, the Tier 1 NOFO failed to consider how its changes are likely to stigmatize certain communities and eliminate any programming that addresses the gaps in curricula that account for the unique needs of certain populations with the greatest unmet need. The 2023 NOFO stated that projects should focus on "communit[ies] and population[s] that are disproportionally affected by unintended teen pregnancy and STIs," including "those that have been adversely affected by persistent poverty and inequality," such as "LGBTQI+ youth." Tier 1 2023 NOFO at 6–7. And HHS apparently still recognizes the importance of implementing TPP programs "in communities with the greatest need."[21] Yet the new NOFOs delete all references to LGBTQ individuals and omit any consideration of the varying teen pregnancy rates among different populations. They also prohibit "denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic." Tier 1 2026 NOFO at 45; Tier 2 2026 NOFO at 55. These statements "appear to reject the existence of intersex and transgender individuals, which would be not only scientifically false (and thus contrary to the statutory requirement of 'medically accurate' programming) but also would seem to inhibit—or at least not advance—the goal of

[21] *See* OASH, OPA, *About the Teen Pregnancy Prevention Program*, HHS, https://perma.cc/KVF9-RRW3 (last visited July 6, 2026).

reducing unwanted teen pregnancies." *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *27; *see also id.* at *27 n.18 (noting plaintiffs' declarations offered "well-accepted scientific support for the fact 'that some individuals identify on a spectrum of gender identity'" (citation omitted)). Defendants' efforts to erase more inclusive content from the TPP Program failed to consider an important aspect of the problem Congress intended to solve.

3. *The 2026 Policy runs counter to the evidence before the agency.*

An agency acts arbitrarily and capriciously by "offer[ing] an explanation for its decision that runs counter to the evidence before" it. *State Farm*, 463 U.S. at 43. HHS violated this black-letter rule of administrative law when it ignored overwhelming evidence that the scores of programs it terminated each have been rigorously evaluated and—by HHS's own standards—determined to have been proven effective, while pivoting new funding agreements toward restrictive abstinence-only programming that mirrors the administration's policy priorities. As discussed above, the TPP Program has a remarkable history of funding evidence-based approaches to reduce teen pregnancy—yet HHS defied the evidence by scrapping tested and effective programs. Indeed, the agency effectively conceded that its new priorities have not been "proven effective" when it proposed *testing* them in new Tier 2 awards. *See* Tier 2 2026 NOFO at 1.

HHS also relied on "evidence" that does not exist. Two of the seven articles HHS cites in the NOFOs are simply made up. *See* Talmor Decl. ¶¶ 7, 10. For three others, the citation is incorrect—meaning no article by the cited author appears in the journal HHS cited. *Id.* ¶¶ 8, 9, 11. The titles for these three articles do resemble (but do not exactly match) articles that the listed author published in entirely different journals. *Id.* But even if HHS intended to cite the real articles published in different journals, they fail to support HHS's decision. One article analyzes STI rates among *adults* with multiple sexual partners, not "adolescent sexual decision-making," as HHS claims. *Compare* Talmor Decl. ¶ 9, *with* Tier 1 2026 NOFO at 6 n.2. Another one reviews the

efficacy of various fertility-awareness based family planning methods; it provides no support for HHS's claim that girls receiving body literacy education are more likely to remain abstinent. *Compare* Talmor Decl. ¶ 11, *with* Tier 1 2026 NOFO at 6. Given that five out of seven articles cited in the NOFOs do not exist at all, do not exist in the journal HHS cited, and/or provide no support for HHS's proposition, it is reasonable to infer these mistakes likely resulted from the use of artificial intelligence to draft the NOFOs. By failing to offer a "rational connection between the facts found and the choice made," *State Farm*, 463 U.S. at 43 (citation omitted), the 2026 Policy violates the APA.

4. *HHS failed to reasonably explain its decision to reverse course.*

New administrations have discretion, of course, to evaluate their programs and policies and even to reverse previous decisions. Here, HHS has imposed a stark departure from the evidence-based decisionmaking that has *always* been the hallmark of the TPP Program and imposed new dogmatic requirements that run counter to the evidence, marking a significant change in agency policy. Before undertaking such sweeping actions, the APA requires agencies to recognize such policy shifts and to provide "good reasons" for changing longstanding policy. *FCC v. Fox Television Stations, Inc.*, 556 U.S. 502, 514–15 (2009). HHS was not writing "on a blank slate" and was required to "provide a more detailed justification" because it chose to "disregard[] facts and circumstances that underlay or were engendered by the prior policy." *Id.* at 515–16.

HHS provided no such reasoned explanation for abandoning its longstanding practice and revamping the TPP Program to align with MAHA ideology. Nowhere did the agency explain any cogent rationale for its decision to jettison the current, rigorously tested programs available for Tier 1 funding in favor of untested strategies. HHS likewise failed to explain how the statutory requirement of replication of effective programs can be met without "normalizing" teen sex or why teen-pregnancy prevention programs should be responsible for ensuring that program

educators provide robust information about the risks, benefits, and alternatives to using contraceptives that teens may obtain through a healthcare provider that is equipped to and required to provide teens and their parents with the individualized information necessary to make informed health care decisions. Nor did HHS provide any justification for canceling the vast majority of its funding, with no notice, shortly before a new school year is set to start—or for the equally catastrophic decision to cancel midstream all of its Tier 2 agreements, with the result that recipients must abandon testing models before completion and sacrifice the intended benefits from the evidence already gathered. *See* Gerber Decl. ¶ 49. Instead, HHS relied on the conclusory assertion that "[c]urrent program priorities, such as focusing on projects that do not normalize or promote sexual activity for minors, differ fundamentally from prior approaches." *E.g.*, King County Letter at 2; *see also id.* at 1 (asserting that "priorities[] such as focusing on projects . . . that provide medically accurate information for full informed consent[] differ fundamentally from prior approaches"). This is not reasoned decisionmaking.

HHS failed to explain other abrupt departures from past practice. For example, the 2023 Tier 1 NOFO pointed applicants to the TPPER as a tool to assist in the selection of permissible evidence-based programs. Tier 1 2023 NOFO at 10–11. For several years, HHS has used the TPPER to examine studies of teen pregnancy prevention programs and determine which have been proven effective through rigorous evaluation.[22] The new Tier 1 NOFO, however, makes no mention of the TPPER and provides no meaningful guidance as to which (if any) programs previously deemed effective qualify under the new criteria. Instead, it simply states that all programs must satisfy the criteria in Appendix A. Tier 1 2026 NOFO at 9. But Appendix A is of little use to applicants in search of a specific program that will comply with Defendants' newly

[22] Tollestrup, *Adolescent Pregnancy: Federal Prevention Programs*, *supra* note 3, at 4–6.

imposed requirements: It simply provides high-level criteria "required for a program to be considered rigorously evaluated." Tier 1 2026 NOFO at 65. This does not provide any meaningful guidance to applicants who were already running "rigorously evaluated" and proven successful programs from the TPPER, yet abruptly had their awards terminated, and now must guess at how they can comply with Defendants' evolving preferences. *E.g.*, Johnson Decl. ¶ 33 (Appendix A guidelines are "vague and unhelpful in identifying a curriculum that complies with the administration's policy priorities while remaining evidence-based and effective at preventing teen pregnancy").

Similarly, Defendants did not explain their decision to shift from offering Tier 1 awards on a five-year cycle, Tier 1 2023 NOFO at 2, to a two-year award period "with an optional competitive third year," Tier 1 2026 NOFO at 1. Awardees are expected to "pilot approved programs" within six months of the award's issuance, and they must "fully implement approved programs" within one year. *Id.* at 9. This reduced award period provides less certainty for applicants and beneficiaries alike. Johnson Decl. ¶ 38; Miller Decl. ¶ 44. As HHS previously recognized, a shorter award period does not "allow grantees enough time to form the community relationships, partnerships, and wider engagement needed to adopt a comprehensive systems-thinking approach."[23] Defendants did not even acknowledge this change in position, let alone offer any persuasive reason for it.

Defendants likewise did not acknowledge their decision to treat applicants with existing awards less favorably than applicants new to the program. The NOFOs include "funding priorities" that add bonus points for certain applications: Two points are added if an organization "does not hold an active award under this opportunity," and two more points are added if an organization

[23] OPA, *Delivering Evidence-Based Programs to Prevent Teen Pregnancies and Support Adolescent Health* 54 (Nov. 2024), https://perma.cc/Y4YB-NKX9.

"has never received an award under this opportunity." Tier 1 2026 NOFO at 41–42; Tier 2 2026 NOFO at 52. As a result, applicants such as Awardee Plaintiffs—who have participated in the program for years and have a track record of success at implementing programs that reduce teen pregnancy—are at a disadvantage relative to newcomers. Defendants' failure to recognize and reasonably explain their changes in policy is arbitrary and capricious. *See Fox*, 556 U.S. at 515.

5. *HHS failed to take into account serious reliance interests.*

The APA's mandate of reasoned decisionmaking required HHS "to assess whether there were reliance interests, determine whether they were significant, and weigh any such interests against competing policy concerns." *DHS v. Regents of Univ. of Cal.*, 591 U.S. 1, 33 (2020). HHS defied that requirement by enacting the 2026 Policy without taking into account the substantial reliance interests of the many stakeholders in this program. Recipients of Tier 1 funding—including Awardee Plaintiffs—are entering year four of a five-year cooperative agreement. In reliance on funding, they have formulated budgets, designed programming, hired staff, and devoted significant resources to forming partnerships with community organizations, while focusing on projects that address unmet needs. *E.g.*, Johnson Decl. ¶¶ 11–15; Miller Decl. ¶¶ 12–15. Tier 2 recipients, including King County, have designed rigorous evaluation programs and devoted resources to implementing testing methodologies that will be meaningless if the programs are abruptly terminated. Gerber Decl. ¶ 49. Schools and local communities rely on the TPP Program to deliver effective public health programming; a new school year soon will start with a giant hole in the curriculum these entities use to educate their youth. Johnson Decl. ¶¶ 41–44. And parents and teens themselves rely on TPP programming to provide medically accurate and appropriate information to help them avoid the impacts of teen pregnancy. Miller Decl. ¶ 35 ("PPH has become a trusted resource for youth and parents.").

HHS's terminations do not hint at any consideration of reliance interests; on the contrary, each recognizes that the agency has "discretion" to "suspend . . . an award to allow the recipient an opportunity" to correct any issues, but that the agency "made a programmatic determination" to terminate instead because its new "priorities . . . differ fundamentally from prior approaches." *E.g.*, Hennepin County Letter at 2. This is the opposite of reasoned decisionmaking. The agency explicitly recognized that it was making a 180-degree pivot but—rather than considering the combined *impact* of its changes on recipients and other stakeholders—it made "a programmatic determination" to cut off funding that already had been granted and require new applicants to "fundamentally" change their programming. This failure to weigh serious reliance interests is alone reason enough to set aside the 2026 Policy. *Regents of Univ. of Cal.*, 591 U.S. at 33.

6. *The 2026 Policy is impermissibly vague.*

Finally, an "agency's requirements must be comprehensible and give entities fair notice of what is required of them." *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *23. To ensure fair notice, courts consider whether, "by reviewing the regulations and other public statements issued by the agency, a regulated party acting in good faith" could "identify, with 'ascertainable certainty,' the standards with which the agency expects parties to conform." *Nissan Chem. Corp. v. FDA*, 744 F. Supp. 3d 1, 9 (D.D.C. 2024) (citation omitted).

The 2026 Policy attempts to impose—by different means—several of the same requirements struck down as vague in the July 2025 Policy Notice. For example, the NOFOs provide that awardees "must implement any funds awarded under this NOFO to effectuate program goals and agency priorities in accordance with the Priorities of the Office of the Assistant Secretary for Health." Tier 1 2026 NOFO at 4. Those priorities include "[e]nding diversity, equity, and inclusion (DEI) policies and practices"; ensuring that "medically accurate materials . . . include

information on the full range of health risks" of contraception; "[e]nding support for gender ideology"; "[e]nsuring adolescent program materials are age-appropriate," including by ensuring that programs "do not promote harmful ideologies" and deprioritizing content that "encourages, normalizes or promotes sexual activity for minors"; and "[p]rotecting parental rights to direct the religious upbringing of their children." OASH Priorities, *supra*.

All these conditions were included in the July 2025 Policy Notice, which was vacated because, among other defects, "[v]irtually every new requirement" it imposed was "fatally vague." *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *23. The court observed, for instance, that "[t]he lack of agreed-upon meaning of terms like 'diversity, equity, and inclusion' ('DEI') have led other courts to deem arbitrary and capricious agency actions premised on those concepts where not adequately defined therein." *Id.* at *25 (collecting cases). The Policy Notice also excluded "gender ideology" and "discriminatory equity ideology" "without providing definitions of any of those terms in a workable way connected to TPP programming." *Id.* Similarly, it left "wide open for interpretation precisely . . . what constitutes a 'harmful ideology' that should be removed." *Id.* at *24. As for the prohibition on content that "normalizes" sexual activity, the absence of any "meaningful direction" to recipients made "compliance and fair enforcement impossible." *Id.* at *25. The parental opt-out requirement likewise provided "no guidance as to what is considered to burden religious exercise or how the opt-out mechanism should function with respect to recipients' programs." *Id.* at *24. And the directive to describe "a full range of health risks" was "up to interpretation" as well. *Id.* at *26.

Defendants have not remedied any of these vagueness issues. Instead, they have simply repackaged the conditions of the unlawful Policy Notice—which were "unworkable" and "susceptible to discriminatory application," *id.* at *22—as "agency priorities" that awardees must

comply with. Tier 1 2026 NOFO at 4. Defendants have thus provided no guidance as to what activity is prohibited, "leaving plaintiff[s] to guess at what is and is not permissible in the government's view, while already facing the threat of adverse actions during the guessing." *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *26 (alteration in original) (citation omitted); *cf. Fox*, 567 U.S. at 253–54 ("[P]recision and guidance are necessary so that those enforcing the law do not act in an arbitrary or discriminatory way . . . [and] to ensure that ambiguity does not chill protected speech.").

Further, the NOFOs provide that awardees' activities "must align with . . . executive orders." Tier 1 2026 NOFO at 45. But they offer no guidance on how awardees should come into "alignment." Executive orders "are directed toward '*governmental* actors,' and many, such as national security EOs or those renaming public sites, have nothing to do with the TPP program." *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *23. So it is unclear how awardees are to fulfill "the impossible task of divining the connection HHS saw between the executive branch priority and teen pregnancy prevention." *Id.* Because awardees have little hope of ascertaining their compliance with these vague commands, the Policy is arbitrary and capricious.

B. The NOFOs are independently unlawful.

For the reasons explained above, the 2026 Policy violates the APA in numerous ways and should be stayed or enjoined pending final resolution of this matter. But in the alternative, if the Court is not persuaded that the 2026 Policy *as a whole* should be stayed or enjoined at this time, at a minimum the Court should grant preliminary relief as to the NOFOs. The NOFOs are clearly final agency action, as their issuance marks the consummation of Defendants' decisionmaking process. Defendants have made a final decision to change the scope of the TPP Program and to offer new awards on those terms, and the NOFOs are not interlocutory or tentative. They also resemble the types of agency action courts routinely find to be final and reviewable. *See Planned*

Parenthood of N.Y.C., 337 F. Supp. 3d at 328 (TPP funding opportunity announcements were "subject to no further revision, and [were] by no means 'tentative'" (quoting *Bennett*, 520 U.S. at 178)); *see also Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *17 (policy notice was "the consummation of the agency's decision regarding applicable changes to the TPP program and imposes binding obligations on plaintiffs with clear legal consequences for noncompliance"); *R.I. Coal. Against Domestic Violence v. Kennedy*, 812 F. Supp. 3d 180, 192 (D.R.I. 2025). And because the NOFOs violate the APA for all the reasons explained above, the Court should at least halt implementation of these unlawful solicitations so that Awardee Plaintiffs and other applicants can continue to seek funding according to the parameters Congress intended.

C. The Tier 1 2026 NOFO violates the First Amendment.

The Tier 1 2026 NOFO also discriminates based on viewpoint, in violation of the First Amendment. "At the heart of the First Amendment's Free Speech Clause is the recognition that viewpoint discrimination is uniquely harmful to a free and democratic society." *Nat'l Rifle Ass'n of Am. v. Vullo*, 602 U.S. 175, 187 (2024). The government may not "use [its] power . . . to punish or suppress disfavored expression." *Id.* at 188. Nor can the government "deny a benefit to a person on a basis that infringes his constitutionally protected interests—especially, his interest in freedom of speech." *Perry v. Sindermann*, 408 U.S. 593, 597 (1972).

Defendants have sought to do just that. The Tier 1 NOFO instructs applicants to "[d]escribe your organization's mission and how it aligns with the goals of this NOFO, including advancing body literacy, informed consent, and optimal health." Tier 1 2026 NOFO at 20. Applications are assessed on the extent to which they "demonstrate[] a strong alignment between the organization's mission and the goals of the NOFO." *Id.* at 38. This condition is not limited to speech or activity funded by the TPP program because it applies broadly to an awardee's "mission."

The "mission-alignment" requirement constitutes "an ongoing condition on recipients' speech and activities." *Agency for Int'l Dev. v. All. for Open Soc'y Int'l, Inc.*, 570 U.S. 205, 218 (2013). Under the new requirement, applicants are treated less favorably or ineligible to receive funding entirely if their organizational mission does not conform to Defendants' ideological preferences. And combined with the NOFOs' less favorable treatment of current or previous awardees, the requirement makes clear that Defendants are attempting to funnel TPP Program funds to allies who share their policy preferences. Accordingly, the NOFO violates the bedrock First Amendment principle that the government may not "compel[] a grant recipient to adopt a particular belief as a condition of funding." *Id.*; *see also, e.g.*, *Freedom Network v. Trump*, No. 25-cv-12419, 2026 WL 1899186, at *10–11 (N.D. Ill. Mar. 23, 2026) (NOFO certification provision likely violated First Amendment where it "'reach[ed] outside' the federal program to influence speech" (citation omitted)); *R.I. Coal. Against Domestic Violence*, 812 F. Supp. 3d at 195 (conditions likely violated First Amendment where they were "enacted as 'extrinsic, extra-statutory conditions' on top of already existing and well-established programs" (citation omitted)).

D. This Court has jurisdiction to award relief.

This case concerns federal cooperative agreements, and Plaintiffs' claims are founded on the Constitution and the APA, not on the text of the agreements. Indeed, this case challenges an overarching policy through which Defendants seek to overhaul the TPP Program—not individual termination decisions. Thus, unlike in some cases concerning award terminations where courts have held that the Tucker Act strips them of jurisdiction, there is no jurisdictional impediment to this Court's review of this case. *See Nat'l Insts. of Health v. Am. Pub. Health Ass'n*, 145 S. Ct. 2658, 2661 (2025) (Barrett, J., concurring in partial grant of application for stay) (district court likely had jurisdiction over APA challenge to internal agency guidance).

The Tucker Act grants the Court of Federal Claims jurisdiction over "contract suits against the United States." *Nat'l Leased Hous. Ass'n v. United States*, 105 F.3d 1423, 1427 (Fed. Cir. 1997). Whether the Tucker Act bars district court jurisdiction over an APA claim turns on two factors: (1) "the source of the rights upon which the plaintiff bases its claims" and (2) "the type of relief sought (or appropriate)." *Megapulse, Inc. v. Lewis*, 672 F.2d 959, 968 (D.C. Cir. 1982). Both factors support this Court's jurisdiction.

First, the agreements at issue here are not contracts. An agreement qualifies as a contract with the United States if it meets four requirements, namely an offer, acceptance, proper government authority, and consideration. *See Trauma Serv. Grp. v. United States*, 104 F.3d 1321, 1326 (Fed. Cir. 1997). Consideration "must render a benefit to the government," and that benefit must be "*direct*" rather than "*incidental*." *St. Bernard Parish Gov't v. United States*, 134 Fed. Cl. 730, 735–36 (2017). Merely "advanc[ing] the agency's overall mission" only indirectly benefits the government and does not constitute "consideration." *Hymas v. United States*, 810 F.3d 1312, 1328 (Fed. Cir. 2016); *see also Pa. Dep't of Pub. Welfare v. United States*, 48 Fed. Cl. 785, 791 (2001) ("By funding and regulating programs designed for the public good the U.S. is acting in its role as sovereign and the moneys promised are gifts or gratuities which do not establish any contractual obligation, express or implied, on the part of the United States." (quoting *Marshall N. Dana Constr., Inc. v. United States*, 229 Ct. Cl. 862, 864 (1982))).

Although the label is not dispositive, "how the government agency classifies or denominates an agreement has probative value in assessing the sufficiency of the consideration the agency expects." *Am. Ctr. for Int'l Lab. Solidarity v. Chavez-DeRemer*, 789 F. Supp. 3d 66, 87 (D.D.C. 2025). Here, the agreements are consistently described as cooperative agreements or grants, not as contracts. *E.g.*, Johnson Decl., Ex. 1 at 2; Gerber Decl., Ex. 1 at 2; Miller Decl., Ex.

1 at 2. And that description is consistent with background principles of federal law that distinguish between grants, used to "carry out a public purpose of support or stimulation authorized by a law of the United States," 31 U.S.C. § 6304(1), and contracts, used to acquire "property or services for the direct benefit or use of the United States government," *id.* § 6303(1). The awards at issue in this case carry out the public purpose of reducing teen pregnancy, benefiting the federal government in its sovereign capacity, and do not involve the provision of property or services for the direct benefit of the government as a market participant. They thus lack consideration and do not qualify as contracts for purposes of the Tucker Act. *See Pacito v. Trump*, 169 F.4th 895, 927 (9th Cir. 2026) (rejecting Tucker Act defense where "the State Department made a deliberate choice to proceed by cooperative agreement and not by contract," and "[n]othing in the statute or the documents indicates that the parties were entering into a contract, much less a 'procurement contract'").

Moreover, the source of Plaintiffs' claims "is not the particular agreements but rather the rights conferred by the APA and the Constitution." *Urb. Sustainability Dirs. Network v. USDA*, No. 25-cv-1775, 2025 WL 2374528, at *18 (D.D.C. Aug. 14, 2025). Plaintiffs do not claim that Defendants have violated the terms of their cooperative agreements, but rather that Defendants have unlawfully attempted to transform the TPP Program into an abstinence-only program contrary to the 2026 Appropriations Act, have acted arbitrarily and capriciously, and have attempted to coerce Plaintiffs' speech in violation of the First Amendment.

Second, the type of relief sought likewise supports this Court's jurisdiction. Plaintiffs seek declaratory and injunctive relief that would restore the TPP Program to its statutorily mandated purpose and vacate the unlawful Policy. Plaintiffs do not seek either the "explicitly contractual

remedy" of specific performance or the "prototypical contract remedy" of money damages. *Crowley Gov't Servs., Inc. v. GSA*, 38 F.4th 1099, 1107 (D.C. Cir. 2022) (citation omitted).

The inquiry "is even clearer" for Plaintiff SIECUS. *See Brighton Park Neighborhood Council v. McMahon*, No. CV 25-4523, 2026 WL 1707623, at *17 (D.D.C. June 12, 2026). SIECUS is "not in contractual privity with the Defendants," so it "cannot bring [its] claims in the Court of Federal Claims." *Id.* Accordingly, SIECUS "can proceed in this Court with little difficulty." *Id.*; *see also, e.g.*, *Cmty. Legal Servs. in E. Palo Alto v. HHS*, 137 F.4th 932, 938 (9th Cir. 2025) (government's Tucker Act argument failed where plaintiff subcontractors could not sue in Court of Federal Claims).

II. Plaintiffs face irreparable harm absent emergency relief and have standing for the same reasons.

The harm caused by the 2026 Policy is "certain and great." *League of Women Voters of U.S. v. Newby*, 838 F.3d 1, 8 (D.C. Cir. 2016) (citation omitted). Without prompt relief, it will also "be beyond remediation." *Id.* (citation omitted); *see Open Cmtys. All. v. Carson*, 286 F. Supp. 3d 148, 175 (D.D.C. 2017) ("[A] preliminary injunction requires only a likelihood of irreparable injury, . . . Damocles's sword does not have to actually fall . . . before the court will issue an injunction." (quoting *League of Women Voters*, 838 F.3d at 8–9)). Both showings are made here.

To start, Defendants' actions "have perceptibly impaired" Plaintiffs' programs and made it "more difficult for [organizations] to accomplish [their] primary mission[s]." *Open Cmtys. All.*, 286 F. Supp. 3d at 177 (quoting *League of Women Voters*, 838 F.3d at 8–9). Following Defendants' implementation of the 2026 Policy and the resulting cancelation of its cooperative agreement, Plaintiff PPH has been forced to begin winding down its TPP project. *See* Miller Decl. ¶ 26. Among other things, PPH has had to begin the process of laying off ten staff members, who have valuable expertise and experience and in whom PPH has invested substantial training and

professional development resources. *See* Miller Decl. ¶¶ 27–28. Plaintiffs Hennepin County and King County, meanwhile, have had to reallocate money from other county initiatives to provide interim funding and avoid immediately shutting down their TPP programs. *See* Johnson Decl. ¶ 36; Gerber Decl. ¶ 48. Even with that stopgap funding, both counties have already seen major damage to their programming, given the uncertainty created by the 2026 Policy. For example, Hennepin County has had to cancel planned training sessions and is unable to begin the hiring and training necessary for a successful and timely launch of the program next school year. *See* Johnson Decl. ¶ 43. And King County has paused new enrollments and necessary data collection in its Tier 2 study, both of which are critical to the success and continuity of its research program. *See* Gerber Decl. ¶ 51. None of these Plaintiffs can fill the gap caused by the 2026 Policy by applying for funding for the same programs under the 2026 NOFOs. *See* Miller Decl. ¶¶ 36–45; Johnson Decl. ¶¶ 33–35; Gerber Decl. ¶¶ 35–47. And SIECUS has already devoted time and resources it could have spent elsewhere to combating the inaccurate and misleading claims advanced under the Policy. Simon Decl. ¶ 23. With such imminent—indeed, already occurring—harm, "there is a 'clear and present' need for equitable relief." *Chaplaincy of Full Gospel Churche*s, 454 F.3d at 297 (citation omitted).

Absent relief, Plaintiffs will also suffer harm that is "beyond remediation," even if the Court vacates the 2026 Policy, including the 2026 NOFOs, at the end of this litigation. *See League of Women Voters*, 838 F.3d at 8 (citation omitted). The critical program staff that PPH has needed to lay off have their last day at the organization on July 20. *See* Miller Decl. ¶ 30. Hennepin County, meanwhile, has determined that it must make a decision on whether to reallocate other county resources to support the program in the next several weeks, as the county cannot maintain its commitments to its community partners, school districts, and clinics unless full support for the

program is secured before the beginning of the next school year in late August or early September. *See* Johnson Decl. ¶ 44. And King County will soon suffer irreparable damage to the viability of the study it was conducting under its Tier 2 grant, meaning the last three years of research would largely go to waste. *See* Gerber Decl. ¶¶ 48–53. Moreover, Plaintiffs have seen substantial damage to their relationships with community partners and the youth with whom they work, and expect that damage to substantially deepen if the 2026 Policy and its attendant effects are not vacated soon. Miller Decl. ¶ 35; Johnson Decl. ¶ 45; Gerber Decl. ¶ 56; *see, e.g.*, *Am. Acad. of Pediatrics v. HHS*, 816 F. Supp. 3d 27, 62 (D.D.C. 2026) (reputational injury can establish irreparable harm).

III. The balance of the equities and the public interest favor Plaintiffs.

The final two factors—balancing the equities and weighing the public interest—"merge when the Government is the opposing party." *Nken v. Holder*, 556 U.S. 418, 435 (2009). Here, Plaintiffs' strong likelihood of success on the merits, discussed above, itself establishes that the equities and public interest favor preliminary relief. "It is well established that the Government cannot suffer harm from an injunction that merely ends an unlawful practice." *C.G.B. v. Wolf*, 464 F. Supp. 3d 174, 218 (D.D.C. 2020) (internal quotation marks omitted). Rather, 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*, 838 F.3d at 12 (internal quotation marks omitted). And there is "generally no public interest in the perpetuation of unlawful agency action." *Open Cmtys. All.*, 286 F. Supp. 3d at 179 (internal quotation marks omitted); *see also Northern Mariana Islands v. United States*, 686 F. Supp. 2d 7, 21 (D.D.C. 2009) ("[t]he public interest is served when administrative agencies comply with their obligations under the APA").

Further, there is an enormous public interest in preventing teen pregnancy and associated risks—as Congress recognized in establishing and continuously refunding the TPP Program. Granting preliminary relief will preserve critical teen pregnancy prevention programs and pause

Defendants' efforts to dismantle the program Congress created. Absent relief, for example, "many communities of young people in Iowa and Nebraska will be left at risk of increased teen pregnancy rates." Miller Decl. ¶ 46. Municipalities will be forced to pause and ultimately terminate programs in which they have invested enormous time and effort over the past three years. *See, e.g.*, Johnson Decl. ¶ 45 (county will likely need to cancel program if not funded by the time the school year begins, which will damage relationships and "substantially limit the kind of work [it] can do in the future, on teen pregnancy and other pressing health problems"); Gerber Decl. ¶ 58 (termination of award is "a massive loss for the [systems-involved] young men we serve," as there are no similar programs tailored for their needs).

On the other side of the ledger, Defendants face no harm from a stay or injunction against an unlawful policy. Staying or enjoining the 2026 Policy until the Court can determine its lawfulness "preserve[s] the relative positions of the parties" as they existed prior to the Policy taking effect. *See Robertson v. Cartinhour*, 429 F. App'x 1, 2 (D.C. Cir. 2011) (citation omitted).

CONCLUSION

For these reasons, the Court should grant Plaintiffs' motion and stay and preliminarily enjoin the 2026 Policy and the actions flowing from it. In the alternative, the Court should at minimum stay and preliminarily enjoin the 2026 NOFOs.

Date: July 15, 2026

Respectfully submitted,

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UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

HENNEPIN COUNTY, MINNESOTA, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 26-cv-_____

DECLARATION OF ASHLEY JOHNSON

I, Ashley Johnson, declare under penalty of perjury that:

1. I am over the age of eighteen and am competent to testify to the facts in this declaration.

2. I am the Deputy Director of Family Health and Clinical Services for Hennepin County Public Health (HCPH).

3. I hold bachelor's of arts and a master's of public policy. I have worked at HCPH since 2022.

4. The facts in this declaration are based on my personal knowledge, review of HCPH records, and information provided to me by other HCPH employees in the course of their duties.

5. In my capacity as Acting Senior Department Administrator and Deputy Director of Family Health and Clinical Services, I oversee county public health programming that provides health and wellbeing support to children, adolescents, and parents, as well as programming that offers low-cost medical, mental health, and substance use services to Hennepin County's 1.27 million residents.

6. One major component of HCPH's adolescent health programing is Better Together Hennepin, an initiative that works to help realize Hennepin County's vision of healthy, self-reliant citizens through the prevention of teen pregnancy. Since its launch in 2006, Better Together Hennepin has aimed to provide young people in Hennepin County with needed support so that they will wait until they are adults to become parents. Those supports include healthy youth development opportunities, connections to caring adults, evidence-based sexuality education, and accessible reproductive health services.

Hennepin County's Participation in the Teen Pregnancy Prevention Program

7. Hennepin County has participated in the Teen Pregnancy Prevention (TPP) Program since the Department of Health and Human Services (HHS) launched the program in 2010.

8. In the first years of the TPP Program, we were selected as one of the initial partners to conduct a rigorous evaluation of two different sexual health curricula, which we implemented in 28 schools and 17 health clinics across the county. That program, which ran from 2010 to 2015, helped validate those curricula and contributed to HHS's development of a list of evidence-based programs available for use by future TPP grantees.

9. In the decade since that initial TPP grant, we have built on the relationships we formed with community health care providers and school districts to build out a robust teen-pregnancy prevention program, with consistent and substantial support from HHS.

10. In 2021, we began a two-year cooperative agreement with HHS to begin developing a health mentor model—a unique approach that implements evidence-based programming in a flexible, holistic, and personalized setting. Through the health mentor model, Better Together Hennepin embeds sexual health educators in schools, alternative learning centers, adolescent-friendly health clinics, and a juvenile detention center. Those health mentors provide instruction, using validated, evidence-based curricula, as part of student health classes, and they also provide one-on-one support to students—serving as a trusted adult that students can come to as issues arise. In 2023, our health mentor model earned us a Model Practice Award from the National Association of County & City Health Officials.

11. Building upon the success of that 2021–2023 program, in 2023 we secured a five-year cooperative agreement with HHS through Tier 1 of the TPP Program. *See* Ex. 1. Through that cooperative agreement, we were set to receive a total of $9.86 million to continue building out and implementing Better Together Hennepin's health mentor model through June 2028. In issuing us the award, HHS evaluated and approved the principal components of our project, including the curricula we proposed to use, our implementation strategy, Hennepin County's organizational

capacity and staffing structure, our planned community partnerships, and our proposals for program evaluation.

12. HCPH operates Better Together Hennepin through contracts with six community-based partners, which directly hire, train, and oversee health mentors that operate in project sites across the county.

13. In our programming, our health mentors implement two different evidence-based, highly effective curricula that HHS had approved for use in the TPP Program and included on its evidence review list—FLASH, a widely used sexual health education program developed by King County, Washington, that is designed to prevent teen pregnancy, STDs, and sexual violence, and to increase knowledge about the reproductive system and puberty; and Positive Prevention Plus, a comprehensive curriculum aligned with the National Health Education Standards and the National Sexuality Education Standards and designed to ensure students receive inclusive, medically accurate, and age-appropriate instruction.

14. In one-on-one settings, our health mentors are trained to use motivational interviewing, a validated methodology that focuses on effective communication with individuals who are interested in making a health-related change.

15. Under the HHS cooperative agreement that began in 2023, we were able to expand our evidence-based pregnancy and STI prevention programming to 12 high schools, 11 health clinics, and the county's juvenile detention center.

16. Consistent with HHS's direction in the notice of funding opportunity for 2023 Tier 1 grants, we have focused this expansion on communities and populations that are disproportionately affected by teen pregnancy. Although Minnesota and Hennepin County as a whole have lower teen pregnancy rates than the national average, in the six focus communities, teen birth and STI rates

exceed the national average, and there are other substantial disparities in health outcomes and healthcare access for young people.

17. Better Together Hennepin has been extremely successful. Over the life cycle of the five-year cooperative agreement, Better Together Hennepin's health mentors were on track to directly reach 5,380 participants with evidence-based programming, providing them with consistent access to both classroom education and supportive adults. Although time- and staff-intensive, our health mentor approach recognizes the reality that building strong connections to caring adults is a proven method of reducing outcomes like unwanted pregnancies and STIs.

18. Our program participants consistently report that the information shared through our evidence-based programming was useful and relevant, that our health mentors provided a comfortable environment to talk about sexual health, and that they feel better prepared to make important health decisions after completing the program.

19. The schools and clinics where our health mentors work have likewise applauded the program. In a recent survey of staff at the schools, clinics, and juvenile detention center where we operate, 95 percent agreed that having a health mentor was beneficial for the site, and a similar percentage agreed that health mentors increased youth knowledge about sexual health and their access to needed sexual health services.

20. We have also received consistent positive feedback from our program officers at HHS over the course of our many projects together. In 2024, Hennepin County was one of three sites around the country chosen for a visit from HHS leadership to promote HHS's Call to Action for Adolescent Health and Wellbeing. During that meeting, we hosted a roundtable on adolescent health and representatives from Better Together Hennepin shared their experiences and the results of their work. Our staff have been regularly approached by HHS leadership and staff to provide feedback on TPP Program initiatives and give guidance to other grantees. For example, in 2024

HHS staff asked us to give a presentation on motivational interviewing, which HHS later turned into a standalone resource for grantees. As recently as early June 2026, an HHS staffer reached out to our program staff when they needed help answering another grantee's question about motivational interviewing—recognizing, the HHS staffer told us, that we have long been a leader on this approach among TPP grantees.

21. HHS has never informed us that our program does not comply with agency priorities or that it had any objections to the content we used. In 2024 and 2025, HHS approved our applications for non-competitive continuation funding.

22. The data bears out the success of our programming. Since the inception of Better Together Hennepin in 2006, the decline in teen birth rates in both Hennepin County and in the specific communities where Better Together Hennepin has implemented evidence-based programming has outpaced the declines in Minnesota and nationally. Between 2006 and 2025, teen birth rates declined by 70 percent across the United States and 75 percent in Minnesota. Those birth rates declined 76 percent in Hennepin County and a full 81 percent in communities where Better Together Hennepin operates.

Notice of Funding Opportunity and Award Termination

23. On June 11, 2026, we submitted our noncompetitive continuing application for the fourth year of our TPP award. In that application, we requested $1.97 million to cover our program operations from July 1, 2026, to June 30, 2027.

24. Typically, we have submitted applications for continuing funding to HHS in early spring and would expect to receive a notice of award by May. The timing of that renewal process allowed us to begin planning before the budget period began on July 1 and maintain consistent services for our program participants over the summer.

25. On June 23, 2026, HHS issued a new notice of funding opportunity (NOFO) for Tier 1 awards. When we saw that HHS had issued that NOFO, we recognized that HHS was planning to make new awards for new projects, using the same pot of appropriated funds that would have supported us and other current TPP grantees in years four and five of our awards.

26. On June 26, 2026, we received a letter formally terminating our award, effective that same day. *See* Ex. 2.

27. The letter stated that the Office of the Assistant Secretary for Health (OASH) "believes that some curricula normalize adolescent sexual activity and are not age appropriate, as they contain overly sexually explicit content that is not necessary to achieve the TPP program's statutory mission." The letter then stated that OASH was "deci[ding] not to renew some of its TPP Program awards in order to better prioritize agency resources towards the above-mentioned priorities."

28. As the sole justification for why OASH had decided to cancel our award, the letter claimed that "Hennepin County utilizes at least" one curriculum that OASH believes inappropriately "normalizes and encourages sexual activity for minors"—*Love Notes*. The letter went on to quote a number of statements from the *Love Notes* curriculum.

29. However, HCPH has never used *Love Notes* in Better Together Hennepin. When we applied for a continuation award for the third year of our project in the spring of 2025, we noted in that application that we were *considering* adding *Love Notes* to the roster of curricula that our health mentors implement. After discussion with program staff at HHS, and with their approval, we ultimately decided not to use *Love Notes.* Our application for a year-four continuation award makes clear that *Love Notes* is not one of the curricula that we use.

30. It is my understanding, after speaking with other grantees, that in termination notices to other TPP Program grantees, OASH has specifically criticized their use of FLASH and Positive Prevention Plus—the two curricula that we do use in Better Together Hennepin.

31. In our termination letter, OASH explained that it planned to "focus[] on projects that do not normalize or promote sexual activity for minors." The new Tier 1 NOFO likewise incorporates agency priorities that prohibit normalizing teenage sexual activity.

32. This prohibition on normalizing sexual activity is not clearly defined. Based on the references to the *Love Notes* curriculum in our termination letter and discussions in the new Tier 1 NOFO, it seems like HHS may be suggesting that any program that talks about having sex is not age appropriate for any adolescents. But our chosen curricula and our program as a whole are age appropriate and sensitive to the needs of the communities where we work. It is not, as HHS has suggested, sexually explicit or pornographic. We do not believe that we can effectively run a teen pregnancy prevention program without talking about teens having sex.

33. Although the Tier 1 NOFO instructs potential grantees to use a curriculum that complies with the guidelines laid out in Appendix A to the NOFO, upon initial review we found these criteria vague and unhelpful in identifying a curriculum that complies with the administration's policy priorities while remaining evidence-based and effective at preventing teen pregnancy. Indeed, we are not aware of any rigorously tested, proven-effective programs that would comply with the administration's new priorities. Therefore, it is not possible to comply with the statute's replication requirement and the new policy priorities in the NOFO.

34. Our health mentor model would be particularly impossible to effectively run under the new conditions that OASH has laid out in the new Tier 1 NOFO. We have built the health mentor model specifically because having a trusted adult embedded in a school or clinic, with longstanding relationships with youth, has proven critical in ensuring that young people seek out the support

and information they need when important health questions arise. It would be impossible to build those personal relationships while stigmatizing teen sex or refusing to acknowledge the reality that many teens do have sex.

35. After reviewing the terms of the new Tier 1 NOFO, I understand that Hennepin County would be required to demonstrate "alignment" between our organization's mission and the goals of the NOFO. We are particularly concerned about the NOFO's goal of limiting or preventing discussion of sexual activity because we have found through rigorous testing that creating an open dialogue between youth and trusted adults helps prevent teen pregnancy and optimal health for the youth we serve. Consistent with our commitment to such evidence-based approaches, we do not believe we can deliver effective teen pregnancy prevention programming without discussing sexual activity. Accordingly, we do not believe our mission of using evidence-based methods to reduce teen pregnancy can align with at least one of the NOFO's goals.

Impact of Award Termination and New NOFO

36. Because our award has been terminated, Hennepin County has been forced to spend separate funds—which could have been used for other budgetary purposes—to keep paying our partners under existing Better Together Hennepin contracts through July 31, 2026.

37. We have not yet decided whether we can continue to support Better Together Hennepin after the end of this month. Doing so would require County leadership to decide to allocate funds out of the county's general tax revenue. We would need to request $1.97 million to keep the program running through the end of June 2027, and $1.97 million for the following year to keep the program running through the original end date in June 2028. Those funds would otherwise all be used to support other important county programming and initiatives, had HHS continued to fund our TPP Program as contemplated by our 2023 award.

38. Because the success of our health mentor program relies on the steady presence of a trusting adult available to the youth that we work with, we believe it is important to maintain as much continuity as possible. We would only be interested in continuing the program if we could guarantee funding for a substantial period of time—to avoid pulling out resources from our program participants midstream and without warning. For that same reason, we find the apparent shift toward shorter project periods in the 2026 Tier 1 NOFO—which makes two years the standard project length—unappealing and insufficient to build an effective teen pregnancy prevention program. Such a short project length would provide less stability and create more uncertainty, making it much more difficult for us to implement our health mentor model effectively.

39. We operate Better Together Hennepin largely through contracts with six implementing partners, including local nonprofits and health providers. The six current partners in Better Together Hennepin are some of our longest standing and most valued partnerships, and the abrupt cutoff of funding to our TPP Program work has caused and will cause substantial damage to those partners, our relationships, and the broader local adolescent health community.

40. Using funds from our TPP cooperative agreement, our partners employ 19 health mentors, and they further support the salary and staff time for managers and leaders who provide training and support to health mentors. Our program partners have made clear to us over the last several weeks that, if they do not have funds from HCPH, they will not be able to keep health mentors in the schools and clinics where they currently work, and most would need to lay off those health mentors entirely.

41. Although the termination letter that OASH sent us indicated that they had decided to terminate the award on June 26 "in an effort to align with many school systems' end-of-year calendar and minimize disruption," the timing of the termination—four days before a new budget

period was set to begin—has caused chaos and made it very difficult for us to plan for the future of Better Together Hennepin.

42. To begin, although some of our health mentors are based in schools, Better Together Hennepin is not designed as a school-year-only program, and we consider the continuous nature of our services to be a major part of the program's success. For example, our partner NorthPoint Health & Wellness Center recently shared with HCPH staff a success story of several students who, after the end of the school year, began accessing sexual and reproductive health services at NorthPoint's main clinic location—a seamless transition from the school-based clinic that NorthPoint attributed to the personal connections created through the health mentor program.

43. In addition, the summer is generally a time for recruitment and training of program staff. In July and August, our program partners typically hire to fill vacant positions, and HCPH staff bring together health mentors to discuss program successes and challenges and begin planning for the following school year. We have already had to cancel or postpone training sessions that we had scheduled for the summer, including one scheduled for just days after we received our termination notice. Every day of delay in securing funding for next school year means that we risk our health mentors beginning the school year untrained and unprepared to implement programming right away.

44. And if we are not able to fund the program by the time the school year begins in late August or early September, we will likely need to cancel the program entirely. Because our partner organizations operate through contracts with local schools and clinics, any major delays would require renegotiating those contracts with every program site. Operating a shortened version of the program after a delay, or operating the program without a guarantee that we will have funds to continue, are not options. Doing so would be inconsistent with the evidence basis for our

programming, and would put at risk the trusting relationships that we strive to build between youth and adult health mentors.

45. We have spent years building relationships with our partner organizations and the schools and other settings where health mentors work. The uncertainty caused by HHS's decision to terminate our cooperative agreement has already substantially damaged those relationships, leaving us in the impossible position of deciding whether to allocate limited county resources to try to belatedly fill the hole. We are concerned that the abrupt cancelation of the program will cause a breakdown in trust between the county and community partners and substantially limit the kind of work we can do in the future, on teen pregnancy and other pressing health problems.

46. We are not able to fill the funding gap by applying for a new cooperative agreement from HHS under the new Tier 1 NOFO, for the reasons discussed above.

47. Because of the award termination and the terms of the new NOFO, we will either not be able to continue supporting Better Together Hennepin, or will need to reallocate millions of dollars in county tax revenue to do so, absent relief.

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct.

Date: 07/13/2026

Ashley Johnson

EXHIBIT 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Award

Award# 1 TP1AH000279-01-00
FAIN# TP1AH000279
Federal Award Date: 06/15/2023

Recipient Information

1. Recipient Name
Hennepin County
300 S 6th St
Minneapolis, MN 55487-0999

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1416005801A7

4. Employer Identification Number (EIN)
416005801

5. Data Universal Numbering System (DUNS)
068158369

6. Recipient's Unique Entity Identifier (UEI)
QS7KRGY1LDF6

7. Project Director or Principal Investigator
Emily Scribner-O'Pray
emily.scribner-opray@hennepin.us
612-348-2082

8. Authorized Official
Ms. Andrea Nordick-Stone
Authorizing Official
andrea.nordick-stone@hennepin.us
612-348-9132

Federal Agency Information
OASH Grants and Acquisitions Management Division

9. Awarding Agency Contact Information
Mr. Roscoe Brunson
Grants Management Specialist
roscoe.brunson@hhs.gov
240-453-8837

10.Program Official Contact Information
Ms. Roslyn Thomas
Public Health Advisor
Division of Program Development and Operation
roslyn.thomas@hhs.gov
2404532835

Federal Award Information

11. Award Number
1 TP1AH000279-01-00

12. Unique Federal Award Identification Number (FAIN)
TP1AH000279

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

14. Federal Award Project Title
Better Together Hennepin: Healthy Communities Healthy Youth Project

15. Assistance Listing Number
93.297

16. Assistance Listing Program Title
Adolescent Health Programs

17. Award Action Type
New

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 07/01/2023 **- End Date** 06/30/2024	
20.	**Total Amount of Federal Funds Obligated by this Action**	$1,972,000.00
	20a. Direct Cost Amount	$2,083,902.58
	20b. Indirect Cost Amount	$31,324.42
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**	$143,227.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$2,115,227.00
26.	**Period of Perfomance Start Date** 07/01/2023 **- End Date** 06/30/2028	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$2,115,227.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Dr. Scott Moore
OASH Grants Management Officer

30. Remarks

This action provides FY 2023 Tier 1 funds in the amount of $1,972,000. See attached Terms and Conditions.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Award

Award# 1 TP1AH000279-01-00
FAIN# TP1AH000279
Federal Award Date: 06/15/2023

Recipient Information

Recipient Name
Hennepin County
300 S 6th St
Minneapolis, MN 55487-0999

Congressional District of Recipient
05

Payment Account Number and Type
1416005801A7

Employer Identification Number (EIN) Data
416005801

Universal Numbering System (DUNS)
068158369

Recipient's Unique Entity Identifier (UEI)
QS7KRGY1LDF6

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	$269,874.42
b. Fringe Benefits	$123,284.20
c. Total Personnel Costs	$393,158.62
d. Equipment	$0.00
e. Supplies	$30,644.38
f. Travel	$7,978.91
g. Construction	$0.00
h. Other	$22,822.40
i. Contractual	$1,629,298.27
j. TOTAL DIRECT COSTS	$2,083,902.58
k. INDIRECT COSTS	$31,324.42
l. TOTAL APPROVED BUDGET	$2,115,227.00
m. Federal Share	$1,972,000.00
n. Non-Federal Share	$143,227.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-19999SQ	TP1AH0279A	TPP01	41.51	93.297	$1,972,000.00	75-23-0120

35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Budget Period and Continuation Awards**. The award is for the budget period noted on line 19 with the possibility of subsequent continuation awards of up to 12 months at a time up to the maximum project period described on line 26. As the recipient, you must submit a separate application for review each budget period. OASH must approve the application in order for you to receive continued support for that year. Continuation application instructions will be provided no later than three months before the end of the current budget period. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as project progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.

2. **Addressing Reviewer Comments on Weaknesses**. The recipient must submit as a Grant Note in GrantSolutions a written response to all weaknesses noted in the Review Panel Comments within 30 days of the project start date on this Notice of Award. The response should address the weaknesses in relation to the program expectations as described in the notice of funding opportunity (NOFO). If addressing those weaknesses results in a significant change to the workplan and/or budget, a revised workplan and/or updated budget must be submitted as part of the response. Grants Management Officer prior approval is required for significant changes to become effective.

3. **Submission of MOAs**. The recipient must submit all Memoranda of Agreement (MOAs) for partnerships or collaborations identified in the application within 30 days of the start of the first budget period. MOAs should be on partner letterhead with appropriate signatures of all parties to the agreement and outline specific roles, responsibilities, resources, and contributions to the project of each organization. For new partnerships not identified in the application, the recipient must submit any new MOA as a Grant Note in GrantSolutions within 10 days of its execution.

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

5. **Institutional Review Board (IRB)**. It is the recipient's responsibility to ensure that any activities meeting the definition of human subjects research are appropriately reviewed according to the Common Rule **(45 CFR Part 46)**. For non-exempt research activities, Institutional Review Board (IRB) approvals must be submitted via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to the recipient's receipt of the IRB approval.

   The recipient must have clear procedures in place to determine whether the research is exempt under the Common Rule consistent with the guidance provided by the Office of Human Research Protections (OHRP). The determination that an exemption applies should be documented and provided as a Grant Note in GrantSolutions.

6. **Substantial Federal Involvement**. The award is a cooperative agreement. Cooperative agreements are a form of assistance that allows for substantial involvement between the awarding agency and the recipient during the period of performance. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, periodic site visits, ongoing review of plans and progress, relevant meetings, provision

of training and technical assistance), substantial programmatic involvement will include:
* Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project.
* Consulting with the recipient throughout the preparation and dissemination of materials related to the award.
* Review of recipient progress during the planning period and approval at significant milestones to move forward with full implementation.
* Review and approval of EBPs selected for replication, EBP implementation plans, and proposed adaptations to EBPs.
* Consulting on the adaptations proposed to ensure fidelity to EBPs core components.
* Assisting the recipient in the review and revision of priorities for activities conducted under the cooperative agreement.
* Serving as a programmatic resource during the implementation of the project by participating in the design of the activities and contributing with subject matter expertise.
* Identification of other organizations with whom the recipient may be asked to develop cooperative and collaborative relationships and partnerships to enhance the effectiveness of the project.
* Reviewing and approving all program materials prior to use in the project to ensure the materials are age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive.

7. **Non-duplication of efforts**. The recipient must coordinate with all teen pregnancy prevention programs within the same service areas to ensure that services provided under this award will not duplicate services and/or programs that already exist in the focus populations or communities. Within the first 30 days of the project, the recipient must submit documentation as a Grant Note in GrantSolutions outlining the populations, specific settings/locations, and areas of the community in which the project will be implemented and include other organizations implementing teen pregnancy prevention activities. The recipient should outline a plan or strategy how the organizations will work together to avoid duplication.

8. **Replicate EBPs with fidelity and quality.** Recipients must replicate one or more evidence-based programs (EBPs) that meet the criteria outlined in Section A.2.c.2 - Eligibility of Programs to be Replicated and Implemented to Scale of the Notice of Funding Opportunity (AH-TP1-23-001). Recipients are expected to obtain prior approval from OPA for selected EBPs prior to piloting the programs and work with OPA to finalize the plan for implementing evidence-based programs. The recipient must replicate EBPs with fidelity and quality. The recipient is expected to observe 5% of all EBP sessions and 100% of all EBP facilitators for fidelity and quality on an annual basis. Recipients may not significantly change the program s core components or compromise program fidelity. All proposed adaptations must be reveiwed by OPA. Major adaptations must be approved by OPA prior to implementation, regardless of guidance provided by the program developer.

9. **Materials Review**. The recipient is required to make all materials used and information disseminated within the funded project age appropriate and medically accurate. OPA expects the recipient to make materials and information culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. Review of materials is required prior to use in the grant. OPA expects the recipient to follow its guidance in conducting its own review. The recipient must correct any medical accuracy issues identified as part of its review prior to implementation, notify OPA that all modifications have been made, and certify that materials are medically accurate prior to use in the project. OPA may require recipients to submit program materials to OPA for a medical acc uracy review by OPA.

10. **Evalutaion Activities**. No more than ten percent of requested federal funds may be allocated to the collection and analysis of data related to the project. In addition, recipients may not use funds for a

rigorous impact evaluation.

Recipients are not required to collect such data as it relates to knowledge, attitudes, and intentions on sex.

The recipient is required, if selected, to participate in any OPA-directed Federal Evaluation, if funding for such an evaluation becomes available and must agree to follow all evaluation protocols established by OPA or its designee.

11. **TPP Program Performance Measures**. Recipients must collect all OPA performance measures (OMB 0990-0438, Expiration August 31, 2023, pending renewal) and report them on a semi-annual basis. Performance measure data are due at the same time the performance project reports (See Reporting Section below). In collecting performance measures and other project data, recipients must adhere to all relevant state laws, organizational policies, and other administrative procedures prior to collection.

12. **Teen Pregnancy Prevention Program Tier 1 Expectations**. The recipient should conduct the project in such a manner as to address the overall program expectations in the notice of funding opportunity AH-TP1-23-001. Specifically, demonstrate by the end of the planning period, the ability to scale replication of evidnce based programs (EBPs) in 3 or more settings in each identified community, including a confirmation of the total number of youth available in each setting and the percentage of them that will receive EBPs;
* demonstrate readiness to begin fully executing all expectations of the award by the end of the 6-month planning period;
* focus project on a community(ies) and population(s) that are disproportionally affected by unintended teen pregnancy and STIs;
* meaningfully engage youth, parents/caregivers, and the community in the design, implementation, and monitoring of the project;
* actively engage and collaborate with a network of partners in order to increase awareness of, access to, and utilization of adolescent-friendly services which address the needs of the population of focus;
* execute the project in an equitable, safe, supportive, and inclusive environment using trauma informed and positive youth development approaches; and
* have a Monitoring and Improvement Plan (MIP) to ensure programs offered are equitable, accessible, and of the highest quality and best fit for the community(ies) and population(s).

13. **Grantee Meetings**. The recipient is encouraged to actively participate in all OPA-supported TPP recipient meetings and recipient conferences, in addition to training and technical assistance (TA) available from the Reproductive Health National Training Center and other OPA-funded TA providers. OPA is planning to conduct one TPP grantee training in Year 1 of the project , a national grantee conference in years 2 and 4, and at least one recpient meeting in years 3 and 5.

STANDARD TERMS

1. **Recipient Responsibilities and Compliance with Requirements.** The recipient of this award has the full responsibility for the conduct of the project or activity supported under this award and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is described in the application for this award subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

Although recipients are encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise, such advice does not diminish the recipient's responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the

program office.

The recipient accepts the terms and conditions of the award by drawing or otherwise obtaining funds for the award from the grant payment system or office. By accepting this award, the recipient agrees to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications, and to the prudent management of all expenditures and actions affecting the award including the monitoring of subrecipients (if applicable).

The recipient must comply with all terms, conditions, and requirements outlined in this Notice of Award, including:

Award policy terms and conditions contained in the applicable Department of Health and Human Services (HHS) Grant Policy Statement (GPS), (note any references in the GPS to 45 C.F.R. Part 74 or 92 are now replaced by 45 C.F.R. Part 75, and the SF-269 is now the SF-425), and its subsequent updates. The HHS Grants Policy Statement is available at https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html.
All requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable.
Requirements or limitations in any applicable appropriations acts.
Compliance will all applicable statutes and regulations included in the Certifications and Representations for the recipient's SAM.gov registration.

2. **Grants Management Officer Prior Approval Requirements.** Certain changes to the project or its assigned personnel require prior approval from the Grants Management Officer (GMO) (45 C.F.R. § 75.308).

The recipient's Authorizing Official (AO) and/or Project Director/Principal Investigator (PD/PI) listed on page 1 of the Notice of Award must sign all amendment requests for actions requiring prior approval. The recipient must submit the request through the GrantSolutions Amendment Module. If the AO has changed since OASH issued the award, the recipient must provide notice of the change in AO. A change in PD/PI requires prior approval by the GMO and must be requested by the AO listed on the Notice of Award.

If approved, the GMO will sign the approval, typically by issuing a new Notice of Award. No other signature will constitute a valid approval. If the recipient acts on the basis of a response from any other officials or individuals, the recipient does so at its own risk. Such responses will not be considered binding by or upon any OASH office or HHS component. The GMO is not obligated to provide retroactive approvals.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within GrantSolutions. All correspondence must include the Federal Award Identification Number (FAIN) and signature of the AO and/or the PD/PI to avoid delays.

3. **Salary Limitation**. The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2023, the Executive Level II salary is $212,100. This amount is updated annually and posted at https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/.

For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

4. **Reporting Subawards and Executive Compensation.** As the recipient of this award you must comply with the following statutory reporting requirements.

A. Reporting of first-tier subawards.

1) Applicability.

Unless you are exempt as provided in paragraph D of this award term, you must report each action that obligates $30,000 or more in Federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111–5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2) Where and when to report.

You must report each obligating action described in paragraph A.1. of this award term to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FFRS). For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3) What to report.

You must report the information about each obligating action as specified in the submission instructions posted at http://www.fsrs.gov.

B. Reporting Total Compensation of Recipient Executives.

1) Applicability and what to report.

You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

a) The total Federal funding authorized to date under this award is $30,000 or more;

b) In the preceding fiscal year, you received—

(1) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

(2) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

c) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report executive total compensation described in paragraph B.1. of this award term:

a) As part of your registration profile in the System for Award Management (SAM).

b) By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1) Applicability and what to report.

Unless you are exempt as provided in paragraph D of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

a) In the subrecipient's preceding fiscal year, the subrecipient received—

(1) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. § 170.320 (and subawards); and

(2) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

b) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report subrecipient executive total compensation described in paragraph C.1. of this award term:

a) To the recipient.

b) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions.

If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:

1) Subawards, and

2) The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions.

For purposes of this award term:

1) "Entity"

This term means all of the following, as defined in 2 C.F.R. Part 25:

a) A Governmental organization, which is a State, local government, or Indian tribe;

b) A foreign public entity;

c) A domestic or foreign nonprofit organization;

d) A domestic or foreign for-profit organization;

e) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2) "Executive"

This term means officers, managing partners, or any other employees in management positions.

3) "Subaward":

a) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

b) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ll .210 of the attachment to OMB Circular A–133, ''Audits of States, Local Governments, and Non-Profit Organizations'').

c) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4) "Subrecipient"

This term means an entity that:

a) Receives a subaward from you (the recipient) under this award; and

b) Is accountable to you for the use of the Federal funds provided by the subaward.

5) "Total compensation"

This term means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 C.F.R. § 229.402(c)(2)):

a) Salary and bonus.

b) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

c) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

d) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

e) Above-market earnings on deferred compensation which is not tax-qualified.

f) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

5. **Intangible Property and Data Rights.**

A. Data (42 C.F.R. §75.322(d)). The federal government has the right to: 1) Obtain, reproduce, publish, or otherwise use the data produced under this award; and 2) Authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

B. Copyright (42 C.F.R. §75.322(b)). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

C. Patents and Inventions (42 C.F.R. §75.322(c)). The recipient is subject to applicable regulations governing patents and inventions, including government- wide regulations issued by the Department of Commerce at 37 CFR part 401.

6. **Acknowledgement of Federal Grant Support**. When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements") — describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

   1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and,

   2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

   When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

   If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

   This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

   The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

   This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

   The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

   Any amendments by the recipient to the acknowledgement statement must be approved by the OASH grants management officer after consultation with the federal project officer.

   If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance with sufficient time to allow for coordination.

7. **Whistleblower Protections.** The recipient is hereby given notice that the 48 C.F.R. § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled "Enhancement of contractor protection from reprisal for disclosure of certain information") applies to this award.

8. **Reporting of Matters Related to Recipient Integrity and Performance.** As the recipient, you are responsible for:

   A. General Reporting Requirement

   If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding

agencies exceeds $10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

B. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

1) Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;

2) Reached its final disposition during the most recent five-year period; and

3) If one of the following:

a) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;

b) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of $5,000 or more;

c) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of $5,000 or more or reimbursement, restitution, or damages in excess of $100,000; or

d) Any other criminal, civil, or administrative proceeding if:

(1) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;

(2) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and

(3) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

C. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph B of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

D. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph A of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than $10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

E. Definitions

For purposes of this award term and condition:

1) Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

2) Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

3) Total value of currently active grants, cooperative agreements, and procurement contracts includes—

a) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and

b) The value of all expected funding increments under a Federal award and options, even if not yet exercised.

F. Disclosure Requirements.

Consistent with 45 C.F.R. § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

HHS OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852

AND

US Department of Health and Human Services Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026

URL: http://oig.hhs.gov/fraud/report-fraud/index.asp

(Include "Mandatory Grant Disclosures" in subject line)

1-800-223-8164 (Include "Mandatory Grant Disclosures" in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371 ("Remedies for noncompliance"), including suspension or debarment (See also 2 C.F.R. Parts 180 & 376 and 31 U.S.C. § 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

9. **Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.** As the recipient, You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws require taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights

provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html

For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

For information on your specific legal obligations for serving qualified individuals withdisabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

10. **Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104)

A. Provisions applicable to a recipient that is a private entity.

1) You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not

a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

b) Procure a commercial sex act during the period of time that the award is in effect; or

c) Use forced labor in the performance of the award or subawards under the award.

2) We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

a) Is determined to have violated a prohibition in paragraph A.1 of this award term; or

b) Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph A.1 of this award term through conduct that is either-

(1) Associated with performance under this award; or

(2) Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

B. Provision applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

1) Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

2) Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either

a) Associated with performance under this award; or

b) Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

C. Provisions applicable to any recipient.

1) You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph A.1 of this award term

2) Our right to terminate unilaterally that is described in paragraph A.2 or B of this section:

a) Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7104(g)), and

b) Is in addition to all other remedies for noncompliance that are available to us under this award.

3) You must include the requirements of paragraph A.1 of this award term in any subaward you make to a private entity.

D. Definitions. For purposes of this award term:

1) "Employee" means either:

a) An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or

b) Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2) "Forced labor" means:

Labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3) "Private entity":

a) Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 C.F.R. § 175.25.

b) Includes:

(1) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 C.F.R. § 175.25(b).

(2) A for-profit organization.

4) "Severe forms of trafficking in persons," "commercial sex act," and "coercion"

These terms have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. § 7102)

11. **Prohibition on certain telecommunications and video surveillance services or equipment.** As the recipient you are responsible for the following.

A. As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

1) Procure or obtain,

2) Extend or renew a contract to procure or obtain; or

3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

a) For the purpose of public safety, security of government facilities, physical security surveillance of critical

infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

b) Telecommunications or video surveillance services provided by such entities or using such equipment.

c) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

REPORTING REQUIREMENTS

1. **Financial Reporting Requirement—Federal Financial Report (FFR) SF 425.** As a recipient, you must submit your SF-425 to OASH using the Department of Health and Human Services (HHS) Payment Management System (PMS). Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications. Submission of your SF-425 will enhance the reconciliation of expenditures and disbursements and allow for timely closeout of grants. To assist in your preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf. You must complete **all** sections of the FFR.

A. Quarterly FFR Due Date.

Your FFR is due 30 days after the end of each Quarter in the federal fiscal year. That is for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

B. Final FFR Due Date. Your final FFR covering the entire project is due 120 days after the end date for your project period.

C. Past due FFRs. If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your PMS account and contact information are up to date so you receive notifications.

D. Electronic Submission.

Electronic Submissions are accepted only via the PMS – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the award with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the PMS Help Desk or your assigned Grants Management Specialist. Please

reference box/line 9 pf page 1 of this NoA for the name of your assigned Grants Management Specialist.

2. **Semiannual Progress Report Requirements.** You must submit semiannual progress reports 30 days after the end of each performance reporting period unless otherwise required under Special Terms and Requirements or Special Conditions as required by statute, regulation, or specific circumstances warranting additional monitoring for this award. Your progress reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance may be provided by the Program Office. Reports must be submitted electronically via the Performance Project Report (PPR) Module in GrantSolutions.

3. **Audit Requirements.** The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all non-Federal entities expending Federal funds, and must be consistent with the standards set out at 45 CFR Part 75, Subpart F ("Audit Requirements"). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse athttps://harvester.census.gov/facides/Account/Login.aspx.

4. **Closeout Requirements.** Once the project period has ended, as the recipient, you are required to submit a Final Program Progress report, the SF-425 using the Department of Health and Human Services (HHS) Payment Management System and the SF-428 Tangible Personal Property report and/or Disposition report **within 120 calendar days after the project and final budget period end date**. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active or future projects or activities involving your organization.

   A. The Final Program Progress Report:

   Your report must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via the Performance Project Report Module in GrantSolutions.

   B. SF-425 Final Federal Financial Report:

   Submit your Final FFR using the Department of Health and Human Services (HHS) Payment Management System. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards. Electronic Submissions are accepted only via the HHS Payment Management System – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the HHS Payment Management System Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of your assigned Grants Management Specialist.

   C. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports:

   Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html_sortby_1

   Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Grants & Acquisitions Management Division.

CONTACTS

1. **Fraud, Waste, and Abuse.** The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

   Internet: https://forms.oig.hhs.gov/hotlineoperations/index.aspx

   Phone: 1-800-HHS-TIPS (1-800-447-8477)

   Mail: US Department of Health and Human Services
   Office of Inspector General
   ATTN: OIG HOTLINE OPERATIONS
   PO Box 23489
   Washington, DC 20026

   For additional information visit https://oig.hhs.gov/fraud/report-fraud/index.asp.

2. **Payment Procedures.** Payments for grants awarded by OASH Program Offices are made through the Payment Management System (PMS, previously known as the Division of Payment Management) https://pms.psc.gov/home.html.

   PMS is administered by the Program Support Center (PSC), HHS. Contact PMS to establish an account if you do not have one.

   Inquiries regarding payments should be directed to https://pms.psc.gov/home.html; or

   Payment Management Services
   P.O. Box 6021
   Rockville, MD 20852

   or 1-877-614-5533

3. **Use of Grant Solutions.** GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Program Director/Principal Investigator roles only. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official.

   For assistance on GrantSolutions issues please contact: GrantSolutions User Support at 202-401-5282 or 866-577-0771, email help@grantsolutions.gov, Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at https://grantsolutions.secure.force.com/.

4. **Grants Administration Assistance.** For assistance on **grants administration** issues please contact the Grants Management Specialist listed in Box 9 on page 1 of this Notice of Award or mail:

   OASH Grants and Acquisitions Management Division
   Department of Health and Human Services
   Office of the Secretary
   Office of the Assistant Secretary for Health
   1101 Wootton Parkway, Rockville, MD 20852

EXHIBIT 2

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary

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

June 26, 2026

Andrea Nordick-Stone
Authorizing Official
Hennepin County
300 S 6th St
Minneapolis, MN 55487-0006

Dear Ms. Nordick-Stone:

Funding for Award Number TP1AH000279 is hereby terminated, pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective June 26, 2026 in an effort to align with many school systems' end-of-year calendar and minimize disruption. Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Office of the Assistant Secretary for Health (OASH) may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

On September 16, 2025, OASH published a statement of "Priorities of the Office of the Assistant Secretary for Health." See https://health.gov/priorities. As relevant here, one of OASH's priorities is, to the extent permitted by law, to "focus on programs that do not promote material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content, including content that encourages, normalizes or promotes sexual activity for minors." Additionally, the TPP Program Replication of Evidence-Based Programs (TPP23 Tier 1) – 2023-2028 is authorized and funded through annual appropriations acts (e.g., Division B of Title II of the Consolidated Appropriations Act, 2026 (Public Law No. 119-75)), stating that funds are for "age appropriate programs that reduce teen pregnancy."

After a review of all curricular content, OASH believes that some curricula normalize adolescent sexual activity and are not age appropriate, as they contain overly sexually explicit or pornographic content that is not necessary to achieve the TPP program's statutory mission. As a result, OASH is adjusting its discretionary Teen Pregnancy Prevention (TPP) Program award portfolio, which includes the decision not to renew some of its TPP Program awards in order to better prioritize agency resources towards the above-mentioned priorities.

Hennepin County utilizes at least one such curricula in its TPP program, *Love Notes,* which normalizes and encourages sexual activity for minors. For example, *Love Notes* includes discussions about abusive pornography ("Being slapped, choked, thrown around. The interviewer adds: Spanking people, way more violent." pg. 349), discussions that normalize adolescent sexual activity ("So getting older and actually having good sex, in a good relationship…", pg. 354), as well as overly sexually explicit roleplay exercises for minors ("Come on. Sex is part of being close. Don't you trust me? […] Everyone who's this close has sex […], Person 2: Well… I'm not feeling this is right for me… but I guess I should just get over it," pg. 371).

In its discretion OASH may suspend (rather than decide not to renew) an award to allow the recipient an opportunity to take appropriate corrective action; however, after review and consideration, OASH made a programmatic determination regarding continuation funding not to renew the grant, based on the funded project during the current award period. Current program priorities, such as focusing on projects that do not normalize or promote sexual activity for minors, differ fundamentally from prior approaches.

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

If you have any questions, please contact Eric West at eric.west@hhs.gov.

Sincerely,

Eric West

Eric West
Acting Chief Grants Officer
Grants and Acquisition Management
Office of the Assistant Secretary for Health
Department of Health and Human Services

Amy Margolis

Amy Margolis
Deputy Director
Office of Population Affairs
Office of the Assistant Secretary for Health
Department of Health and Human Services

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

HENNEPIN COUNTY, MINNESOTA, et al.,

Plaintiffs,

.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 26-cv-2460

DECLARATION OF ANDREA ERBER

I, Andrea Gerber, declare under penalty of perjury that:

1. I am over the age of eighteen and am competent to testify to the facts in this declaration.

2. I am a health educator in the Sexual and Reproductive Health Program for Public Health Seattle King County (PHSKC). I hold a Master of Science in Education from the University of Pennsylvania and have been employed by PHSKC for 31 years.

3. The facts in this declaration are based on my personal knowledge, review of PHSKC records, and information provided to me by other PHSKC employees in the course of their duties.

4. In my capacity as a health educator, I serve as the project director of a federally-funded Teen Pregnancy Prevention grant from the Office of Population Affairs at the U.S. Department of Health and Human Services (HHS); design health education prevention programs; develop and implement teacher training; and provide training and technical assistance to school districts, school boards and others.

5. The Sexual and Reproductive Health Program's mission is to decrease the rate of unplanned pregnancy and improve the reproductive and sexual health of King County's more-than 2 million residents.

PHS C's Par c a o e Tee Pre a c Preve o Pro ra

6. We first participated in the Teen Pregnancy Prevention (TPP) Program starting in 2015. In June of that year, we received a Tier 2 award of 5 million over five years to conduct a study of High School FLASH, in what was to be the first ever scientifically rigorous evaluation of the curriculum.

7. FLASH is a science-based sexual health education curriculum, developed and published by PHSKC. The purpose of FLASH is to help decrease STD and unintended pregnancy rates for teens in King County and beyond.

8. King County provides the FLASH curriculum with age-appropriate material for elementary, middle school, high school, and special education students to schools across the nation. We currently provide our digital elementary and special education grade levels for free, and other grade levels at a low, affordable fee.

9. The 2015 award ultimately resulted in a successful evaluation of FLASH. Our study concluded that FLASH was effective at reducing unintended pregnancy and STDs, as well as at reducing homophobia and transphobia, among teens. Our evaluation team for that project, employed at the time by ETR Associates, published a peer-reviewed article with their conclusions.[1] HHS added FLASH to the list of TPP evidence-based programs in 2023.

10. We participated in the TPP Program again starting in 2023. In May 2023, we applied for funding under the Tier 2 NOFO published by HHS.

11. The 2023 NOFO stated that it was particularly interested in rigorous evaluations of promising interventions in populations and settings with great need and with significant health disparities, including interventions in juvenile justice or foster care/child welfare settings.

12. In applying for funding, therefore, we chose a population at disproportionate risk of unintended teen pregnancy: young men who are involved in the legal system or child welfare system. Those young men are at greater risk for poor sexual health and intimate partner violence outcomes. And we identified a gap in the field, as there were no other effective evidence-based programs specifically for systems-involved young men.

13. In September 2023, we received a Tier 2 award of 5 million over five years to rigorously evaluate the Stepping Stones program, which was developed by PHSKC. We are evaluating Stepping Stones for its capacity to decrease STIs, decrease unintended pregnancy, decrease

[1] Kari Kesler et al., *High School SH Se ual Health Education Curriculu T Inclusi ity Strategies educe Ho opho ia and Transpho ia*, Prevention Science (2023), https://pmc.ncbi.nlm.nih.gov/articles/PMC10764373/pdf/11121 2023 Article 1517.pdf.

intimate partner violence, and improve healthy relationships for systems-involved young men. A true and accurate copy of the notice of award is attached to this declaration as Exhibit 1.

14. In issuing that award, HHS necessarily evaluated and approved the principal components of our proposed project, including the intervention models to be implemented and the evidence on which they were based, the proposed curricula, implementation strategies, evaluation plans, organizational capacity, staffing structure, and community partnerships described in our application.

15. We use award funds to pay an evaluation firm that we partner with, in keeping with the evaluation requirements. We also use award funds to support the time of three staff members. In the third year of the award period, another staff member and I had 77 of our time funded by the award. In our fourth year application, we budgeted that staff member and me for 50 of our time, plus an additional 5 in our carryover request (for a total of 55). A third staff member had 6 of her time funded by the award in the third year, and in the fourth year we budgeted her at 3 plus an additional 1.5 in our carryover request (for a total of 4.5).

16. Stepping Stones provides one-to-one health education to improve the sexual health outcomes of systems-involved young men. The program employs motivational interviewing, which is a tailored communication strategy for working with individuals who are interested in making a positive health-related change.

17. The program operates at two in-person sites: San Diego Juvenile Court and Community Schools, and West Virginia Youth Reporting Centers. We also recently rolled out nationwide online delivery of the program to improve our recruitment numbers and ensure that we have a meaningful sample size.

18. The program includes four sessions. In the first session, the participant works with an adult guide to identify their most cherished values. They connect their deeply held values to the goal of

improving their sexual health and the health of their dating relationships, and they identify the specific content and skills they would like to learn during the four sessions. They also learn how to access healthcare services at sexual health clinics that are near them. In the second session, the participant makes a map of the people in their life and thinks about how those people can support them in achieving their sexual health and relationship goals, or how they might be a hinderance. They also learn information about correct condom use. In the third session, the participant makes an action plan for improving their sexual health and the health of their dating relationships, and in the fourth session they revisit and revise their plan as needed. In all sessions, they are offered health education on the topics of their choosing related to the goal of improving their sexual health and relationships.

19. The contracted evaluation firm manages the day-to-day operation of the study, working with site partners and study coordinators to implement the program. The coordinators are responsible for delivering the intervention to program participants and maintaining contact with them for follow-up surveys.

20. PHSKC staff meets with the evaluation firm to oversee the overall quality of the study, provide technical assistance, ensure they are delivering the intervention effectively, and ensure that records are accurate and compliant with federal guidelines. We also submit regular reports and continuation applications to HHS.

21. The program has received overwhelmingly positive feedback from participants. Young men who complete Stepping Stones report that they are more likely to get consent, use condoms, and get an STI test, and that they are less likely to hurt their partner.

22. Specifically, based on participation satisfaction surveys, 92 of participants reported that I plan to use what I learned to improve my relationships ; 92 reported that I plan to use what

I learned to take care of my sexual health ; and 83 reported that I am less likely to hurt my partner.

23. Participants also said the following about the program:

a. This program was helpful for me to not only reflect on my current life, but improve upon it with an actionable plan. The information provided was incredibly helpful and made me feel more comfortable navigating towards help if needed for my sexual health.

b. It helps give people like me more information and knowledge of relationships and sexual health that they normally would not have learned. And it gives them the opportunity to talk about and discuss the things they learned

c. A lot of people I know are not as educated as they should be on sexual health and having positive relationships, so I think they would benefit from the assistance this program provides.

24. We have also received high marks from the federal government in our technical reviews. We receive feedback on semiannual progress reports. That feedback has been overwhelmingly positive, finding that we routinely met or exceeded expectations. When we underperformed in recruitment numbers, we immediately took steps to improve by rolling out online delivery of the program. Our recruitment numbers quickly increased to the point that we will exceed expectations in this area as well.

25. In 2024, we were selected to present at the Administration for Children and Families Family Youth Services Bureau conference with our federal project officer, showcasing our project as a model for the TPP Program.

26. HHS has never informed us that our program does not comply with agency priorities or that it had any objections to the content used.

27. We submitted applications for non-competing continuation funding in May 2024 and June 2025. Those applications were approved in August 2024 and August 2025, respectively.

No ce o F d O or a d A ard Ter a o

28. On June 23, 2026, we were surprised to see that HHS issued a new notice of funding opportunity (NOFO) for Tier 2 awards.

29. On June 25, 2026, as directed by HHS, we submitted our noncompetitive continuing application for the fourth year of our 2023 award for the evaluation of Stepping Stones. We expected that we would receive our notice of award for the fourth year of our cooperative agreement in or about August 2026.

30. On June 26, 2026, we instead received a letter terminating our award, effective that same day. A true and accurate copy of that letter is attached to this declaration as Exhibit 2.

31. The content of the Stepping Stones program is aligned with the TPP statutory objective of supporting medically accurate and age appropriate programs that reduce teen pregnancy.

32. The letter stated that the Office of the Assistant Secretary for Health (OASH) believes that some curricula normalize adolescent sexual activity and are not age appropriate, as they contain overly sexually explicit content that is not necessary to achieve the TPP program's statutory mission.

33. The letter cited content from the Stepping Stones programs that purportedly encourages teenagers to consider and respond to the questions, How can I help my partner enjoy sex more ' and How can I enjoy sex more ' In fact, participants are not encouraged to choose or respond to any particular question. These questions are two of many that participants can choose to learn more about. These specific questions were requested by many of the young men we developed the program in partnership with. In response to the questions, the adult guide is directed to share information about consent, birth control, condoms, STI testing, and reproductive anatomy.

34. According to the letter, this normalization and encouragement of underage sexual activity conflicts with the OASH policy directive to focus on programs that do not promote material that depicts, describes, exposes, or presents obscene, indecent, or sexually explicit content, including content that encourages, normalizes, or promotes sexual activity for minors.

35. The new Tier 2 NOFO also incorporates agency priorities that prohibit normalizing teenage sexual activity.

36. This prohibition on normalizing sexual activity is not clearly defined. The agency appears to be suggesting that any programming that talks about having sex is not age appropriate for anyone under the age of eighteen. But if you are implementing a program that targets and seeks to modify sexual behavior, it is impossible to do that without talking about sexual behavior. In Stepping Stones, for example, we work with young men who are already sexually active. In fact, we use motivational interviewing as a communication strategy because we are talking about risk behaviors that they already engaged in and are trying to change.

37. The focus of our study is systems-involved young men because they have disproportionately poor sexual health outcomes, as well as higher rates of sexual activity and number of partners. It is not possible to work on modifying sexual behavior if we cannot talk about it. If we cannot talk about sexual activity, we would also be unable to discuss critical subjects such as how to get an STI test and how to use a condom.

38. In short, it is not possible to run a program that effectively reduces teen pregnancy among sexually active and/or older adolescents without some reference to sexual activity.

39. The termination letter also stated that some of our curricula provide insufficient information on the range of health risks associated with various forms of birth control.

40. The letter said that some Stepping Stones materials describe and emphasize the effectiveness, safety, and accessibility of various forms of birth control while failing to identify

common side effects, contraindications, or health risks associated with these methods. According to the letter, t his conflicts with the OASH policy directive to ensure that medically accurate materials or instructions with pharmaceutical or health-related recommendations include information on the full range of health risks, so that individuals, such as parents and guardians of minors, can make fully informed decisions.'

41. The new Tier 2 NOFO also instructs applicants to reference potential health risks when materials provide information on widely prescribed medications for sexual and reproductive health.

42. This language seems to clearly promote an anti birth control message and appears to be at odds with the requirement to provide medically accurate information. There is no epidemic of health concerns that people are experiencing because of birth control. In fact, spreading fear about purported risks of birth control, as this requirement seems to encourage, is more likely to decrease uptake of birth control and therefore increase the teen pregnancy rate. Much of our work to reduce teen pregnancy attempts to counteract misinformation teens frequently encounter about birth control especially online misinformation because it presents a barrier to people using birth control correctly.

43. In our program, which is targeted at young men, this subject primarily arises in the context of concern about a partner's use of birth control. Programming may involve conversations about how to support their partner to safely and effectively use birth control.

44. It would not make sense for our staff to discuss side effects or contraindications in these conversations, as HHS appears to be suggesting we should. While it is possible that some teens should not use certain birth control because of their health history or other factors, that is a conversation to have with a licensed medical provider. Our staff are not medical providers. Rather, as health educators, their role is to help people identify whether they would like to avoid the risk

of unintended pregnancy; think about what steps they might like to take to reduce that risk; and then help facilitate taking those steps, whether through using condoms, having discussions with their partners, encouraging visits to a clinician, or some other method.

45. Several other requirements in the new Tier 2 NOFO would also be difficult or impossible for us to comply with when delivering Stepping Stones. The NOFO requires incorporation of sexual risk avoidance education. That is another term for abstinence-only education. That framework is not appropriate for the young men we work with, who are already sexually active.

46. The NOFO also requires compliance with agency priorities that involve ending support for diversity, equity, and inclusion (DEI) programming. It is not clear what the agency considers to be DEI programming. Our program is delivered to a specific, targeted community: systems-involved young men. It is a program for a specific group. There is no clarity as to whether the agency would consider that to be impermissible DEI programming.

47. The NOFO also states that project participants shall not restrict participation in the project on the basis of . . . sex. Again, Stepping Stones is specifically tailored for systems-involved young men, so it appears that the program would be impermissible under the new NOFO.

I ac o A ard Ter a o a d Ne NOFO

48. Because our award has been terminated, the County has been forced to expend funds to continue paying our evaluation agency for the next two months. Those funds will go toward working to wrap up program delivery with participants.

49. After two months, we will not have sufficient funding to continue our evaluation and finish the study. That means the efforts of the last three years will largely go to waste. While we have collected data over the past three years, we cannot do anything meaningful with that data unless we are able to complete the study.

50. We need funding for the next two years as we expected to have under the award to do our final recruitment push and get enough participants for our analysis.

51. The termination has already harmed our program. To be on track to meet our enrollment targets, we need to be enrolling seven individuals a week. But because the funding we expected to have through the end of the award period has been terminated, we have paused new enrollments in the study. We also cannot collect data or distribute gift cards to participants for their upcoming five-month and twelve-month follow-up surveys because of the loss of funding.

52. The longer we go without funding, the more difficult it is to pick back up. The population we work with is transient and not easy to reach or stay in touch with. If we go without funding for an extended period of time, we will lose people from our study and our follow-up rate will be negatively impacted.

53. If our funds were restored and we were able to complete our study as expected, I am confident that we would likely turn out another evidence-based program that would be eligible for replication under Tier 1. This would be an enormous benefit to the field, as Stepping Stones is a highly tailorable program that is easy to implement and serves a difficult-to-reach population at disproportionate risk of unintended pregnancy and STIs. But the termination of our funding makes it impossible to complete our study.

54. It is important to note that there are no other evidence-based pregnancy and STI prevention programs designed specifically for systems-involved young men. The mission of our program is to decrease unintended pregnancies and improve the reproductive and sexual health of individuals. An important strategy for achieving this goal is to ensure that individuals at disproportionate risk, like systems-involved young people, receive the services and support they need. The loss of this funding hinders our ability to achieve our mission.

55. Further, on July 10, 2026, we received official guidance from HHS on our award's final progress report. Based on that guidance, we are required to complete a significant body of work on the final progress report without any funding. Ordinarily, we would have completed a substantial portion of that work in the fifth year of the award period.

56. We also face reputational harm and harm to our relationships from the termination of our award. We have spent years building relationships with partners in the schools, youth centers, and other settings where our educators work. The uncertainty stemming from the award termination has already damaged those relationships.

57. The termination of our award is devastating for the evaluation firm we partner with as well, which has already had to lay off at least one employee.

58. The termination of our award will also be a massive loss for the young men we serve. There are no other programs directed at young men who are systems-involved in the way that Stepping Stones program is. We co-designed the program with young men who are in detention or systems-involved. The program is tailored for their needs and has been extremely well-received. Systems-involved young men are at significant risk for STI infection, HIV, and unintended pregnancy, and are also at high risk for both perpetration and victimization for intimate partner violence.

59. The program is particularly unique because it provides a healthy relationship component that complements the teen pregnancy prevention component. There is an enormous need for that content, and many of the young men we talk to are extremely interested in it and want that content included in programming.

60. We also designed the program so that it would be easy to implement. The program is four sessions; it is short and straightforward and could be picked up and implemented quickly by people already working with systems-involved young men. A sexual education provider would not be

required to implement it; it could be implemented by parole officers or case managers and would give them a tool they do not have right now. We have heard that the program would be very well-received in those settings.

61. Because of the award termination and the terms of the new NOFO, we will not be able to complete our study absent relief.

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct.

Date: 7/14/2026

Andrea Gerber

Andrea Gerber

EXHIBIT 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Award

Award# 1 TP2AH000093-01-00
FAIN# TP2AH000093
Federal Award Date: 08/18/2023

Recipient Information

1. **Recipient Name**
KING COUNTY
401 5th Ave STE 1300
Seattle, WA 98104-1823
[NO DATA]

2. **Congressional District of Recipient**
07

3. **Payment System Identifier (ID)**
1916001327A5

4. **Employer Identification Number (EIN)**
916001327

5. **Data Universal Numbering System (DUNS)**
156914921

6. **Recipient's Unique Entity Identifier (UEI)**
TS2LXAN2W8A8

7. **Project Director or Principal Investigator**
Ms. Andrea Gerber
andrea.gerber@kingcounty.gov
206-477-6913

8. **Authorized Official**
Ms. Andrea Gerber
andrea.gerber@kingcounty.gov
206-477-6913

Federal Agency Information

OASH Grants and Acquisitions Management Division

9. **Awarding Agency Contact Information**
Mrs. Dixie Perez
Grants Management Specialist
Dixie.Perez@hhs.gov
240-453-8450

10. **Program Official Contact Information**
Mrs. Amanda Leeson
Public Health Analyst
Amanda.Leeson@hhs.gov
2404538827

Federal Award Information

11. **Award Number**
1 TP2AH000093-01-00

12. **Unique Federal Award Identification Number (FAIN)**
TP2AH000093

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

14. **Federal Award Project Title**
Evaluation of Stepping Stones: a program to improve relationships and sexual health for systems-involved youth

15. **Assistance Listing Number**
93.297

16. **Assistance Listing Program Title**
Teenage Pregnancy Prevention Program

17. **Award Action Type**
New

18. **Is the Award R&D?**
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 09/15/2023 - **End Date** 08/31/2024	
20.	**Total Amount of Federal Funds Obligated by this Action**	$1,000,000.00
	20a. Direct Cost Amount	$955,165.00
	20b. Indirect Cost Amount	$44,835.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$0.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$1,000,000.00
26.	**Period of Perfomance Start Date** 09/15/2023 - **End Date** 09/14/2028	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$1,000,000.00

28. **Authorized Treatment of Program Income**
ADDITIONAL COSTS

29. **Grants Management Officer – Signature**
Dr. Scott Moore
OASH Grants Management Officer

30. Remarks

This action authorizes a total of $1,000,000 for an FY2023 award. Please see attached terms and conditions.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Award

Award# 1 TP2AH000093-01-00
FAIN# TP2AH000093
Federal Award Date: 08/18/2023

Recipient Information

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KING COUNTY
401 5th Ave STE 1300
Seattle, WA 98104-1823
[NO DATA]

Congressional District of Recipient
07

Payment Account Number and Type
1916001327A5

Employer Identification Number (EIN) Data
916001327

Universal Numbering System (DUNS)
156914921

Recipient's Unique Entity Identifier (UEI)
TS2LXAN2W8A8

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	$128,809.00
b. Fringe Benefits	$43,795.00
c. Total Personnel Costs	$172,604.00
d. Equipment	$0.00
e. Supplies	$0.00
f. Travel	$5,595.00
g. Construction	$0.00
h. Other	$22,601.00
i. Contractual	$754,365.00
j. TOTAL DIRECT COSTS	$955,165.00
k. INDIRECT COSTS	$44,835.00
l. TOTAL APPROVED BUDGET	$1,000,000.00
m. Federal Share	$1,000,000.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-19999SQ	TP2AH0093A	TPP02	41.51	93.297	$1,000,000.00	75-23-0120

DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Office of the Secretary

Award# 1 TP2AH000093-01-00
FAIN# TP2AH000093
Federal Award Date: 08/18/2023

35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Addressing Reviewer Comments on Weaknesses**. The recipient must submit as a Grant Note in GrantSolutions a written response to all weaknesses noted in the Review Panel Comments within 30 days of the project start date on this Notice of Award. The response should address the weaknesses in relation to the program expectations as described in the notice of funding opportunity (NOFO). If addressing those weaknesses results in a significant change to the workplan and/or budget, a revised workplan and/or updated budget must be submitted as part of the response. Grants Management Officer prior approval is required for significant changes to become effective.

2. **Federal Agency Substantial Involvement**. A cooperative agreement is a form of assistance that allows for substantial involvement by the program office. Substantial involvement is in addition to the usual monitoring and technical assistance provided under a award such as assistance from the assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance. Substantial programmatic involvement for this cooperative agreement includes:

   A. Prior approval of key personnel changes, including the project director/principal investigator (PD/PI) and lead evaluator, or others identified as essential in the proposal.
   B. Review and approval of program materials prior to use in the project for to ensure the materials are medically accurate, age appropriate, complete, culturally and linguistically appropriate, trauma-informed, user-centered, and inclusive of all youth,
   C. Review of progress at planning period milestones and approval to move forward,
   D. Advise on the evaluation design plan and survey instruments prior to the intiation of the evaluation,
   E. Advise on the evaluation analysis plans prior to its implementation, and
   F. Advise on and acceptance of final evaluation report.

3. **Evaluation Standards**. The recipient must conduct a rigorous impact and implementation evaluation of the intervention. The recipient is expected to design and implement the impact evaluation to meet the study quality standards of the HHS Teen Pregnancy Prevention Evidence Review (TPPER), version 6.0. (https://tppevidencereview.youth.gov/ReviewProtocol.aspx).

   The recipient must participate in ongoing OPA-sponsored Evaluation Technical Assistance and to revise, refine, improve, and make necessary changes to their evaluation design plan to ensure that the plan meets the study quality standards of the TPPER. The recipient should register their studies with a federal registry.

4. **Non-duplication of efforts**. The recipient must coordinate with all teen pregnancy prevention programs within the same area covered by the project to ensure that this award will not duplicate services and/or programs that already exist in the focus populations or communities. Within the first 30 days of the project, the recipient must submit documentation as a Grant Note in GrantSolutions outlining the populations, specific settings/locations, and areas of the community in which the project will be implemented and include other organizations implementing teen pregnancy prevention activities. The recipient should outline a plan or strategy how the organizations will work together to avoid duplication.

5. **Materials Review**. The recipient must make all materials used and information disseminated within the funded project age appropriate and medically accurate. The recipient should make materials and information culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. OPA review of materials is required prior to thier use in the project. The recipient should follow OPA guidance in conducting its own review. The recipient must correct any medical accuracy issues identified as part of its review prior to implementation, notify OPA that all modifications have been made, and certify that materials are medically accurate prior to use in the project. OPA may require the recipient to submit program materials to OPA for a medical accuracy review and approval prior to use.

6. **Institutional Review Board (IRB)**. It is the recipient's responsibility to ensure that any activities meeting the definition of human subjects research are appropriately reviewed according to the Common Rule **(45 CFR Part 46)**. For non-exempt research

activities, Institutional Review Board (IRB) approvals must be submitted via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to the recipient's receipt of the IRB approval.

The recipient must have clear procedures in place to determine whether the research is exempt under the Common Rule consistent with the guidance provided by the Office of Human Research Protections (OHRP). The determination that an exemption applies should be documented and provided as a Grant Note in GrantSolutions.

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

8. **Submission of MOAs**. The recipient must submit all Memoranda of Agreement (MOAs) for partnerships or collaborations identified in the application within 30 days of the start of the first budget period. MOAs should be on partner letterhead with appropriate signatures of all parties to the agreement and outline specific roles, responsibilities, resources, and contributions to the project of each organization. For new partnerships not identified in the application, the recipient must submit any new MOA as a Grant Note in GrantSolutions within 10 days of its execution.

9. **TPP Program Performance Measures**. Recipients must collect all OPA performance measures (OMB #0937-0213, Expiration July 31, 2026) and report them on a semi-annual basis. Performance measure data are due at the same time the performance project reports (See Reporting Section below). In collecting performance measures and other project data, recipients must adhere to all relevant state laws, organizational policies, and other administrative procedures prior to collection.

10. **Expectations for Funded Awards**. The recipient should conduct the project consistent with the program expectations described in the notice of funding opportunity (AH-TP2-23-001). These expectations include:

    A. Demonstrating, by the end of the planning period, key milestones have been completed and the recipient is ready for full implementation of the study, including having a final OPA-approved evaluation design;

    B. Collaborating with partners and maintain organizational capacity;

    C. Engaging participants in ongoing project planning and implementation;

    D. Monitoring and improving the project which includes a requirement to monitor the progress of participant enrollment, consent, and retention within the study;

    E. Documenting and packaging the intervention including core components, with sufficient detail so that it is implementation ready and can be replicated by others. An acceptable copy of the final intervention package will be due as part of the final project report at the completion of the project.

11. **Grantee Meetings**. The recipient is encouraged to actively participate in all OPA-supported TPP recipient meetings and recipient conferences, in addition to training and technical assistance (TA) available from the Reproductive Health National Training Center and other OPA-funded TA providers. OPA is planning to conduct one TPP grantee training in Year 1 of the project , a national grantee conference in years 2 and 4, and at least one recpient meeting in years 3 and 5.

12. **Conferences and Workshops.** This award is subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/.

13. **Budget Period and Continuation Awards.** The award is for the budget period noted on line 19 with the possibility of subsequent continuation awards of up to 12 months at a time up to the maximum project period described on line 26. As the recipient, you must submit a separate application for review each budget period. OASH must approve the application in order for you to receive continued support for that year. Continuation application instructions will be provided no later than three months before the end of the current budget period. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as project progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.

STANDARD TERMS

1. **Recipient Responsibilities and Compliance with Requirements.** The recipient of this award has the full responsibility for the conduct of the project or activity supported under this award and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is described in the application for this award subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

   Although recipients are encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise, such advice does not diminish the recipient's responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

   The recipient accepts the terms and conditions of the award by drawing or otherwise obtaining funds for the award from the grant payment system or office. By accepting this award, the recipient agrees to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications, and to the prudent management of all expenditures and actions affecting the award including the monitoring of subrecipients (if applicable).

   The recipient must comply with all terms, conditions, and requirements outlined in this Notice of Award, including:

   A. Award policy terms and conditions contained in the applicable Department of Health and Human Services (HHS) Grant Policy Statement (GPS), (note any references in the GPS to 45 C.F.R. Part 74 or 92 are now replaced by 45 C.F.R. Part 75, and the SF-269 is now the SF-425), and its subsequent updates. The HHS Grants Policy Statement is available at https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html.

   B. All requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable.

   C. Requirements or limitations in any applicable appropriations acts.

   D. Compliance will all applicable statutes and regulations included in the Certifications and Representations for the recipient's SAM.gov registration.

2. **Grants Management Officer Prior Approval Requirements.** Certain changes to the project or its assigned personnel require prior approval from the Grants Management Officer (GMO) (45 C.F.R. § 75.308).

   The recipient's Authorizing Official (AO) and/or Project Director/Principal Investigator (PD/PI) listed on page 1 of the Notice of Award must sign all amendment requests for actions requiring prior approval. The recipient must submit the request through the GrantSolutions Amendment Module. If the AO has changed since OASH issued the award, the recipient must provide notice of the change in AO. A change in PD/PI requires prior approval by the GMO and must be requested by the AO listed on the Notice of Award.

If approved, the GMO will sign the approval, typically by issuing a new Notice of Award. No other signature will constitute a valid approval. If the recipient acts on the basis of a response from any other officials or individuals, the recipient does so at its own risk. Such responses will not be considered binding by or upon any OASH office or HHS component. The GMO is not obligated to provide retroactive approvals.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within GrantSolutions. All correspondence must include the Federal Award Identification Number (FAIN) and signature of the AO and/or the PD/PI to avoid delays.

3. **Salary Limitation**. The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2023, the Executive Level II salary is $212,100. This amount is updated annually and posted at https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/.

For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

4. **Reporting Subawards and Executive Compensation.** As the recipient of this award you must comply with the following statutory reporting requirements.

A. Reporting of first-tier subawards.

1) Applicability.

Unless you are exempt as provided in paragraph D of this award term, you must report each action that obligates $30,000 or more in Federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111–5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2) Where and when to report.

You must report each obligating action described in paragraph A.1. of this award term to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FFRS). For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3) What to report.

You must report the information about each obligating action as specified in the submission instructions posted at http://www.fsrs.gov.

B. Reporting Total Compensation of Recipient Executives.

1) Applicability and what to report.

You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

a) The total Federal funding authorized to date under this award is $30,000 or more;

b) In the preceding fiscal year, you received—

(1) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

(2) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

c) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report executive total compensation described in paragraph B.1. of this award term:

a) As part of your registration profile in the System for Award Management (SAM).

b) By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1) Applicability and what to report.

Unless you are exempt as provided in paragraph D of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

a) In the subrecipient's preceding fiscal year, the subrecipient received—

(1) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. § 170.320 (and subawards); and

(2) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

b) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report subrecipient executive total compensation described in paragraph C.1. of this award term:

a) To the recipient.

b) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions.

If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to

report:

1) Subawards, and

2) The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions.

For purposes of this award term:

1) "Entity"

This term means all of the following, as defined in 2 C.F.R. Part 25:

a) A Governmental organization, which is a State, local government, or Indian tribe;

b) A foreign public entity;

c) A domestic or foreign nonprofit organization;

d) A domestic or foreign for-profit organization;

e) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2) "Executive"

This term means officers, managing partners, or any other employees in management positions.

3) "Subaward":

a) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

b) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ll .210 of the attachment to OMB Circular A–133, ''Audits of States, Local Governments, and Non-Profit Organizations'').

c) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4) "Subrecipient"

This term means an entity that:

a) Receives a subaward from you (the recipient) under this award; and

b) Is accountable to you for the use of the Federal funds provided by the subaward.

5) "Total compensation"

This term means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 C.F.R. § 229.402(c)(2)):

a) Salary and bonus.

b) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

c) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

d) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

e) Above-market earnings on deferred compensation which is not tax-qualified.

f) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

5. **Intangible Property and Data Rights.**

A. Data (42 C.F.R. §75.322(d)). The federal government has the right to: 1) Obtain, reproduce, publish, or otherwise use the data produced under this award; and 2) Authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

B. Copyright (42 C.F.R. §75.322(b)). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

C. Patents and Inventions (42 C.F.R. §75.322(c)). The recipient is subject to applicable regulations governing patents and inventions, including government- wide regulations issued by the Department of Commerce at 37 CFR part 401.

6. **Acknowledgement of Federal Grant Support**. When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements") — describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and,

2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S.

Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement by, [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be approved by the OASH grants management officer after consultation with the federal project officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance with sufficient time to allow for coordination.

7. **Whistleblower Protections.** The recipient is hereby given notice that the 48 C.F.R. § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled "Enhancement of contractor protection from reprisal for disclosure of certain information") applies to this award.

8. **Reporting of Matters Related to Recipient Integrity and Performance.** As the recipient, you are responsible for:

A. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds $10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

B. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

1) Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;

2) Reached its final disposition during the most recent five-year period; and

3) If one of the following:

a) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;

b) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty,

reimbursement, restitution, or damages of $5,000 or more;

c) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of $5,000 or more or reimbursement, restitution, or damages in excess of $100,000; or

d) Any other criminal, civil, or administrative proceeding if:

(1) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;

(2) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and

(3) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

C. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph B of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

D. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph A of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than $10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

E. Definitions

For purposes of this award term and condition:

1) Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

2) Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

3) Total value of currently active grants, cooperative agreements, and procurement contracts includes—

a) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and

b) The value of all expected funding increments under a Federal award and options, even if not yet exercised.

F. Disclosure Requirements.

Consistent with 45 C.F.R. § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

HHS OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852

AND

US Department of Health and Human Services Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026

URL: http://oig.hhs.gov/fraud/report-fraud/index.asp

(Include "Mandatory Grant Disclosures" in subject line)

Fax: 1-800-223-8164 (Include "Mandatory Grant Disclosures" in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371 ("Remedies for noncompliance"), including suspension or debarment (See also 2 C.F.R. Parts 180 & 376 and 31 U.S.C. § 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

9. **Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.** As the recipient, You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws require taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights

provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html

For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

For information on your specific legal obligations for serving qualified individuals withdisabilities, including providing program

access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

10. **Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104)

A. Provisions applicable to a recipient that is a private entity.

1) You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not

a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

b) Procure a commercial sex act during the period of time that the award is in effect; or

c) Use forced labor in the performance of the award or subawards under the award.

2) We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

a) Is determined to have violated a prohibition in paragraph A.1 of this award term; or

b) Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph A.1 of this award term through conduct that is either-

(1) Associated with performance under this award; or

(2) Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

B. Provision applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

1) Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

2) Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either

a) Associated with performance under this award; or

b) Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

C. Provisions applicable to any recipient.

1) You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph A.1 of this award term

2) Our right to terminate unilaterally that is described in paragraph A.2 or B of this section:

a) Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7104(g)), and

b) Is in addition to all other remedies for noncompliance that are available to us under this award.

3) You must include the requirements of paragraph A.1 of this award term in any subaward you make to a private entity.

D. Definitions. For purposes of this award term:

1) "Employee" means either:

a) An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or

b) Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2) "Forced labor" means:

Labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3) "Private entity":

a) Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 C.F.R. § 175.25.

b) Includes:

(1) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal

organization other than one included in the definition of Indian tribe at 2 C.F.R. § 175.25(b).

(2) A for-profit organization.

4) "Severe forms of trafficking in persons," "commercial sex act," and "coercion"

These terms have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. § 7102)

11. **Prohibition on certain telecommunications and video surveillance services or equipment.** As the recipient you are responsible for the following.

A. As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

1) Procure or obtain,

2) Extend or renew a contract to procure or obtain; or

3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

a) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

b) Telecommunications or video surveillance services provided by such entities or using such equipment.

c) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

REPORTING REQUIREMENTS

1. **Financial Reporting Requirement—Federal Financial Report (FFR) SF 425.** As a recipient, you must submit your SF-425 to OASH using the Department of Health and Human Services (HHS) Payment Management System (PMS). Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications. Submission of your SF-425 will enhance the reconciliation of expenditures and disbursements and allow for timely closeout of grants. To assist in your preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf. You must complete **all** sections of the FFR.

A. Quarterly FFR Due Date.

Your FFR is due 30 days after the end of each Quarter in the federal fiscal year. That is for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

B. Final FFR Due Date. Your final FFR covering the entire project is due 120 days after the end date for your project period.

C. Past due FFRs. If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your PMS account and contact information are up to date so you receive notifications.

D. Electronic Submission.

Electronic Submissions are accepted only via the PMS – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the award with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the PMS Help Desk or your assigned Grants Management Specialist. Please reference box/line 9 pf page 1 of this NoA for the name of your assigned Grants Management Specialist.

2. **Semiannual Progress Report Requirements.** You must submit semiannual progress reports 30 days after the end of each performance reporting period unless otherwise required under Special Terms and Requirements or Special Conditions as required by statute, regulation, or specific circumstances warranting additional monitoring for this award. Your progress reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance may be provided by the Program Office. Reports must be submitted electronically via the Performance Project Report (PPR) Module in GrantSolutions.

3. **Audit Requirements.** The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all non-Federal entities expending Federal funds, and must be consistent with the standards set out at 45 CFR Part 75, Subpart F ("Audit Requirements"). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse athttps://harvester.census.gov/facides/Account/Login.aspx.

4. **Closeout Requirements.** Once the project period has ended, as the recipient, you are required to submit a Final Program Progress report, the SF-425 using the Department of Health and Human Services (HHS) Payment Management System and the SF-428 Tangible Personal Property report and/or Disposition report **within 120 calendar days after the project and final budget period end date.** Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active or future projects or activities involving your organization.

A. The Final Program Progress Report:

Your report must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via the Performance Project Report Module in GrantSolutions.

B. SF-425 Final Federal Financial Report:

Submit your Final FFR using the Department of Health and Human Services (HHS) Payment Management System. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards. Electronic Submissions are accepted only via the HHS Payment Management System – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the HHS Payment Management System Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of your assigned Grants Management Specialist.

C. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports:

Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1

Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Grants & Acquisitions Management Division.

CONTACTS

1. **Fraud, Waste, and Abuse.** The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

   Internet: https://forms.oig.hhs.gov/hotlineoperations/index.aspx

   Phone: 1-800-HHS-TIPS (1-800-447-8477)

   Mail: US Department of Health and Human Services
   Office of Inspector General
   ATTN: OIG HOTLINE OPERATIONS
   PO Box 23489
   Washington, DC 20026

   For additional information visit https://oig.hhs.gov/fraud/report-fraud/index.asp.

2. **Payment Procedures.** Payments for grants awarded by OASH Program Offices are made through the Payment Management System (PMS, previously known as the Division of Payment Management) https://pms.psc.gov/home.html.

   PMS is administered by the Program Support Center (PSC), HHS. Contact PMS to establish an account if you do not have one.

   Inquiries regarding payments should be directed to https://pms.psc.gov/home.html; or

   Payment Management Services
   P.O. Box 6021

Rockville, MD 20852

or 1-877-614-5533

3. **Use of Grant Solutions.** GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Program Director/Principal Investigator roles only. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official.

   For assistance on GrantSolutions issues please contact: GrantSolutions User Support at 202-401-5282 or 866-577-0771, email help@grantsolutions.gov, Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at https://grantsolutions.secure.force.com/.

4. **Grants Administration Assistance.** For assistance on **grants administration** issues please contact the Grants Management Specialist listed in Box 9 on page 1 of this Notice of Award or mail:

   OASH Grants and Acquisitions Management Division
   Department of Health and Human Services
   Office of the Secretary
   Office of the Assistant Secretary for Health
   1101 Wootton Parkway, Rockville, MD 20852

EXHIBIT 2

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary

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

June 26, 2026

Andrea Gerber
Authorizing Official
Seattle-King County Public Health Department
401 5th Ave
Seattle, WA 98104-1823

Dear Ms. Gerber:

Funding for Award Number TP2AH000093 is hereby terminated, pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective June 26, 2026 in an effort to align with many school systems' end-of-year calendar and minimize disruption. Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Office of the Assistant Secretary for Health (OASH) may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

On September 16, 2025, OASH published a statement of "Priorities of the Office of the Assistant Secretary for Health." See https://health.gov/priorities. As relevant here, one of OASH's priorities is, to the extent permitted by law, to "focus on programs that do not promote material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content, including content that encourages, normalizes or promotes sexual activity for minors." Another priority of OASH is to provide "medically accurate and reliable information necessary for informed consent" by ensuring that "medically accurate materials or instructions with pharmaceutical or health-related recommendations include information on the full range of health risks, so that individuals, such as parents and guardians of minors, can make fully informed decisions. OASH is reviewing programs and initiatives to ensure that content and materials contain medically accurate information." Additionally, the Teen Pregnancy Prevention (TPP) Program Rigorous Evaluation Cooperative Agreements (TPP23 Tier 2) – 2023-2028 is authorized and funded through annual appropriations acts (e.g., Division B of Title II of the Consolidated Appropriations Act, 2026 (Public Law No. 119-75)), stating that funds are for "age appropriate programs that reduce teen pregnancy."

After a review of all curricular content, OASH believes that some curricula normalize adolescent sexual activity and are not age appropriate, as they contain overly sexually explicit content that is not necessary to achieve the TPP program's statutory mission, and that some curricula also provide insufficient information on the range of health risks associated with various forms of birth control. As a result, OASH is adjusting its discretionary Teen Pregnancy Prevention (TPP) Program award portfolio, which includes the decision not to renew some of its TPP Program awards to better prioritize agency resources towards the above-mentioned priorities.

One such curriculum that is not aligned with OASH priorities and is utilized by Seattle-King County Public Health Department in its TPP program is *Stepping Stones*, which encourages teenagers to consider and respond to the questions, "How can I help my partner enjoy sex

more?" and "How can I enjoy sex more?" (*Motivational Interviewing Participant Materials*, p. 1). This normalization and encouragement of underage sexual activity conflicts with the OASH policy directive to "focus on programs that do not promote material that depicts, describes, exposes, or presents obscene, indecent, or sexually explicit content, including content that encourages, normalizes, or promotes sexual activity for minors" (OASH 2025).

Furthermore, part of Stepping Stones' curriculum materials entitled, "Reproductive and Sexual Health Participant Materials" describes and emphasizes the effectiveness, safety, and accessibility of various forms of birth control while failing to identify common side effects, contraindications, or health risks associated with these methods (e.g., bleeding changes, headaches, cramping, bone density loss, hormonal imbalances, and risks for specific medical conditions or later infertility). This conflicts with the OASH policy directive to "ensure that medically accurate materials or instructions with pharmaceutical or health-related recommendations include information on the full range of health risks, so that individuals, such as parents and guardians of minors, can make fully informed decisions." (OASH 2025)

In its discretion OASH may suspend (rather than decide not to renew) an award to allow the recipient an opportunity to take appropriate corrective action; however, after review and consideration, OASH has made a programmatic determination regarding continuation funding not to renew the grant, based on the funded project during the current award period. Current program priorities, such as focusing on projects that do not normalize or promote sexual activity for minors and that provide medically accurate information for full informed consent, differ fundamentally from prior approaches.

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

If you have any questions, please contact Eric West at eric.west@hhs.gov.

Sincerely,

Eric West

Eric West
Acting Chief Grants Officer
Grants and Acquisition Management
Office of the Assistant Secretary for Health
Department of Health and Human Services

Amy Margolis

Amy Margolis
Deputy Director
Office of Population Affairs
Office of the Assistant Secretary for Health
Department of Health and Human Services

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

HENNEPIN COUNTY, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 26-cv-2460

DECLARATION OF VIRGINIA MILLER ON BEHALF OF PLANNED PARENTHOOD OF THE HEARTLAND

I, Virginia Miller, hereby declare the following under the penalty of perjury:

1. I am the Senior Health Equity Advisor at Planned Parenthood North Central States ("PPNCS"), a not-for-profit corporation that provides high-quality, affordable sexual and reproductive health care through 15 health centers across Iowa, Minnesota, Nebraska, and South Dakota.[1] PPNCS is the parent company of Planned Parenthood of the Heartland ("PPH"), PPNCS's affiliated 501(c)(3) organization that serves communities in Iowa and Nebraska. I have been employed at PPNCS since April 2025.

2. As the Senior Health Equity Advisor, among other responsibilities, I oversee PPNCS's Community, Education, and Engagement ("CEE") team. The CEE team organizes and administers sexual and reproductive health education and engagement programs for the communities that PPNCS serves, including PPH's programming through the Teen Pregnancy Prevention program (the "TPPP," the "TPP program," or the "Program").

3. On June 26, 2026, the U.S. Department of Health & Human Services ("HHS") abruptly terminated PPH's TPP award. Three days earlier, HHS also issued a new Notice of Funding Opportunity ("NOFO") for Tier 1 of the TPP Program with requirements that are fundamentally incompatible with the objectives of PPH's TPP programming. As discussed in more detail below, this termination and NOFO have already forced PPH to begin winding down its TPP programming entirely and announce the layoffs of all the staff who were responsible for organizing and administering that programming, devastating our ability to provide sexual and reproductive health education in Iowa and Nebraska. Unless the Court grants PPH preliminary

[1] Although PPNCS currently operates 15 health centers, resource constraints recently forced PPNCS to announce the closure of one of its health centers in Iowa, which will cease operations on July 31, 2026. After July 31, PPNCS will operate 14 health centers across Iowa, Minnesota, Nebraska, and South Dakota.

relief, PPH will be unable to provide its regular programming through the TPPP by the start of the 2026–27 school year, impairing PPH's mission, harming PPH's relationships with its community partners, and denying the communities that PPH serves of critical information about their sexual and reproductive health.

4. I submit this declaration in support of Plaintiffs' Motion for a Preliminary Injunction. This declaration is based upon my personal knowledge, my review of PPNCS and PPH's business records, and the knowledge I have acquired in the course of my duties at PPNCS. If called and sworn as a witness, I could and would testify competently thereto.

PPH's MISSION

5. PPH provides, promotes, and protects sexual and reproductive health by providing high-quality health care, education, and advocacy. PPH's mission is to empower vital generations by providing and advocating for sexual and reproductive health so more people can choose their own path to a healthy and meaningful life. The provision of comprehensive sex education is core to PPH's mission and an integral part of PPH's work.

6. PPH advances its mission by providing clinical care in Iowa and Nebraska to approximately 27,000 patients a year, as well as health education to communities throughout those states. PPH's TPP programming reached approximately 5,000 people in fiscal year 2025, including as provided through our affiliated organizations.

7. PPH is committed to using medically accurate evidence-based programs to provide the best sexual and reproductive health education possible and has a long history of using research and evaluation to advance its educational services. Our staff regularly collect data on our programs to ensure that our evidence-based programs are driving the expected engagements and meeting the program purposes.

PPH's PARTICIPATION IN THE TPP PROGRAM

8. PPH first joined the TPP program in 2015 as a Tier 1 Awardee. PPH received $935,000 annually for the funding period of 2015–20, and subsequently received a three-year award for the 2020–23 award period in the amount of $705,630 each year.

9. On February 14, 2023, HHS's Office of Population Affairs ("OPA") solicited TPPP applications through a NOFO, which called for projects to serve communities with the greatest needs through the replication of evidence-based teen pregnancy prevention programs.

10. PPH submitted an application for Tier 1 funding based on the NOFO to OPA on April 17, 2023. This application was for PPH's project titled the Community-Responsive, Youth-Driven Comprehensive Sexual and Reproductive Health Interventions to Achieve Optimal Health for Black, Indigenous, and People of Color ("BIPOC") and Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, 2 Spirit and other identities (LGBTQIA2S+) Adolescents in Western Iowa and Eastern Nebraska (the "PPH TPP Project"). The PPH TPP Project aimed to implement a five-year initiative with the goals of increasing the BIPOC and LGBTQIA2S+ communities' access to inclusive sexual and reproductive health information and resources and decreasing teen pregnancy and rates of sexually transmitted infections ("STIs"). The project had three objectives: (1) to implement evidence-based programs in each community served; (2) to mobilize parents, adults, and communities through health fairs and training; and (3) to provide continuous quality improvement by measuring outcomes. The project served two Iowa counties (Pottawattamie, Woodbury), three Nebraska counties (Cass, Douglas, and Sarpy), and two Nebraska tribes (Ponca and Winnebago Tribes). The project recognized the unique needs of youth aged 12–24, BIPOC youth, and LGBTQIA2S+ youth.

11. HHS funded the PPH TPP Project at $773,619 per year for the 2023–28 award period as a Tier 1 program. In approving this project, HHS reviewed and approved the project proposal and work plan that included project goals, proposed EBPs, implementation strategies, evaluation plans, organizational capacity, staffing structure, and community partnerships that PPH intended to use. A true and accurate copy of the most recent notice of award is attached to this declaration as **Exhibit 1**.

12. PPH designed its TPP Project to meet the needs of underserved communities within the areas that we serve. While there is additional sexual and reproductive health programming outside of PPH, there are no other sexual and reproductive health education programs that focus their resources on addressing the needs of BIPOC youth in areas that experienced disproportionately high rates of unintended teen pregnancy and STIs.

13. PPH determined goals for its TPP Project by taking community scans and running parent focus groups in connection with the Sanford Community Center. For the community scan, PPH commissioned outreach to community partners working with youth across Iowa and Nebraska to determine what education and resources were being offered to youth in order to identify gaps in offerings. PPH's work reaching these communities is especially needed due to in-school sex education curricula lacking comprehensiveness and inclusivity. In the rural Nebraska counties of Cass and Sarpy, school administrators and LGBTQIA2S+ youth reached out to PPH about the need for programming in their region because of the lack of inclusive resources.

14. PPH selected two approved evidence-based TPP Programs to implement throughout its communities: Safer Choices, which was designed for high school students, and Draw the Line/Respect the Line, which was designed for middle school students. Both curricula

were reviewed by our community partners as meeting the requirements that they be medically accurate, age-appropriate, and culturally and linguistically appropriate.

15. In addition to providing youth with evidence-based programming, PPH supported and coordinated a Youth Advisory Board peer education program for teens aged 15–18, promoting youth engagement and community mobilization through events and partnerships. The Youth Advisory Board reviewed materials and contributed concepts to materials for outreach that ensured they were youth-friendly and culturally responsive.

16. Each year, PPH is required to submit a non-competing continuation award application ("NCC application") consisting of a progress report for the current budget year and a work plan, budget, and budget justification for the upcoming year. As a part of this process, HHS has reviewed and approved the curricula used by PPH on an annual basis.

17. PPH submitted an NCC application for the second year of the award cycle and received a Notice of Award on June 21, 2024, in the amount of $773,619. This Year 2 budget period ended on June 30, 2025.

18. On January 8, 2025, PPH received information for preparing a non-competing continuation award application for the third year of the five-year program award cycle. On March 31, 2025, via email, PPH received updated requirements (the "March 2025 NCC Notice") that directed, among other requirements, Tier 1 TPP awardees to revise our project scope and work plan, as necessary, to demonstrate that our program is "aligned with" all current presidential executive orders ("EOs"). In response to the March 2025 NCC Notice, PPH made certain modifications to its facilitator guidance part of its TPP programming and submitted its non-competing continuation award application for Year 3 of the current award cycle on April 15, 2025.

19. On July 2, 2025, PPH received an email informing it that its NCC application for Year 3 funding had been approved. Also on July 2, 2025, PPH received a workplan assessment as part of its TPP23 Tier 1 Continuation Application Technical Review. This assessment stated that "[g]rantee clearly demonstrated that substantial work was put into their NCC application to align their project with current administrative priorities."

20. On July 2, 2025, HHS shared with TPP awardees that they were expected to comply with a Program Policy Notice (the "July Policy Notice") that imposed several new requirements on awardees and unlawfully altered the standards governing their ongoing awards. On July 29, 2025, PPH, alongside other TPP awardees, filed suit challenging the July Policy Notice in the U.S. District Court for the District of the District of Columbia. *See PPGNY v. HHS*, No. 25-cv-2453 (BAH), Compl., ECF No. 1. On October 7, 2025, the federal district court granted summary judgment in PPH's favor and vacated the July Policy Notice. *See id*., Mem. Op., ECF No. 32.

21. On June 10, 2026, PPH filed a non-compete continuation application seeking to renew its TPP award for Year 4 of its project. As a part of this application, PPH indicated that for Year 4, it intended to add two additional evidence-based programs previously approved by HHS in April 2026 and to expand its scope of service to a new county in Iowa.

2026 NOFO & TERMINATION OF PPH'S TPP AWARD

22. On June 23, 2026, HHS issued a new NOFO for Tier 1 of the TPP Program for fiscal year 2026. This new NOFO includes requirements for participating in the TPP Program that restrict the type of evidence-based programs that applicants can use to those that "strengthen adolescent body literacy, informed consent, and optimal health," require awardees to integrate "body literacy education" and "reproductive life goals counseling" into TPP Programs, and

require awardees to align with HHS priorities such as not supporting "gender ideology" and ending diversity, equity, and inclusion practices. The NOFO requires awardees to select programs that have been "proven effective" through studies that satisfy a new criteria set forth in the NOFO. Additionally, the NOFO requires awardees to incorporate "sexual risk avoidance education" into their programs, including relying on sexual risk avoidance curricula and frameworks to provide TPP-funded programming.

23. Three days later, on June 26, 2026, HHS notified PPH by letter that HHS had terminated funding for PPH's TPP Project, effective immediately. I have attached this letter to my declaration as **Exhibit 2**. In this letter, HHS's Office of the Assistant Secretary for Health ("OASH") stated that it "believes that some curricula [in the TPP Program Replication of Evidence-Based Programs] normalize adolescent sexual activity and are not age appropriate, as they contain overly sexually explicit or pornographic content that is not necessary to achieve the TPP program's statutory mission." *See* Exhibit 2 at 1. According to OASH, PPH "utilizes at least one such curricula, *Safer Choices*, in its TPP program" that purportedly "includes roleplay scenario exercises that describe and normalize sexual intercourse of minors." *See id.* In support of this allegation, the letter cited a single page of the *Safer Choices* curricula. *Id.*

24. Prior to this letter, HHS had not indicated that PPH should cease using *Safer Choices* as an evidence-based program; nor had it requested that PPH omit or remove the identified page from its curricula.

EFFECT OF TERMINATION ON PPH'S OPERATIONS

25. HHS's termination of PPH's TPP funding has already had a devastating effect on PPH. If our TPP funding is not restored, these harms will continue to be suffered by PPH and the communities we serve.

26. PPH's TPP programming was fully funded by the award PPH received through the 2023 NOFO. As noted above, without that funding, PPH has been forced to begin winding down our TPP Project entirely. While our TPP Project is invaluable to our mission and work, as a nonprofit, PPH is unable to independently subsidize the remaining two years of this program.

27. Immediately prior to HHS's termination of PPH from the TPP Program, the TPP program had fully or partially supported ten staff members at PPH as well as numerous partnerships with community-based organizations. We also subcontracted with other entities to carry out specific responsibilities associated with this project, such as delivery of evidence-based programming in an underserved community by the Sanford Center.

28. Without TPP funds, PPH does not have the resources to continue employing the staff who led our TPP work. On June 29, 2026, PPH was forced to announce the layoffs of the ten employees on our CEE team who were responsible for organizing and administering PPH's TPP programming, including one who has been an educator for PPH for almost 30 years. Our staff members have received specialized training in the curricula that we used as well as other important training in facilitation and classroom management, and we have made significant investments to support and develop them into the community leaders, organizers, and educators they have become.

29. The impact these layoffs will have on our organization and our ability to serve our mission are incalculable. Of course, it will require a core function of PPH to be reimagined as a shadow of what it was, but the losses go far beyond that. Our community educators have been instrumental in building awareness of PPH and the health services it provides. Through their work with young people and parents and the larger community, they have helped us identify and address gaps in care, combat misinformation, and build cadres of leaders in the next generation.

This work will not be picked up by others, at least not by others with the same level of substantive expertise or deep knowledge of the communities served by PPH's TPP Program.

30. As a result of HHS's recent actions, our current CEE employees' last day is currently set for July 20, 2026. If PPH's TPP funding were restored, we would quickly seek to rebuild our TPP Project if possible.

31. Without the restoration of our TPP funding, PPH will also be unable to continue supporting the work of our subawardees and subcontractors, each of whom provides critical sexual and reproductive health education to communities in Iowa and Nebraska. For instance, PPH will be unable to support the education that our subawardee, the Sanford Center, provides in the Sioux City community, which primarily serves BIPOC youth. PPH will be unable to provide multiple sessions of programming with Girls Inc. of Omaha or the Teen Center, community organizations that primarily serve BIPOC youth. PPH will also be unable to continue contracting with research universities to collect and evaluate data that PPH used to inform and improve TPP programming. Additionally, PPH will lose the capacity to provide professional training to community youth, significantly reducing the broader reach of our impact. This level of funding loss will severely undermine the health and wellbeing of young people across our service areas.

32. In many communities we serve, there is little to no access to other sources of sexual health information and resources. Without our program, these youth will go without information and resources about sexual and reproductive health.

33. While there is additional sexual and reproductive health programming outside of PPH, as noted above, there are no other sexual and reproductive health education programs that focus their resources on BIPOC youth in the area. PPH staff are trusted in these communities among adults and youth. PPH's health educators have been present in Woodbury County for over

twenty-five years and have extensive experience working with BIPOC communities. PPH's respect for all voices has kept us involved as a trusted partner with a seat at the table of health conversations. By building partnerships with community stakeholders to make an impact, PPH has earned trust as advocates for local youth and improving their health outcomes. Without TPP funding, these communities will lose the rigorous and inclusive programming PPH provides.

34. Moreover, PPH and one of our community partners, the Nebraska AIDS Project, are the only organizations that travel to rural communities in Nebraska outside of the Omaha/Council Bluffs urban area to conduct sexual and reproductive health programming. These rural areas suffer from the greatest disparities in teen health rates, and disparities in other health indicators persist. Broadband internet is not widely available in the rural areas we serve, and no other organization can conduct in-person programming outside of the local urban areas because of operational challenges faced in accessing such locations—so rural youth across two states will not have TPP education without PPH.

35. Additionally, PPH will be subject to reputational harm if we are not able to resume our TPP programming. PPH has spent significant time building relationships with community members in Iowa and Nebraska. These partnerships have grown and expanded over time, from a single program to multiple programs and opportunities. Indeed, PPH has become a trusted resource for youth and parents. PPH's departure from its TPP projects years before the expected end date will leave our partners without educational programming that they have grown to rely on. This will harm PPH's community relationships and reputation and make PPH seem like an unreliable partner. It will be difficult to recover this level of partnership in the future and would require considerable relationship repair and rebuilding of trust.

IMPACT OF 2026 NOFO ON PPH's OPERATIONS

36. The 2026 NOFO will also have a devastating impact on PPH and the communities we serve. PPH is committed to providing comprehensive and inclusive sexual education that meets young people where they are, and relies on programming proven to be effective at reducing teen pregnancy. The 2026 NOFO abandons this inclusive, evidence-based approach, and would require PPH to adopt changes to our programming that would run counter to its core purpose. Administering TPP Programs under this new approach would harm PPH's reputation with its community partners and prevent the communities we serve from receiving evidence-based, inclusive education about their sexual and reproductive health.

37. If PPH were to apply for the 2026 NOFO, I understand that we would be forced to incorporate "sexual risk avoidance" education and programming into our proposed projects, a term that I understand refers to abstinence-only. Although some programs in the current TPP Evidence Review include abstinence-only education, I understand that the 2026 NOFO would require *all* TPP programs administered by awardees to incorporate abstinence-only education.

38. Promoting only abstinence would contravene PPH's mission—and the purpose of the TPP Program itself—to use well-established, research-based approaches to prevent teen pregnancy in the communities we serve. If PPH were forced to incorporate abstinence-only education into all of its TPP programming, PPH would suffer harm to its reputation with its longstanding community partners, who expect PPH to provide research-based education that has been proven to reduce teen pregnancy in the communities we serve. It would also prevent the communities of young people in Iowa and Nebraska that PPH serves from receiving sexual and reproductive health education that has proven to be effective, leaving these communities at risk of increased rates of teen pregnancy.

39. If PPH were to apply for the 2026 NOFO, I understand that we would also be forced to align our TPP programming with certain HHS priorities, including prohibitions on "gender ideology" and diversity, equity, and inclusion practices. But PPH is committed to providing culturally responsive sexual and reproductive health education. These new requirements are also vague; they are framed as requirements that we "align" with HHS's "priorities," but HHS has given us no guidance on what it would mean to align with those priorities in our TPP programming. Previously, PPH was able to rely on the TPP Evidence Review ("TPPER") to select EBPs that were considered to have been rigorously evaluated and proven effective. However, the new NOFO appears to have abandoned the TPPER, leaving PPH without clarity as to what EBPs are considered approved. PPH is also concerned that HHS would not allow us to tailor our TPP programming to address the unique cultural needs of the specific communities we serve. Being unable to do so would contravene PPH's TPP project goals, which are to increase the community's capacity to engage with BIPOC and LGBTQIA2S+ youth around their sexual and reproductive health in an effort to decrease teen pregnancy and STI rates.

40. PPH's project was designed to address unmet needs of BIPOC and LGBTQIA2S+ youth, rural communities in Nebraska and Iowa, and the Ponca and Winnebago Tribes, where the greatest disparities in teen health rates and other health indicators persist. This level of comprehensive sex education helps to change disparities in health outcomes, builds trust with underserved communities, and promotes positive sexual health attitudes and behaviors needed to prepare young people to make healthy choices about their relationships and sexual health. This is critical when serving communities that are historically under-resourced and underserved in order to improve health outcomes. Addressing the unique needs, experiences, and beliefs of diverse populations, and ensuring that all young people receive accurate and relevant information to

make informed decisions about their sexual and reproductive health, changes the trajectory of health outcomes for BIPOC and LGBTQIA2S+ youth. Requiring PPH to avoid any education around or discussion of gender identity, transgender people, and the way that inequities impact health would deny our communities of that education, contravene PPH's mission of providing inclusive, evidence-based education to the communities we serve, and harm our reputation with our community partners.

41. If PPH were to apply for the 2026 NOFO, I understand that we would also be required to avoid programming that "encourages, normalizes or promotes sexual activity for minors." HHS has provided no guidance on what it means to encourage, normalize, or promote sexual activity for minors or on how PPH should incorporate that into our TPP programming. PPH is concerned that this requirement would restrict discussion of teen sexual activity in our proposed programming, which would make it prohibitively difficult to provide sexual and reproductive health education to the communities we serve. For example, Safer Choices, one of the evidence-based programs that PPH uses, has as its objective the aim "to reduce the frequency of unprotected sex among high-school age students by reducing the number of sexually active students and increasing condom use among students who have sex." PPH is concerned that it would not be able to administer the Safer Choices program because HHS would interpret the goal of increasing condom use among students who have sex as encouraging, normalizing, or promoting teen sexual activity.

42. PPH is similarly concerned that HHS would interpret answering common questions that young people have about sexual activity as encouraging, normalizing, or promoting that activity. Young people in PPH's programs often have questions related to masturbation, oral and anal sex, pregnancy, and STIs. PPH's educators engage with and respond

to these questions in a way that is consistent with best practices and national sex education standards. This includes providing information that is comprehensive, nonjudgmental, and does not shame young people.

43. Young people also often ask value-based questions about sex education topics, which are questions that do not call for a fact-based answer. PPH's program instructors are trained to respond to such value-based questions by using the "SOY Method," which involves saying "Some people believe . . . Others believe . . . You gather information and decide what you believe." This allows educators to be respectful of family belief systems, cultures, and religions, and is important because imposing values undermines autonomy and informed decisionmaking. Providing teens with information and decisionmaking skills while encouraging them to talk with trusted adults empowers them to make responsible choices that align with their goals and values, resulting in less likelihood of unintended pregnancies. Responses to young people's questions that are judgmental or stigmatizing can foster shame and secrecy and discourage open communication about sexual health concerns. Shaming messaging would discourage participants from asking questions that are critical to taking care of their own health and wellbeing, which includes the prevention of teen pregnancy. Refusing to answer questions sends a message of disapproval or shame that would discourage youth from seeking medically accurate information to care for their health and prevent teen pregnancy.

44. I also understand that with the 2026 NOFO, HHS has abandoned its consistent practice of issuing NOFOs for five-year award periods, instead issuing the 2026 NOFO only for a two-year period. Even if PPH applied for the 2026 NOFO and was approved, only having funding for two years instead of five would significantly disrupt PPH's ability to organize and administer its TPP programming. Given the fundamental substantive changes that the new

NOFO will bring to the TPP Program, any programming that could feasibly satisfy the new requirements would require a significant investment of time and resources, including to organize and administer new curricula and potentially onboard new staff and partner organizations. Even if PPH were able to comply with the substantive changes created by the new NOFO, doing so for an award period that only lasts two years would leave PPH with little time to implement any of the new programming before the award expires. Relatedly, we anticipate that it would be difficult to locate, hire, and train staff who would be willing to join our work if it were only expected to last for a period of two years or less.

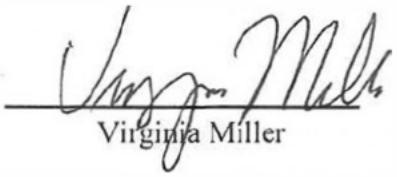
45. I also understand that the 2026 NOFO requires us to demonstrate "alignment" between our organization's mission and the goals of the NOFO. However, certain NOFO requirements conflict with PPH's mission. For example, the body literacy and informed consent requirement conflict with our mission to provide high quality sex education as it would require us to provide unsubstantiated and medically inaccurate information about birth control.

***

46. HHS's termination of PPH from the TPP Program, as well as its issuance of a new NOFO that dramatically departs from the fundamental purpose of the TPP Program, has already devastated PPH's ability to provide comprehensive, inclusive, and evidence-based sexual and reproductive health education to young people in Iowa and Nebraska. If PPH is not able to continue participating in the TPP Program, PPH will continue suffering harm to its ability to fulfill its core mission and its relationship with its community partners, and many communities of young people in Iowa and Nebraska will be left at risk of increased teen pregnancy rates.

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that the foregoing is true and correct.

Date: July 14, 2026



Virginia Miller

EXHIBIT 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Award

Award# 5 TP1AH000306-03-00
FAIN# TP1AH000306
Federal Award Date: 07/02/2025

Recipient Information

1. **Recipient Name**
PLANNED PARENTHOOD OF THE HEARTLAND, INC.
818 5th Ave Ste 200
-DUP
Des Moines, IA 50309-1307
515-235-0400

2. **Congressional District of Recipient**
03

3. **Payment System Identifier (ID)**
[redacted]

4. **Employer Identification Number (EIN)**
420727488

5. **Data Universal Numbering System (DUNS)**
080297336

6. **Recipient's Unique Entity Identifier (UEI)**
[redacted]

7. **Project Director or Principal Investigator**
[redacted]

8. **Authorized Official**
[redacted]

Federal Agency Information
OASH Grants and Acquisitions Management Division

9. **Awarding Agency Contact Information**
[redacted]
Senior Grants Management Specialist
[redacted]@hhs.gov
[redacted]

10. **Program Official Contact Information**
[redacted]
Project Officer
[redacted]

Federal Award Information

11. **Award Number**
5 TP1AH000306-03-00

12. **Unique Federal Award Identification Number (FAIN)**
TP1AH000306

13. **Statutory Authority**
Division D, Title II of the Further Consolidated Appropriations Act, 2024 (Public Law No. 118-47)

14. **Federal Award Project Title**
Community-responsive, youth-driven comprehensive sexual and reproductive health interventions to achieve optimal health for adolescents in western Iowa and eastern Nebraska

15. **Assistance Listing Number**
93.297

16. **Assistance Listing Program Title**
Adolescent Health Programs

17. **Award Action Type**
Non-Competing Continuation

18. **Is the Award R&D?**
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 07/01/2025 **- End Date** 06/30/2026	
20.	**Total Amount of Federal Funds Obligated by this Action**	$773,619.00
	20a. Direct Cost Amount	$630,137.00
	20b. Indirect Cost Amount	$143,482.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$0.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$773,619.00
26.	**Period of Performance Start Date** 07/01/2023 **- End Date** 06/30/2028	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$2,320,857.00

28. **Authorized Treatment of Program Income**
ADDITIONAL COSTS

29. **Grants Management Officer – Signature**
Mr. Eric West
Grants Management Officer

30. Remarks

This action authorizes a total approved budget of $773,619.00 for a continuation award that includes $773,619.00 in FY2025 funding, an offset of $0, and a carryover of $0. All terms and conditions are in effect unless specifically removed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Award

Award# 5 TP1AH000306-03-00
FAIN# TP1AH000306
Federal Award Date: 07/02/2025

Recipient Information

Recipient Name
PLANNED PARENTHOOD OF THE HEARTLAND, INC.
818 5th Ave Ste 200
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Des Moines, IA 50309-1307
515-235-0400

Congressional District of Recipient
03

Payment Account Number and Type
[redacted]

Employer Identification Number (EIN) Data
420727488

Universal Numbering System (DUNS)
080297336

Recipient's Unique Entity Identifier (UEI)
[redacted]

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	$312,009.00
b. Fringe Benefits	$65,522.00
c. Total Personnel Costs	$377,531.00
d. Equipment	$0.00
e. Supplies	$27,800.00
f. Travel	$31,544.00
g. Construction	$0.00
h. Other	$47,900.00
i. Contractual	$145,362.00
j. TOTAL DIRECT COSTS	**$630,137.00**
k. INDIRECT COSTS	**$143,482.00**
l. TOTAL APPROVED BUDGET	**$773,619.00**
m. Federal Share	**$773,619.00**
n. Non-Federal Share	**$0.00**

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
5-19999SQ	TP1AH0306A	TPP01	41.51	93.297	$773,619.00	75-25-0120
4-19999SQ	TP1AH0306A	TPP01	41.51	93.297	$0.00	75-24-0120

35. Terms And Conditions

SPECIAL TERMS AND REQUIREMENTS

1. **Applicable Regulatory Provisions.** Prior to October 1, 2025, this award is subject to 45 C.F.R. 75 except for eight flexibilities from 2 C.F.R. 200 adopted by HHS on October 1, 2024. After October 1,2025, this award will be subject to any applicable provisions of 2 C.F.R. 200 and 2 C.F.R. 300.

   Termination. 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 C.F.R. 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 the 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 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C § 1681 et esq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. 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 Regulations of the Department of Health and Human Services (45 C.F.R. 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 C.F.R Part 92).

2. ***Grants Policy Statement October 2024 Update.*** HHS published the updated Grants Policy Statement (GPS) with an effective date of October 1, 2024. The updated GPS applies to all OASH awards as of its effective date. The GPS update does not apply retroactively to actions or activities prior to its effective date.

3. ***Replacement of Prior Terms, Conditions, and Requirements***. Terms, conditions, and requirements have been updated to align with the HHS transition from 45 CFR part 75 to 2 CFR part 200 as described in the Interim Final Rule published October 2, 2024, in the Federal Register. Selected provisions of 2 CFR part 200 as described in Standard Term 4 below replaced their 45 CFR part 75 counterparts effective October 1, 2024. HHS will replace 45 CFR part 75 in full with 2 CFR part 200 and 2 CFR part 300 effective October 1, 2025.

   Effective with the start of the budget period on this Notice of Award, all prior terms, conditions, and requirements are removed and replaced with the revised terms, conditions, and requirements in this Notice of Award to align with the phased transition to 2 CFR part 200 and 2 CFR part 300 as described in the Interim Final Rule.

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

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

- Executive Order 14173 *Ending Illegal Discrimination and Restoring Merit-Based Opportunity*

5. **Authorized Carryover of Unobligated Balance.** The authorized carryover amount in line 21 of this Notice of Award is the maximum amount authorized based on recipient reports of unobligated funds. Should additional unobligated funds exist, the recipient must seek prior approval to expend those additional funds. Should the unobligated balances be determined to be less than the amount authorized in line 21, the recipient is only authorized to spend the actual amount available. It is the recipient's responsibility to reconcile reports submitted to PMS and to OASH. Reconciliation consists of ensuring that disbursements equal obligations and drawdowns or making any adjustments as necessary, e.g., for an overpayment. OASH is not liable should recipient expenditures exceed the actual amount available.

   Carryover amounts do not add to the total authorized; they are funds re-authorized from a previous budget period(s) for expenditure during the current budget period. The total Federal funds authorized to date for the period of performance is the amount in Block 27 of this Notice of Award.

6. **Offset**. If the value on line 22 is non-zero, this Notice of Award provides an offset of the unobligated balance from your previous budget period(s) to the budget period authorized by this award. The total approved budget is a combination of offset funds from prior year(s) and new funds. The amount of offset is not reclaimable in future budget periods nor is it appealable. If the final reconciliation of your previous budget period(s) or resolution of an audit determines that the unobligated balance differs from this amount, OASH is not obligated to make additional Federal funds available.

STANDARD TERMS

1. ***Compliance with Requirements***. Specifically, you must comply with:

   - All terms and conditions contained in this Notice of Award.
   - Award policy terms and conditions contained in the applicable Department of Health and Human Services (HHS) Grant Policy Statement (GPS) and its subsequent updates as of their effective date.
   - All requirements imposed by applicable program statutes and regulations, and HHS grant administration regulations, including any updates or revisions to these requirements as of their effective date. This includes compliance with all applicable statutes and regulations listed in the Certifications and Representations of your SAM registration, which must be active during the award.
   - Requirements or limitations in any applicable appropriations acts as of their effective date, (e.g., Salary Limitation).

OASH Teen Pregnancy Prevention Program Policy Notice

Release Date: July 1, 2025 OASH Program Policy Notice: 2025 - 01

Purpose:

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

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

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

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

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

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

Statutory Language:

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

That of the funds made available under this heading, $101,000,000 shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not more than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors [Tier 1 programs], and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy [Tier 2 programs].

Ending Radical Indoctrination of Youth and Protecting Parental Rights:

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

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

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

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

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

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

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

Scope of the TPP Program:

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

The statute funds programs to reduce teenage pregnancy (including behavior risk factors underlying teenage pregnancy or other associated risk factors), and it makes no mention of ideological content such as the content at issue in *Mahmoud*, gender ideology, or discriminatory equity ideology (as such terms are defined in Executive Order 14190). The statute does not require, support, or authorize teaching minors about such content, including the radical ideological claim that boys can identify as girls and vice versa. Programs must be aimed at reducing teen pregnancy, not instructing in such ideological content. That *Mahmoud* reaffirms that federal funding cannot be conditioned "on parents' willingness to accept a burden on their religious exercise" confirms that the best reading of the TPP statute does not contemplate such ideological content.

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

Definitions:

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

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

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

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

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

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

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

OASH seeks to clarify these definitions:

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

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

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

Compliance:

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

Materials or activities outside the TPP Program's statutory scope, including those that are not "medically accurate," "age appropriate," or are unrelated to reducing teen pregnancy, as described in this PPN, and any expenditures associated therewith are not allowable, reasonable, or allocable to programs that include such content. *See* 45 C.F.R. §§ 75.403-405. TPP Program grant recipients are expected to ensure all program materials comply with this PPN. We are aware that curricula and other program materials—including content disqualified herein as not "medically accurate" or not "age appropriate" or unrelated to reducing teen pregnancy—were previously approved by OASH, and we have taken that into account in weighing factors relating to this policy notice. However, for the reasons described above, the prior administration erred in approving such materials and that approval exceeded the agency's authority to administer the program consistent with the legislation as enacted by Congress. We understand that compliance with this PPN may require some grantees to revise their TPP Program curricula and content. However, the need to comply with the statutory requirements of the TPP Program, Presidential Executive Orders, and the U.S. Constitution outweighs such burdens. *See* 45 C.F.R. § 75.303(b) (requiring compliance with all Federal statutes, regulations, and the terms and conditions of the Federal award), §§ 75.403-405 (requiring grant expenditures to be reasonable and allocable in order to be allowable). The NOFOs AH-TPI-23-001 and AH-TP2-23-002 additionally required applicants to certify that they "[w]ill comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards…" The NOFOs also informed applicants that they "must comply with all terms and conditions outlined in the Notice of Award… [including] requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable..."

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

REPORTING REQUIREMENTS

1. **Financial Reporting Requirement—Federal Financial Report (FFR) SF 425.** As a recipient, you must submit your SF-425 to OASH using the Department of Health and Human Services (HHS) Payment Management System (PMS). Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications. Submission of your SF-425 will enhance the reconciliation of expenditures and disbursements and allow for timely closeout of grants. To assist in your preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf. You must complete **all** sections of the FFR.

A. Quarterly FFR Due Date.

Your FFR is due 30 days after the end of each Quarter in the federal fiscal year. That is for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

B. Final FFR Due Date. Your final FFR covering the entire project is due 120 days after the end date for your project period.

C. Past due FFRs. If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your PMS account and contact information are up to date so you receive notifications.

D. Electronic Submission.

Electronic Submissions are accepted only via the PMS – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the award with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the PMS Help Desk or your assigned Grants Management Specialist. Please reference box/line 9 pf page 1 of this NoA for the name of your assigned Grants Management Specialist.

2. **Semiannual Progress Report Requirements.** You must submit semiannual progress reports 30 days after the end of each performance reporting period unless otherwise required under Special Terms and Requirements or Special Conditions as required by statute, regulation, or specific circumstances warranting additional monitoring for this award. Your progress reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance may be provided by the Program Office. Reports must be submitted electronically via the Performance Project Report (PPR) Module in GrantSolutions.

3. **Audit Requirements.** The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all non-Federal entities expending Federal funds, and must be consistent with the standards set out at 45 CFR Part 75, Subpart F ("Audit Requirements"). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse athttps://harvester.census.gov/facides/Account/Login.aspx.

4. **Closeout Requirements.** Once the project period has ended, as the recipient, you are required to submit a Final Program Progress report, the SF-425 using the Department of Health and Human Services (HHS) Payment Management System and the SF-428 Tangible Personal Property report and/or Disposition report **within 120 calendar days after the project and final budget period end date**. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active or future projects or activities involving your organization.

A. The Final Program Progress Report:

Your report must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via the Performance Project Report Module in GrantSolutions.

B. SF-425 Final Federal Financial Report:

Submit your Final FFR using the Department of Health and Human Services (HHS) Payment Management System. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards. Electronic Submissions are accepted only via the HHS Payment Management System – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the HHS Payment Management System Help Desk or your assigned Grants Management Specialist.

Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of your assigned Grants Management Specialist.

C. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports:

Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1

Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Grants & Acquisitions Management Division.

CONTACTS

1. **Fraud, Waste, and Abuse.** The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

   Internet: https://forms.oig.hhs.gov/hotlineoperations/index.aspx

   Phone: 1-800-HHS-TIPS (1-800-447-8477)

   Mail: US Department of Health and Human Services
   Office of Inspector General
   ATTN: OIG HOTLINE OPERATIONS
   PO Box 23489
   Washington, DC 20026

   For additional information visit https://oig.hhs.gov/fraud/report-fraud/index.asp.

2. **Payment Procedures.** Payments for grants awarded by OASH Program Offices are made through the Payment Management System (PMS, previously known as the Division of Payment Management) https://pms.psc.gov/home.html.

   PMS is administered by the Program Support Center (PSC), HHS. Contact PMS to establish an account if you do not have one.

   Inquiries regarding payments should be directed to https://pms.psc.gov/home.html; or

   Payment Management Services
   P.O. Box 6021
   Rockville, MD 20852

   or 1-877-614-5533

3. **Use of Grant Solutions.** GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Program Director/Principal Investigator roles only. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official.

   For assistance on GrantSolutions issues please contact: GrantSolutions User Support at 202-401-5282 or 866-577-0771, email

help@grantsolutions.gov, Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at https://grantsolutions.secure.force.com/.

EXHIBIT 2

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary

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

June 26, 2026

[redacted]
Authorizing Official
Planned Parenthood of the Heartland, Inc.
671 Vandalia St.
Saint Paul, MN 55114-1312

Dear Ms. [redacted]:

Funding for Award Number TP1AH000306 is hereby terminated, pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective June 26, 2026 in an effort to align with many school systems' end-of-year calendar and minimize disruption. Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), the Office of the Assistant Secretary for Health (OASH) may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

On September 16, 2025, OASH published a statement of "Priorities of the Office of the Assistant Secretary for Health." See https://health.gov/priorities. As relevant here, one of OASH's priorities is, to the extent permitted by law, to "focus on programs that do not promote material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content, including content that encourages, normalizes or promotes sexual activity for minors." Additionally, the TPP Program Replication of Evidence-Based Programs (TPP23 Tier 1) – 2023-2028 is authorized and funded through annual appropriations acts (e.g., Division B of Title II of the Consolidated Appropriations Act, 2026 (Public Law No. 119-75)), stating that funds are for "age appropriate programs that reduce teen pregnancy."

After a review of all curricular content, OASH believes that some curricula normalize adolescent sexual activity and are not age appropriate, as they contain overly sexually explicit or pornographic content that is not necessary to achieve the TPP program's statutory mission. As a result, OASH is adjusting its discretionary Teen Pregnancy Prevention (TPP) Program award portfolio, which includes the decision not to renew some of its TPP Program awards in order to better prioritize agency resources towards the above-mentioned priorities.

Planned Parenthood of the Heartland, Inc. utilizes at least one such curricula, *Safer Choices,* in its TPP program. For example, *Safer Choices* includes roleplay scenario exercises that describe and normalize sexual intercourse of minors (pg. 213).

In its discretion OASH may suspend (rather than decide not to renew) an award to allow the recipient an opportunity to take appropriate corrective action; however, after review and consideration, OASH made a programmatic determination regarding continuation funding not to renew the grant, based on the funded project during the current award period. Current program priorities, such as focusing on projects that do not normalize or promote sexual activity for

minors, differ fundamentally from prior approaches.

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

If you have any questions, please contact Eric West at eric.west@hhs.gov.

Sincerely,

Eric West

Eric West
Acting Chief Grants Officer
Grants and Acquisition Management
Office of the Assistant Secretary for Health
Department of Health and Human Services

Amy Margolis

Amy Margolis
Deputy Director
Office of Population Affairs
Office of the Assistant Secretary for Health
Department of Health and Human Services

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

HENNEPIN COUNTY, MINNESOTA, et al.,

Plaintiffs,

.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 26-cv-2460

DECLARATION OF CALLEEN SIMON

I, Calleen Simon, declare under penalty of perjury that:

1. I am over the age of 18 and competent to testify to the matters described below.

2. I am the Executive Director of the Sexuality Information and Education Council of the U.S., dba: SIECUS: Sex Ed for Social Change (SIECUS). I have served in that position since September 2025.

3. The facts in this declaration are based on my personal knowledge, review of SIECUS records, and information provided to me by other SIECUS employees in the course of their duties.

4. I have worked on adolescent sexual and reproductive health program design, delivery, and evaluation for 18 years. Before joining SIECUS, I led the adolescent sexual and reproductive health and rights program portfolios at Pathfinder International and Save the Children. During this time, I led the design, implementation, and/or evaluation of adolescent sexual and reproductive health programs and policies across 23 countries, developed more than 40 publications and tools focused on improving the sexual and reproductive health and wellbeing of adolescents, and served on the program evaluation team for three quasi-experimental or randomized controlled trials assessing the impact of sexual and reproductive health programs on young people's health and wellbeing. I have provided technical assistance for country-level sex education policy development across several countries and served on the Guideline Development Group for the 2025 World Health Organization guideline on preventing early pregnancy and poor reproductive outcomes among adolescents in low- and middle-income countries. I hold an undergraduate degree from the University of Miami and a Master of Public Health degree with a concentration in reproductive health from Rollins School of Public Health at Emory University. I began my career teaching comprehensive sex education in the United States Peace Corps.

5. SIECUS was founded in 1964 as the Sexuality Information and Education Council of the United States, and since that time has been a recognized leader in the field of sexuality and sex education, publishing numerous books, journals, and resources for professionals, parents, policymakers, and the public. SIECUS's core areas of work include policy and advocacy, evidence translation and resource development, and strategic communications.

6. SIECUS's policy and advocacy work includes educating policymakers and advocates about the importance of providing evidence-based, medically-accurate, and age-appropriate comprehensive sexuality education at the federal, state, and local levels; providing technical assistance to state and local partners to support development and implementation of local evidence-based sex education policies; and developing and strengthening partnerships with other organizations, coalitions, and initiatives to advance polices that promote comprehensive sex education as a foundation for health equity and justice.

7. SIECUS's evidence translation and resource development work aims to enhance educator, advocate, youth, partner, and public understanding of the current state of sexuality education in the United States and opportunities for improvement in both policy and practice. SIECUS publishes toolkits and reports to inform and educate various constituencies on the state of comprehensive sexuality education policy and practice at the state and federal level. SIECUS also partners with national, state, and local organizations to develop and promote standards elevating the provision of quality sexuality education, including co-developing and updating the National Sex Education Standards.

8. SIECUS's strategic communications aim to inform public narratives and educate the broader public about what science and research demonstrate to be factually true about sex education through its online and social media presence, publishing policy analyses and policy

reports, as well as through media appearances and speaking engagements. As part of this work, SIECUS aims to ensure comprehensive sexuality education and its benefits are well known and understood, and motivate the public to take action to strengthen access to sex education in their communities and states.

9. SIECUS is not a grantee of the Teen Pregnancy Prevention (TPP) Program, but works directly with many TPP grantees and sub-grantees to provide technical assistance and create opportunities for cross-organization learning and collaboration, including: Georgia Campaign for Adolescent Power and Potential, Michigan Organization on Adolescent Sexual Health, Project Vida Health Center, Healthy Futures Texas, Eyes Open Iowa, Fact Forward, and Bridgercare. SIECUS most often provides technical assistance through our Sex Education Policy Action Council (SEPAC), a coalition of organizations, state agencies, and school districts to advance inclusive and effective sex education policy and practice, which counts many TPP Program participants as dues-paying members.

10. In June 2026, the Department of Health and Human Services (HHS) issued new Notices of Funding Opportunity (NOFOs) for the TPP Program and terminated the vast majority of TPP Program cooperative agreements. Those changes (collectively, the 2026 Policy) will directly impair SIECUS's work to promote accurate and comprehensive sex education, and will require SIECUS to divert resources from other priorities to combat the misinformation and medically inaccurate claims advanced by HHS.

11. I am aware of termination notices issued by HHS that label content provided as part of well-established and rigorously evaluated sex education curricula as pornographic. Such false and incendiary rhetoric is common among opponents of adolescent sexual and reproductive health education, but it is particularly harmful coming from HHS given its prominence and position of

trust on matters of healthcare. Having the federal government accuse providers of proven and accurate sex education of providing pornography to minors has a chilling effect on educators and on governments and organizations that provide sex education, and directly impairs SIECUS's ability to carry out its mission.

12. The mass terminations of TPP Program cooperative agreements will also harm SIECUS financially, through reduced SEPAC dues income. In previous instances when SEPAC members have faced funding cuts, they have either paid reduced or no dues, or left SEPAC entirely. Based on those experiences, SIECUS expects to collect lower dues for SEPAC than it would have had the TPP Program cooperative agreements not been terminated.

13. The terminations will also harm SIECUS's grass-roots network of partner organizations, by requiring them to stop programs currently serving young people and their communities, lay staff off, and divert resources away from ongoing work advancing access to sexual and reproductive health information and services towards mitigating the repercussions from sudden grant cancellations. SIECUS is already aware of partner organizations that have laid off/furloughed staff and/or paused ongoing work with SIECUS on sex education policy and strategy in order to mitigate impacts of the grant cancellations. This policy will have a chilling effect even beyond the organizations whose awards have been terminated, as we've seen in the past when HHS or other government agency terminates grants or promotes misinformation on sexual and reproductive health programs. As a result of HHS's evident hostility to accurate and comprehensive sex education, organizations may stop working on sex education altogether in favor of other programming that may be seen as less controversial or more financially secure, and others may engage in preemptive compliance, promoting administration-aligned misinformation to better position themselves to receive future federal grant money.

14. The termination letters and NOFOs also contain numerous inaccuracies and unsupported claims that will impair SIECUS's ability to promote accurate and comprehensive sex education, which is our core mandate and mission.

15. For example, the NOFOs require all programs to incorporate sexual risk avoidance education, which is a well-known euphemism for abstinence education.[1,2] Abstinence education has repeatedly been proven to be not only ineffective in delaying sexual initiation and reducing adolescent pregnancy, but also actively harmful and stigmatizing to adolescents.[3] The Society for Adolescent Health and Medicine's position statement reinforces this point, saying, United States government programs promoting abstinence-only-until-marriage are ethically flawed, are not evidence-based, and interfere with fundamental human rights to complete and accurate health information. [4]

16. The NOFO also requires programs to incorporate the success sequence, which tells young people that there is a proven path to success in life, which requires education, employment, and then heterosexual marriage. This economic theory has been debunked and its inclusion in sexual and reproductive health education is harmful.[5] It promotes abstinence-only messaging, which is highly ineffective, and shames young people whose families or whose lives do not follow this specific pattern.

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[1] SIECUS. Sexual Risk Avoidance Let's Avoid it. Washington, DC: 2019. Nay-to-SRA-1-pager-May-2019-Update.pdf

[2] J. Boyer, "New Name, Same Harm: Rebranding of Federal Abstinence-Only Programs," *utt acher Policy e ie* , vol. 21, New York, 2018. Online . Available: https://www.guttmacher.org/gpr/2018/02/new-name-same-harm-rebranding-federal-abstinence-only-programs

[3] J. S. Santelli *et al.*, Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact, *Journal of dolescent Health*, vol. 61, no. 3, pp. 273 280, Sep. 2017, doi: 10.1016/j.jadohealth.2017.05.031.

[4] T. S. for A. H. and Medicine, Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and xa0;Medicine, *Journal of dolescent Health*, vol. 61, no. 3, pp. 400 403, Sep. 2017, doi: 10.1016/j.jadohealth.2017.06.001.

[5] SIECUS. Same Shame, New Name: Debunking the Success Sequence. April 2026. Same Shame, New Name: Debunking the Success Sequence - SIECUS

17. Several of the termination letters suggest that birth control entails the risk of later infertility. That suggestion has no medical or scientific basis, and is contradicted by a large body of evidence.[6,7] For example, the American Medical Association, in its What Doctors Want Patients to Know series, has categorically labeled the claim that taking birth control will make it harder for a person to get pregnant in the future as false. [8] Promoting unscientific claims about the risks of birth control is consistent with the positions of the Make America Healthy Again (MAHA) movement championed by HHS Secretary Robert F. Kennedy Jr. The MAHA movement is notoriously hostile to contraception, among other safe and effective medical practices.[9,10] In addition, the Heritage Foundation, which has informed much of this Administration's policy, has repeatedly stated false and misleading claims about contraception.[11]

18. Several of the termination letters state that descriptions of sexual activity by adolescents, including descriptions of safer-sex practices such as obtaining and using condoms, constitute normalizing adolescent sexual activity. However, teaching young people how to protect themselves is not the same as normalizing sexual activity. Accurate sexual health information delivered at appropriate ages as outlined in the National Sex Education Standards, is a protective intervention.[12] Decades of evidence suggests that comprehensive sex ed, which includes

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[6] D. Mansour, K. Gemzell-Danielsson, P. Inki, and J. T. Jensen, Fertility after discontinuation of contraception: a comprehensive review of the literature, *Contraception*, vol. 84, no. 5, pp. 465 477, 2011, doi: https://doi.org/10.1016/j.contraception.2011.04.002.

[7] World Health Organization (2016). Selected practice recommendations for contraceptive use, 3rd ed. World Health Organization. https://iris.who.int/handle/10665/252267

[8] Berg, Sara. What doctors want patients to know about birth control. American Medical Association. August 2024. https://www.ama-assn.org/public-health/population-health/what-doctors-want-patients-know-about-birth-control

[9] Ziegler, M. Trump is Going After Birth Control. Here's Why. Politico: April 2026. Trump Is Going After Birth Control. Here's Why. - POLITICO

[10] https://www.nytimes.com/2025/11/09/us/politics/maha-natural-family-planning.html unlocked article code 1.xVA.K0MM.tICq-Jyl7b9E smid nytcore-ios-share

[11] SIECUS. Backwards to the Future: The Heritage Foundation's Radical Vision for America's Next 250 Years. April 2026. Backward to the Future: The Heritage Foundation's Radical Vision for America's Next 250 Years

[12] Future of Sex Education Initiative, National Sex Education Standards: Core Content and Skills, K-12 (Second Edition), 2020.

information on contraception and condoms, delays adolescent sexual activity and prevents unintended pregnancy.[13,14]

19. The NOFOs suggest that artificially stimulated arousal, an apparent reference to masturbation, may affect neural development. Tier 1 NOFO at 10. There is no medical or scientific basis for that suggestion.[15,16,17]

20. The new NOFOs remove all references to the LGBT IA population and prohibits programs that acknowledge the existence of transgender and nonbinary people, *see* Tier 1 NOFO at 45. Those populations are particularly vulnerable and in need of accurate and comprehensive sex education, and defunding programs that serve them will predictably lead to increases in teen pregnancy, STI rates, and other negative outcomes.[18,19]

21. Medically accurate and age-appropriate information on anatomy, puberty, menstruation, and concepts related to understanding fertility are components of evidence-based sex education programs. However, the new NOFOs require all programs to center body literacy education, with an emphasis on promoting fertility rather than promoting comprehensive sexual and reproductive health. I have been unable to identify any curricula/programs that center body

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[13] E. S. Goldfarb and L. D. Lieberman, Three Decades of Research: The Case for Comprehensive Sex Education, *Journal of dolescent Health*, vol. 68, no. 1, pp. 13 27, Jan. 2021, doi: 10.1016/j.jadohealth.2020.07.036.

[14] Kim EJ, Park B, Kim SK, Park MJ, Lee JY, Jo AR, Kim MJ, Shin HN. A Meta-Analysis of the Effects of Comprehensive Sexuality Education Programs on Children and Adolescents. Healthcare (Basel). 2023 Sep 11;11(18):2511. doi: 10.3390/healthcare11182511. PMID: 37761708; PMCID: PMC10530760.

[15] UNESCO, International technical guidance on sexuality education: An evidence-informed approach, Geneva, 2018. Online . Available: http://unesdoc.unesco.org/images/0026/002607/260770e.pdf

[16] World Health Organization. Comprehensive sexuality education website. May 2023 Comprehensive sexuality education

[17] American Academy of Pediatrics, "Masturbation," HealthyChildren.org, Itasca, IL, 2009. Online . Available: https://www.healthychildren.org/English/ages-stages/gradeschool/puberty/Pages/Masturbation.aspx

[18] S. K. Goldberg, B. M. Reese, and C. T. Halpern, Teen Pregnancy Among Sexual Minority Women: Results From the National Longitudinal Study of Adolescent to Adult Health, *Journal of dolescent Health*, vol. 59, no. 4, pp. 429 437, Oct. 2016, doi: 10.1016/j.jadohealth.2016.05.009.

[19] SIECUS: Sex Ed for Social Change, URGE: Unite for Reproductive Gender Equity, Advocates for Youth, Answer, Black Pink, Equality Federation, GLSEN, Human Rights Campaign, National LGBT Task Force, Planned Parenthood Federation of America. "A CALL TO ACTION: LGBT YOUTH NEED INCLUSIVE SE EDUCATION. 2021. https://www.plannedparenthood.org/uploads/filer public/41/d5/41d511c2-086f-4894-9df7-bb15ecf0d92e/call to action lgbtq sex ed report - final 2.pdf

literacy and the related topics as described in the NOFO, align with the Criteria for Eligible TPP Effective Programs as outlined in Appendix A of the TPP Tier 1 NOFO, and which have not been terminated by HHS.

22. The new Tier 1 NOFO requires all programs to p romote optimal health through an upstream, preventive approach by emphasizing root-cause understanding of chronic health conditions that may impact overall health and fertility. That language is associated with the restorative reproductive health movement, which, as the American Society for Reproductive Medicine has explained, is based on false narrative s and misleading terminology and seeks to exclude IVF and related treatments on moral or religious grounds, not clinical evidence. American Society for Reproductive Medicine, Just the Facts: Restorative Reproductive Medicine and Ethical IVF are Misleading Terms that Threaten Access.[20] The American College of Obstetricians and Gynecologists has likewise warned that restorative reproductive medicine encourages a nonmedical and nonpatient-centered approach, discourage s medical interventions, and establish es barriers to evidence-based fertility care, thereby jeopardizing people's ability to start and grow their families. American College of Obstetricians and Gynecologists, Issue Brief: Restorative Reproductive Medicine.[21]

23. SIECUS has already had to devote time and resources that would have been spent on other organizational priorities to responding to the new TPP NOFO's inaccurate and misleading claims about the evidence around sexual and reproductive health education and counseling TPP Program grantees on the effects of the 2026 Policy. For example, a recent meeting with a state partner that was scheduled to discuss HIV-prevention legislation was diverted to focusing on the

[20] *aila le at* https://www.asrm.org/advocacy-and-policy/fact-sheets-and-one-pagers/just-the-facts-restorative-reproductive-medicine-and-ethical-ivf-are-misleading-terms-that-threaten-access/

[21] *aila le at* https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-restorative-reproductive-medicine

TPP Program instead in light of the 2026 Policy. Should the new NOFOs result in HHS disbursing tens of millions of dollars to programs that promote misinformation and medically inaccurate claims about contraception, SIECUS will have to devote even more resources to rebutting false claims at the expense of other priorities.

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct.

Date: July 13, 2026

Calleen Simon

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

HENNEPIN COUNTY, MN, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 26-cv-2460

DECLARATION OF KATE TALMOR

I, Kate Talmor, declare under penalty of perjury that:

1. I am over the age of eighteen and am competent to testify to the facts in this declaration.

2. I base the information contained in this declaration on information conveyed to me directly by the legal assistant assigned to this case and my own reading of the studies based below.

3. On July 4, 2026, our legal assistant attempted to find each of the studies cited in the two 2026 NOFOs at-issue in this matter. There were seven articles cited in the footnotes across both NOFOs, written as follows:

   a. "Hall, Kelli S., et al. 'Understanding Factors Contributing to Unintended Pregnancy.' *American Journal of Public Health*, vol. 102, no. 3, 2012, pp. 1–8[.]" Tier 1 NOFO at 6 n.1.

   b. "Polis, Chelsea B., and Laurie Zabin. 'Missed Conception: Fertility Knowledge and Pregnancy Risk.' *Contraception*, vol. 85, no. 4, 2012." Tier 1 NOFO at 6 n.1.

   c. "Manhart, L. E., Aral, S. O., Holmes, K. K., & Foxman, B. 'Sex Partner Concurrency: Measurement, Prevalence, and Correlates Among Adolescents.' *American Journal of Public Health*, vol. 101, no. 10, 2011, pp. 1896–1902." Tier

1 NOFO at 6 n.2; Tier 2 NOFO at 7 n.1.

d. "Klaus, H. M. *Abstinence and Teen Fertility Awareness: Behavior Outcomes Among At-Risk Youth*. Life Issues Institute, 2004." Tier 1 NOFO at 6 n.3.

e. "Sinai, I., et al. 'Fertility Awareness–Based Methods of Family Planning: A Review of Effectiveness for Avoiding Pregnancy.' *Journal of Midwifery & Women's Health*, vol. 57, no. 6, 2012, pp. 547–554." Tier 1 NOFO at 6 n.4; Tier 2 NOFO at 7 n.2.

f. "O'Donnell M. Definition of Health Promotion 2.0: Embracing Passion, Enhancing Motivation, Recognizing Dynamic Balance, and Creating Opportunities. American Journal of Health Promotion. 2009;24(1): iv-iv." Tier 1 NOFO at 7 n.5; Tier 2 NOFO at 8 n.5.

g. "Hebert-Beirne, Jennifer M. et al. (2017) A Pelvic Health Curriculum in School Settings: The Effect on Adolescent Females' Knowledge. Journal of Pediatric and Adolescent Gynecology, Volume 30, Issue 2, 188 – 192." Tier 2 NOFO at 7 n.3.

4. As part of her professional duties, this legal assistant has cite-checked multiple briefs and regulatory comments containing extensive citations to scholarly articles and research publications. As a result, she is well-versed in searching for and directly accessing articles and studies across various disciplines, to ensure that material is accurately quoted and cited.

5. Our legal assistant began with a Google search for these articles, copying and pasting the author's name, title, and publication to see if a proper match turned up for each of these seven citations. This search only yielded exact results for the O'Donnell article ("f" above) and the Hebert-Beirne article ('g" above), so she began a more precise search for the first five articles.

6. First, she searched for the specific volumes and issues of the journals cited in these footnotes. When she was still unable to find a match, she looked up the cited authors' websites or CVs (which usually contain a full list of a scholar's published articles), as well as their PubMed and Google Scholar pages for the most up-to-date bibliography of research works.

7. To verify the Hall citation, *supra* ¶ 3(a), she accessed the American Journal of Public Health's website, navigated to the "Past Issues" page, and reviewed Volume 102, Issue Number 3 (March 2012). The issue's index (at https://ajph.aphapublications.org/toc/ajph/102/3), which lists all articles published in both the online-only and print versions, contains no articles authored by Kelli S. Hall and no article titled "Understanding Factors Contributing to Unintended Pregnancy." The journal appears to use consecutive pagination for its issues, as print articles begin at page 388; accordingly, an article in this issue could not span pages 1–8, as cited in the NOFO. Finally, Professor Hall's CV does not include any article titled "Understanding Factors Contributing to Unintended Pregnancy," and none of her articles published in the American Journal of Public Health contain the phrase "unintended pregnancy" in the title.

8. To verify the Polis/Zabin citation, *supra* ¶ 3(b), she accessed the website for the journal Contraception, navigated the "Issue List," and reviewed Volume 85, Issue 4 (https://www.contraceptionjournal.org/issue/S0010-7824(11)X0015-X). The issue's index does not include any articles authored by Dr. Chelsea Polis or Professor Laurie Zabin. Moreover, none of the listed titles contain the terms "conception," "fertility," or "pregnancy risk." When searching Dr. Polis's PubMed page and personal website, the legal assistant found a similarly titled article authored by Dr. Polis and Prof. Zabin ("*Missed Conceptions or Misconceptions: Perceived Infertility Among Unmarried Young Adults In the United States*")—however, this was published in an entirely different journal (Volume 44 of Perspectives on Sexual & Reproductive Health).

9. To verify the Manhart citation (*supra* ¶ 3(c)), she accessed the American Journal of Public Health's website, navigated to the "Past Issues" page, and reviewed Volume 101, Issue 10 (October 2011). The issue's index (https://ajph.aphapublications.org/toc/ajph/101/10), which

lists all articles published in both the online-only and print versions, contains no articles authored by anyone with the last names Manhart, Aral, Holmes, or Foxman, nor any articles by the title "Sex Partner Concurrency: Measurement, Prevalence, and Correlates Among Adolescents." She then searched the PubMed/Google Scholar pages of Lisa E. Manhart, Sevgi O. Aral, King K. Holmes, and Betsy Foxman. There were no titles similar to "Sex Partner Concurrency: Measurement, Prevalence, and Correlates Among Adolescents" among the works of Dr. Aral, the late Dr. Holmes, and Dr. Foxman. Dr. Manhart authored a piece titled "Sex Partner Concurrency: Measurement, Prevalence, and Correlates Among Urban 18-39-Year-Olds," though this was published in an entirely different journal (Volume 29, Issue 3 of Sexually Transmitted Diseases). As the title reflects, this article also concerned behavior among *adults*—not adolescents, as HHS's title and usage in the NOFO suggests.

10. To verify the Klaus citation (*supra* ¶ 3(d)), the legal assistant accessed the Life Issues Institute's online "pro-life research library" (at https://lifeissues.org/articles/), which lists articles chronologically. She reviewed pages 25 and 26, which contained the Institute's articles from 2004 (the year cited by the NOFO), and found no article by an "H. Klaus" or titled "Abstinence and Teen Fertility Awareness: Behavior Outcomes Among At-Risk Youth." She also searched the Institute's website for "Klaus," which returned no results. Finally, she scanned the PubMed page of a Dr. Hanna Klaus, an OB-GYN who has taken public anti-abortion stances, and did not find any titles remotely similar to the one cited by the NOFO.

11. To verify the Sinai citation (*supra* ¶ 3(e)), she accessed the Journal of Midwifery & Women's Health page housed in the Wiley Online Library, and searched the issue archive for Volume 57, Issue 6 (2012). The issue's index (https://onlinelibrary.wiley.com/toc/15422011/2012/57/6) contains no articles authored by

anyone with the last name Sinai, nor anything titled "Fertility Awareness-Based Methods of Family Planning: A Review of Effectiveness for Avoiding Pregnancy." She then searched Dr. Irit Sinai's PubMed page for similar titles. She had co-authored a piece titled "Fertility Awareness-Based Methods of Family Planning: A Review of Effectiveness for Avoiding Pregnancy Using SORT," though this was published in an entirely different journal (Volume 5, Issue 1 of the Osteopathic Family Physician). That article is a literature review on the efficacy of fertility-awareness-based family planning; it does not suggest that girls receiving body literacy education are more likely to remain abstinent. *Contra* NOFO 1 at 6.

12. Based on the foregoing, it appears that five out of seven of the NOFOs' cited articles could not be found as cited in the NOFO. Two out of the seven appear to be completely made up. Three of the seven did not publish in the cited journals but appear to have similar titles to articles published in completely different journals.

Date: July 15, 2026

Kate Talmor

Kate Talmor

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

HENNEPIN COUNTY, MINNESOTA, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 26-cv-2460 (CRC)

PROPOSED ORDER RANTIN PLAINTIFFS' MOTION FOR 5 U.S.C. § 705 STAY AND PRELIMINARY INJUNCTION

Upon consideration of Plaintiffs' motion for 5 U.S.C. § 705 stay and preliminary injunction, the parties' briefing thereon, and the entire record in this case, it is hereby

ORDERED that Plaintiffs' motion is **RANTED**; and it is further

ORDERED that the 2026 Policy is **STAYED** pursuant to 5 U.S.C. § 705, pending a final ruling on the merits of this case; and it is further

ORDERED that all actions taken by Defendants and their officers, employees, and agents to implement the 2026 Policy, including the issuance of the 2026 NOFOs and the June 26, 2026, terminations of Teen Pregnancy Prevention (TPP) Program awards, shall be **STAYED** pending a final ruling on the merits of this case; and it is further

ORDERED that Defendants are **PRELIMINARILY ENJOINED** from giving effect to or implementing the 2026 Policy pending a final ruling on the merits of this case, and Defendants shall maintain the TPP Program as it operated prior to implementation of the 2026 Policy, including but not limited to processing TPP awardees' applications for noncompetitive

continuation funding without reliance on or application of the priorities set forth in the 2026 Policy; and it is further

ORDERED that counsel for Defendants shall provide notice of this Order to all Defendants and their officers, employees, and agents forthwith; and it is further

ORDERED that Defendants shall file a status report with the Court within 48 hours of this Order apprising the Court of the status of their compliance with this Order.

SO ORDERED.

Dated: , 2026

HON. CHRISTOPHER R. COOPER
UNITED STATES DISTRICT JUDGE