

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

NATIONAL FAMILY PLANNING &
REPRODUCTIVE HEALTH
ASSOCIATION; FAMILY HEALTH
COUNCIL OF CENTRAL
PENNSYLVANIA,

Plaintiffs,

V.

ROBERT F. KENNEDY, JR., in his official capacity as United States Secretary of Health and Human Services; BRIAN CHRISTINE, in his official capacity as Assistant Secretary for Health; AMY L. MARGOLIS, in her official capacity as Deputy Director of the Office of Population Affairs,

Defendants.

No. 1:26-cv-1684-JPW

(Hon. Jennifer P. Wilson)

**FIRST AMENDED COMPLAINT FOR DECLARATORY AND
INJUNCTIVE RELIEF
(Challenge to unlawful portions of the FY 2027 Notice of Funding
Opportunity for Title X)**

INTRODUCTION

1. This action, brought under the Administrative Procedure Act (“APA”), challenges aspects of Defendants’ fiscal year (“FY”) 2027 Notice of Funding

Opportunity (“NOFO”) for Title X, the nation’s only dedicated federal family planning program. The NOFO subverts the integrity of the Title X grantmaking process and, in so doing, enables Defendants to hijack the Title X program in order to give federal grants to entities that further Defendants’ political agenda instead of fulfilling Congress’s mandate to “offer a broad range of acceptable and effective family planning methods and services” to patients on a voluntary basis. *See* 42 U.S.C. § 300(a). Accordingly, well-qualified prospective Title X grantees, including highly experienced providers that have been in the Title X program for decades, are at serious risk of having their applications denied solely because they do not sufficiently align with Defendants’ political priorities—some of which have nothing to do with the Title X program and some of which directly conflict with the current regulations. Indeed, alignment with Defendants’ political priorities is worth 35 points at the merit review stage, more than any other scoring criteria, including compliance with the Title X statute and regulations. If Defendants are permitted to improperly invoke these ideological priorities under the NOFO to push highly qualified providers out of the program in favor of other entities, merely because the latter are “aligned” with Defendants’ political views, it will be extremely detrimental to the patients that Title X serves, including potentially depriving them of critical family planning services.

2. To start, the NOFO makes clear that the success of an applicant will largely be determined by its alignment with three sets of agency priorities: Department of Health and Human Services (“HHS”), Office of the Assistant Secretary for Health (“OASH”), and Office of Population Affairs (“OPA”).¹ These Agency Priorities include such things as “ending diversity, equity, and inclusion,” and “ending support for gender ideology,” which is defined by this administration as the “false claim that males can identify as and thus become women and vice versa . . . [and that] there is a vast spectrum of genders that are disconnected from one’s sex.”

3. The NOFO’s requirement that all applicants, and all grantees after grants are awarded, align with the Agency Priorities to end diversity, equity, and inclusion—including by rejecting “ideologically-laden concepts like health equity”—and to end support for “gender ideology,” conflicts with Title X regulations that require the opposite. In fact, the Title X regulations require that grantees demonstrate their ability to “*advance* health equity,” 42 C.F.R. § 59.7(a)(3) (emphasis added), and that Title X projects “[p]rovide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed,” *id.* § 59.5(a)(3), “does not discriminate” based on “gender identity” and

¹ Hereinafter, HHS, OASH, and OPA will be referred to collectively as “the Agency,” and the HHS, OASH and OPA priorities collectively as “Agency Priorities.”

“sex characteristics,” *id.* § 59.5(a)(4), and ensures that “transgender . . . persons” are “fully included and can actively participate in and benefit from family planning,” *id.* § 59.2.

4. Furthermore, the NOFO’s requirement of alignment with certain Agency Priorities is arbitrary and capricious because it fails to provide prospective grantees fair notice as to what is required of them, and it constitutes a reversal of prior agency position without reasoned decision-making. For instance, the NOFO demands that prospective grantees align themselves with Agency Priorities that directly conflict with the Agency’s own regulations, without providing any acknowledgment of or explanation for the Agency’s sudden reversal of position from its regulations, or any fair notice to prospective grantees as to how the Agency expects them to reconcile the conflicts.

5. The unlawful aspects of the NOFO will cause serious harm. The NOFO’s lopsided weighting of prospective grantees’ alignment with political priorities that are irrelevant to Title X or at odds with Title X requirements stacks the deck against highly qualified applicants that would otherwise be highly competitive. The NOFO enables Defendants to pick winners and losers based on political alignment, as opposed to merit and the ability to provide high-quality Title X services. This is not how federal grants should be awarded.

6. As a result, highly qualified applicants that are experts in family planning care and deeply rooted in their communities, where they live and serve patients, may be deprived of a fair competition for a Title X grant, to the detriment of the program and the patients it is intended to serve.

7. Accordingly, as discussed further below, Plaintiffs are entitled to relief under the APA, the challenged aspects and provisions of the NOFO must be declared unlawful and set aside, and Defendants must be enjoined from relying on them in the grant-making process.

JURISDICTION AND VENUE

8. This Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. §§ 1331 and 1346(a)(2), as the claims asserted arise under federal law, and 5 U.S.C. § 702, as the claims asserted challenge final agency action.

9. This Court is authorized to issue injunctive and declaratory relief under the Declaratory Judgment Act, 28 U.S.C. §§ 2201, 2202, Federal Rules of Civil Procedure 57 and 65, and the Court's inherent equitable powers.

10. This Court is also authorized to issue relief under the APA, 5 U.S.C. §§ 702, 705, 706, including vacating and setting aside the unlawful portions of the NOFO pursuant to 5 U.S.C. § 706.

11. Venue is proper in this judicial district pursuant to 28 U.S.C. § 1391(e)(1)(C) because Family Health Council of Central Pennsylvania's corporate headquarters and principal place of business is in Camp Hill, Pennsylvania.

PARTIES

Plaintiffs

12. Plaintiff National Family Planning & Reproductive Health Association ("NFPRHA") is a national, non-profit membership association that advances and elevates the importance of family planning in the nation's health care system and promotes and supports the work of family planning providers and administrators, especially those that provide care funded through government programs.

13. NFPRHA represents nearly 800 organizational members in forty-five states, Puerto Rico, and the District of Columbia. NFPRHA's membership includes state, county, and local health departments; private, non-profit family planning providers and administrators (including family planning councils, Planned Parenthood affiliates, and others); hospital-based health practices; and federally qualified health centers.

14. Within Title X, NFPRHA's members operate or administer more than 3,100 health centers that provide family planning services to more than 2.2 million patients each year.

15. The Title X program has 77 current grantees administering 84 grants. Fifty-six grantees are NFPRHA members, which operate 75% of the Title X projects (63 of the 84 total Title X grants). Many of NFPRHA's grantee members have provided Title X services for decades. It is anticipated that all or nearly all of NFPRHA's grantee members will apply for a Title X grant for FY 2027. As it has historically, NFPRHA intends to provide support and technical assistance to its members as they navigate the application process for FY 2027 funds.

16. NFPRHA brings this action in a representative capacity on behalf of its member organizations that intend to apply for a FY 2027 Title X grant, their staff, including clinicians, and the patients they serve.

17. The interests that NFPRHA seeks to vindicate in this suit are central to its mission. NFPRHA is the leading national advocacy organization for the Title X family planning program and works to maintain Title X as a critical part of the public health safety net. In addition to its Title X advocacy, NFPRHA provides education, resources, and technical assistance to Title X grantees and subrecipients and supports those entities as they apply for Title X grant funding, and on an ongoing basis as they implement Title X.

18. Among NFPRHA's members is Plaintiff Family Health Council of Central Pennsylvania ("FHCCP"), a private, not-for-profit organization with a

mission of building and supporting community-based health networks through partnership, advocacy, and effective resource provision.

19. FHCCP oversees and supports a diverse network of organizations providing a range of vital services and medical care, including gynecological care, cancer screening and education, tobacco prevention and cessation, housing, nutrition advice and healthy foods, and HIV/AIDS support services. Family planning is a cornerstone of FHCCP's services, and the organization prides itself on providing care to low-income and un- or under-insured individuals who otherwise may have no access to this health care.

20. Since the organization's founding in 1973, each grant cycle, FHCCP has applied for and been awarded Title X funding to provide family planning services, including a broad range of contraceptive services, natural family planning, pregnancy testing, screening for breast and cervical cancer, testing and treatment for sexually transmitted infections ("STIs"), basic infertility services, health education, and referrals for other health and social services.

21. Under its current Title X grant, FHCCP subcontracts with a network of 19 service providers at approximately 48 service sites in a 24-county region in Central Pennsylvania to support the delivery of confidential, high-quality family planning services to over 31,000 low-income Pennsylvanians each year.

22. There is an ongoing need for comprehensive family planning services in Central Pennsylvania. FHCCP has a demonstrated capacity to provide those services and aims to continue providing them as part of the Title X program. As it has done for more than half a century, FHCCP intends to apply for Title X funding in the next grant application cycle under the FY 2027 NOFO.

Defendants

23. Defendant Robert F. Kennedy Jr. is the United States Secretary of Health and Human Services (“the Secretary”), and he is sued in his official capacity. Secretary Kennedy is responsible for all aspects of the operation and management of HHS, including implementing and fulfilling HHS’s duties under the United States Constitution, statutory law, and applicable regulations.

24. HHS is an “agency” within the meaning of the Administrative Procedure Act. 5 U.S.C. § 551(1). HHS is the agency to which congressional Title X funding is appropriated, *see* Consolidated Appropriations Act, 2026, Pub. L. No. 119-75, 140 Stat. 173, 262 (2026), and is responsible for implementing Title X.

25. Defendant Brian Christine is the Assistant Secretary for Health and heads OASH, an office within HHS, and he is sued in his official capacity. OASH will administer the competition for the funds available under the NOFO.

26. Defendant Amy L. Margolis is the Deputy Director of OPA, an office within HHS and within the purview of OASH, which administers and oversees the Title X program, and she is sued in her official capacity.

27. OPA is the entity that announced the availability of funds through the NOFO.

FACTUAL ALLEGATIONS

A. Overview of the Title X Program.

28. Title X became law as part of the “Family Planning Services and Population Research Act of 1970.” Pub. L. No. 91-572, 84 Stat. 1504 (1970). The program provides high-quality family planning and sexual health care to all, with priority given to low-income patients. Title X provides access to effective contraceptive methods, cancer screenings, testing and treatment for STIs, other preventive services, and, fundamentally, the education and clinical care needed to either achieve or prevent pregnancy—decisions made by patients according to their needs and values.

29. The Title X program came into being a decade after the Food and Drug Administration’s (“FDA”) first approval of the oral contraceptive pill, which, at that time, was available only through physicians and at a high cost.

30. During the 1960s, many low-income women had more children than they desired, and this had a significant effect on poverty levels, individuals’ ability

to obtain an education, and maternal and child health. Research established that it was inequitable access to contraceptives that made low-income women less able to match their actual childbearing with their desired family size.

31. President Richard M. Nixon therefore called on Congress to “establish as a national goal the provision of adequate family planning services . . . to all those who want them but cannot afford them,” stressing that “no American woman should be denied access to family planning assistance because of her economic condition.” Richard Nixon, *Special Message to the Congress on Problems of Population Growth* (July 18, 1969), available at <https://www.presidency.ucsb.edu/documents/special-message-the-congress-problems-population-growth>.

32. With overwhelming bipartisan support, Congress responded by enacting Title X. Congress’s concern was the “medically indigent”—the low-income individuals who desired but could not access the most effective contraceptive methods that more affluent members of society could, and who were:

forced to do without, or to rely heavily on the least effective nonmedical techniques for fertility control unless they happen to reside in an area where family planning services are made readily available by public health services or voluntary agencies.

S. Rep. No. 91-1004, at 9 (1970). Congress declared as the first purpose of the legislation that included Title X “making comprehensive voluntary family planning

services readily available to all persons desiring such services.” Pub. L. No. 91-572, § 2(1).

33. Title X became, and remains, the only dedicated source of federal funding for family planning services in this country.

34. For over half a century, Title X funding has built and sustained a national network of family planning health centers that deliver critical preventive health care. It has enabled millions of low-income patients to both achieve and prevent pregnancy. For many people, Title X-funded care is the only health care they seek. In 2016, approximately 60% of patients sampled in a survey reported that a Title X health center was their only source of health care in the previous year.²

35. Many Title X-funded organizations have been providing care in the network for decades, often from the very beginning of the Title X program in 1971. Title X health care providers have accordingly developed deep expertise and high responsiveness to patient needs.

36. For instance, many Title X providers typically offer night and weekend hours, and have shaped their projects to best meet the needs of the local communities they serve. Many service sites are specialized family planning centers, whether run

² Managi Lord-Biggers & Amy Friedrich-Karnik, *Features and Benefits of the Title X Program*, Guttmacher Institute (Feb. 2025), <https://www.guttmacher.org/fact-sheet/features-and-benefits-title-x-program>.

by non-profit providers or within government health departments, with clinicians working full-time on family planning care. Their expertise has benefited patients in essential ways, including that these specialized providers are significantly more likely to provide the full range of FDA-approved contraceptives, including intrauterine devices (“IUDs”) and contraceptive implants, onsite.

37. In 2023, the last year for which there are publicly available data, more than 3,800 Title X sites around the country served 2.8 million patients, with more than 4.3 million family planning visits.³ Title X patients are disproportionately low-income, with the majority having incomes at or below the federal poverty level. *See* 2023 FPAR at 12–13. The program also serves a racially and ethnically diverse population: Title X patients are disproportionately African American and Latino/a, as compared to the general U.S. population.

38. Indispensable to our nation’s health care safety net, Title X plays a key role in ensuring that patients get the care they need without cost being a barrier, offering no-cost family planning and sexual health services to patients at or below

³ *See* Phil Killewald *et al.*, Off. of Population Affs., Off. of the Assistant Sec’y for Health, U.S. Dep’t of Health & Hum. Servs., *Family Planning Annual Report: 2023 National Summary* 10 (2024) (“2023 FPAR”), <https://opa.hhs.gov/sites/default/files/2025-08/2023-FPAR-national-summary.pdf>.

100% of the federal poverty level (\$15,960 per year for a single-person household in 2026).⁴

B. The Title X Statute, Legislative Mandates, Regulations, and Guidance.

39. The Title X program is governed by the statute Congress enacted in 1970, subsequent legislative mandates, regulations promulgated by HHS, and additional guidance that the Agency publishes from time to time.

40. The Title X statute establishes Congress’s fundamental purpose in creating the program: “[T]he establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services.” 42 U.S.C. § 300(a).

41. The statute also demonstrates Congress’s intent that a broad swath of entities be eligible to apply for family planning funds. *See, e.g., id.* (all “public or nonprofit private entities” are eligible to receive grants).

42. The Title X statute further requires that, in making funding decisions, the Secretary “shall” consider several enumerated factors. *See id.* § 300(b) (“In making grants and contracts under this section the Secretary shall take into account the number of patients to be served, the extent to which family planning services are

⁴ Off. of the Assistant Sec’y for Plan. & Evaluation, *Poverty Guidelines*, U.S. Dep’t of Health & Hum. Servs., <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines> (last visited June 10, 2026).

needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance.”).

43. The statute also includes a prohibition on the use of Title X funds “in programs where abortion is a method of family planning.” *Id.* § 300a-6.

44. Additionally, every year from 1996 to the present, in making appropriations for Title X, Congress has mandated that “all pregnancy counseling [in the Title X program] shall be nondirective.” *See Consolidated Appropriations Act, 2026*, Pub. L. 119-75, 140 Stat. 173, 262.

45. The Title X regulations operate similarly to the statute. First, they confirm that the program’s *raison d’être* is “the establishment and operation of voluntary family planning projects,” which “shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children.” 42 C.F.R. § 59.1. The regulations further clarify that family planning services “include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services.” *Id.* §§ 59.2, 59.5(a)(1); *see also id.* § 59.5(b)(1) (each project must provide “for medical services

related to family planning (including . . . contraceptive supplies) . . . and provide for the effective usage of contraceptive devices and practices”).

46. The regulations also specify the criteria the Agency will use to decide which family planning services projects to fund, which includes all the criteria mandated to be considered by the statute. *See id.* § 59.7.

47. Additionally, a major focus of the regulations is HHS’s emphasis on advancing health equity through the Title X program and ensuring that projects provide inclusive family planning services to diverse, underserved communities. For example, the Title X regulations direct the Secretary to take into account “[t]he ability of the applicant to advance health equity” in assessing Title X grant applications. *Id.* § 59.7(a)(3).

48. HHS defines “[h]ealth equity” to mean “when all persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances” and defines “[q]uality healthcare” as healthcare that is not only safe and effective but also “equitable.” *Id.* § 59.2.

49. The Agency’s regulations instruct that “[e]ach project supported” in the Title X program “must” “[p]rovide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed.” *Id.* § 59.5(a)(3).

50. The Agency regulations define “[i]nclusive” to mean that “all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities.” *Id.* § 59.2. This definition of inclusive care specifically identifies “transgender . . . persons” as individuals who must be able to benefit from and be included in family planning. *Id.*; *see also id.* (defining “[c]ulturally and linguistically appropriate services” as health care that is “respectful of, and responsive to, the health beliefs, practices and needs of diverse patients”). The regulations prohibit Title X projects from providing services in a discriminatory manner, with explicit protections against discrimination on the basis of, *inter alia*, “gender identity” and “sex characteristics.” *Id.* § 59.5(4).

51. The Title X regulations further instruct that each Title X project must “[p]rovide for opportunities for community education, participation, and engagement to,” *inter alia*, “[p]romote continued participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered, quality family planning services.” *Id.* § 59.5(b)(3)(iii).

52. The regulations require Title X projects to “[o]ffer pregnant clients the opportunity to be provided information and counseling regarding . . . [p]renatal care and delivery;” “[i]nfant care, foster care, or adoption; and” “[p]regnancy

termination.” *Id.* § 59.5(a)(5)(i)(A)–(C). If a client requests such information and counseling, the Title X project must “provide neutral, factual information and nondirective counseling on each of the options, and, referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling.” *Id.* § 59.5(a)(5)(ii).

53. Existing guidance documents reinforce these regulatory mandates. For example, the Title X Handbook, a guidance document produced by OPA which “provides information critical to managing a Title X project” and is intended to “help recipients and subrecipients be successful as they implement their Title X projects,”⁵ further instructs that “[a]dvancing equity for all, including people from low-income families, people of color, and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality, is a priority for HHS, OPA, and Title X.” Title X Program Handbook at 12.

54. The Title X regulations also require family planning services offered within the program to be provided “consistent with nationally recognized standards of care.” 42 C.F.R. § 59.5(a)(3). On OPA’s website, it states that *Providing Quality Family Planning Services in the United States: Recommendations of the U.S. Office*

⁵ Off. of Population Affs., Title X Program Handbook 6 (2024) (“Title X Handbook”), https://opa.hhs.gov/sites/default/files/2025-01/Title%20X%20Program%20Handbook_Dec%202024_FINAL.pdf.

*of Population Affairs (Revised 2024)*⁶ (the “2024 QFP”) “is a nationally recognized standard of care when implementing the Title X requirements.” *See* Off. Population Affs., *OPA Program Policy Notice 2024-02*, <https://opa.hhs.gov/node/4173> (last visited July 13, 2026). The 2024 QFP is an update to the 2014 QFP standards,⁷ which Title X-funded entities have been required to adhere to since they were issued in 2014. *See* Title X Program Handbook at 10.

55. The 2024 QFP update to the 2014 QFP “includes newer approaches to care by adopting a health equity lens and recognizing the impact of structural and interpersonal racism, classism, ableism, and bias based on sexual orientation and/or gender identity on health and [sexual and reproductive health] care.” *See* 2024 QFP at S42; *see also id.* at S47–48 (listing “[i]nclusivity,” including for LGBTQI people, as one of the “guiding principles” of sexual and reproductive health care delivery); *id.* at S72 (“Providers should support the sexual and reproductive health care needs of all people regardless of their gender identity by providing gender-inclusive and affirming care.”).

⁶ Sarah E. Romer, et al., *Providing Quality Family Planning Services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024)*, *Am. J. Prev. Med.* 2024; 67, S41-S86, [https://www.ajpmonline.org/article/S0749-3797\(24\)00310-6/fulltext](https://www.ajpmonline.org/article/S0749-3797(24)00310-6/fulltext).

⁷ Loretta Gavin et al., *Providing quality family planning services: recommendations of CDC and the U.S. Office of Population Affairs*, *MMWR Recomm. Rep.* 2014 (1-54), <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm> (“2014 QFP”).

56. The 2024 QFP update further instructs that “[p]roviders should also support people interested in using birth control methods for reasons other than contraception. Noncontraceptive indications for some methods include STI prevention; gender-affirming care; menstrual management or suppression; and treatment of acne, premenstrual dysphoric disorder (PMDD), heavy or painful periods, polycystic ovary syndrome (PCOS), and endometriosis.” *Id.* at S55.

57. Furthermore, the 2014 QFP says the recommendations “encourage taking a client-centered approach” to providing care. 2014 QFP at 2. The 2014 QFP defines “client-centered” care as care that “is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions.” *Id.* at 4. The 2014 QFP also explains that taking a “client-centered approach” involves, *inter alia*, “highlighting that the client’s primary purpose for visiting the service site must be respected,” “encouraging the availability of a broad range of contraceptive methods so that clients can make a selection based on their individual needs and preferences,” and “reinforcing the need to deliver services in a culturally competent manner so as to meet the needs of all clients, including . . . those who are lesbian, gay, bisexual, transgender, or questioning their sexual identity (LGBTQ).” *Id.* at 2.

58. The 2014 QFP also prioritizes effectiveness and, for example, “support[s] offering a full range of Food and Drug Administration (FDA)-approved

contraceptive methods as well as counseling that highlights the effectiveness of contraceptive methods” so that “clients can make a selection based on their individual needs and preferences.” *Id.* at 2. The 2014 QFP further emphasizes “[e]quitable,” “[e]vidence-based,” and “quality” care that is “consistent with current professional knowledge” and “does not vary in quality because of the personal characteristics of clients.” *Id.* at 4.

C. Title X Grant-Making Process.

59. As described *supra*, the Title X statute authorizes the Secretary of HHS to make grants to “public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects.” 42 U.S.C. § 300(a). These Title X grants support Title X “projects” for particular geographic locations. Within each Title X project, there are typically three levels: (1) the grantee entity, (2) subrecipient organizations, and (3) individual health centers, or service sites, operated either directly by the grantee or run by subrecipients.

60. In making grants, the statute directs that “the Secretary *shall* take into account the number of patients to be served, the extent to which family planning services are needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance.” *Id.* § 300(b) (emphasis added); *see also* 42 C.F.R. § 59.7 (regulations setting out factors Agency must “tak[e] into account” in making grant awards, including all the statutory factors).

61. The Agency solicits applications for Title X funding by publishing a Notice of Funding Opportunity or NOFO. A NOFO describes the availability of funding, encourages entities to apply for funding, offers an overview of the program's requirements and priorities, and details how applications will be evaluated.

62. Interested entities structure their applications in accordance with the requirements and programmatic priorities set out in the NOFO. Applicants typically devote multiple months to coordinating the content of and preparing their applications. This is because applications must satisfy extensive and detailed requirements; accordingly, applicants generally need a significant amount of time to gather and compile all the requisite information in the manner directed by the NOFO.

63. For example, applications must include a project narrative of no more than 50 pages, which sets out the applicant's capabilities and work plan for delivering Title X-funded services. Supporting documentation of no more than 50 pages is also required. The application must detail all health care and educational services that would be provided under the grant, the areas of the country that the applicant seeks to serve, and the providers through which services will be offered. This includes the providers' locations and hours of operation; the estimated number of people that the providers will serve; and the nature of the services that will be offered at each service site. Further, if all Title X services cannot be offered at a

particular service site, applicants must offer a justification for why this is the case and describe their plan to ensure access to the full range of Title X services for people that seek care in that particular site.

64. Applicants must also provide evidence of their expertise in providing clinical care and their experience working in the proposed service area and provide documentation of the need for Title X services in that area, as well as the process through which a needs assessment was conducted. Applicants must also report on how, using the needs assessment, they will provide services and improve service delivery. Applicants must describe the populations that would be served using Title X grant funds and how they would address barriers to people's access to and use of Title X care.

65. Applicants must provide a detailed staffing plan, including how clinical providers' licensure and credentialing are verified and maintained, and describe their plans for financial monitoring, accounting, internal control and compliance, and quality improvement for all providers funded under the grant.

66. Governmental health departments, in particular, need sufficient time to prepare and submit their applications, as their draft applications generally must go through multiple levels of internal review. For example, some state health departments must have their application reviewed by several bureaus/divisions within the health department, including the legal department and the

finance/accounting department, and the governor's office. Some health departments have subrecipients apply for subgrants after the NOFO is released and before applications are due so that information and budgeting can be included in the grant application.

67. A Title X project is defined by the proposed family planning activities to be conducted by the grantee and any subrecipients that are described in detail in the grantee's application to HHS and then funded through the finalized grant. Historically, prospective grantees that go on to be selected for and receive Title X grant awards are held to the representations they made in their applications regarding the nature, purpose, and scope of their Title X project and associated activities. Accordingly, what a prospective grantee represents it will do in an application for a grant is very important as—if awarded a grant—that grantee will then be expected to make good on those representations.

68. Title X grant funds are generally awarded for a period of performance of up to five years, to be funded in annual increments (called budget periods). To obtain funds for subsequent budget periods of the approved period of performance, successful applicants that are awarded grants are required to submit noncompeting continuation grant applications that include a project narrative, work plan, budget, and budget justification for the upcoming year.

69. The Agency generally makes award decisions and issues grants to successful applicants by April 1, around the time the prior performance period ends on March 31. This timing ensures that there is no lapse in funding and, accordingly, no lapse in the provision of critical family planning services.

D. The Title X FY 2027 NOFO.

70. In April of 2026, OPA released funds for the final budget period (i.e., FY 2026) of the approved five-year period of performance under the FY 2022 NOFO. At the same time, OPA published a new competitive NOFO, soliciting applications for projects to provide Title X services starting in FY 2027, for a five-year term, with an anticipated grant award date of April 1, 2027.

71. On July 9, 2026, Defendants published a new version of the NOFO, which is the subject of this litigation. *See* the NOFO (attached as Ex. A).

72. The deadline to apply for funding under the NOFO is January 11, 2027. *Id.* at 1.

73. The NOFO indicates that a “Technical Assistance Webinar” will take place on November 9, 2026. *Id.* Following the webinar, the Agency typically will post a document addressing frequently asked questions regarding the grant application process. *Id.* at 35.

74. NFPRHA expects that some of its members that intend to submit applications for FY 2027 Title X grants will soon start preparing their applications,

and those that have not started—particularly governmental health departments—will need to do so roughly 90 days before the application deadline, which is October 13, 2026, in order to meet the January 2027 deadline for submission.

75. The NOFO states that Title X grantees “must align [their] program design and activities with agency priorities where consistent with program authority and the scope of the award ([“]Priorities of the Office of the Assistant Secretary for Health,” available online at: <https://health.gov/priorities>), and when authorized by law according to the Title X statute, regulations, legislative mandates, and additional program guidance.” NOFO at 7.

76. The NOFO directs prospective applicants to a webpage detailing OASH’s priorities, which include “[e]nding diversity, equity, and inclusion (DEI) policies and practices across OASH’s programs,” “[e]nding support for gender ideology, including sex-rejecting procedures for children,” “[r]educing overmedicalization in health care,” and “[e]nforcing the Hyde Amendment.” *Id.* at 7; Priorities of Off. of the Assistant Sec’y for Health (attached as Ex. B) (“OASH Priorities”).

77. Under the “Ending diversity, equity, and inclusion (DEI) policies and practices across OASH’s programs” priority on OASH’s website, OASH maintains that it “has previously invested in ideologically-laden concepts like health equity” but that “[t]his has not translated into measurable improved health for minority

populations, and in many cases has undermined core American values.” OASH Priorities.

78. Accordingly, OASH states that it “will prioritize efforts that go beyond the use of ideologically laden concepts and focus on solution-oriented approaches,” which it states “includes actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes, including the root causes of Americans’ chronic disease epidemic.” *Id.*

79. Under this priority, OASH also professes its “commit[ment] to restoring merit-based opportunities and, to the extent permitted by law, removing discriminatory or otherwise illegal practices, such as providing benefits and advantages based on race or ethnicity rather than need, severity of disease, or another legitimate basis.” *Id.*

80. Under the “Ending support for gender ideology, including sex-rejecting procedures for children, and ensuring evidence-based care” priority on OASH’s website, OASH states that it is “a priority of OASH to protect children from [medical] interventions” such as “puberty blockers, cross-sex hormones, and surgeries, that attempt to reject a child’s sex,” and that it is also “an OASH priority to ensure OASH programs accurately reflect science, including the biological reality

that a person's sex, as either male or female, is unchangeable and determined by objective biology." *Id.*

81. Accordingly, OASH states that it will "prioritize OASH programs and funding that accurately reflect the scientific biological reality of sex." *Id.*

82. The NOFO also instructs that "[i]n addition to the statute, regulations, legislative mandates, and additional program guidance that apply to Title X, Title X grantees should align their programs with OPA priorities to the extent authorized by law and within the scope of the program," and that "OPA expects recipients to develop and implement plans to address the program priorities and provide evidence of [a] project's capacity to address program priorities." NOFO at 10.

83. The NOFO states that OPA's program priorities for recipients funded under the NOFO "are in part informed" by the OASH priorities available on OASH's website. *Id.*

84. The NOFO identifies the following as OPA priorities: Addressing the chronic disease epidemic through the delivery of Title X services; Reducing overmedicalization in health care and increasing focus on optimal health through the delivery of Title X services; Promoting body and health literacy through the delivery of Title X services; Advancing reproductive goals counseling through the delivery of Title X services; Promoting evidence-based care through the delivery of Title X services; Enforcing the Hyde Amendment through the delivery of Title X services;

Ensuring OASH funds benefit eligible individuals and not illegal aliens through the delivery of Title X services; and Implementing a Quality Improvement and Quality Assurance (QI/QA) Plan. *See id.* at 10–14 (“OPA Priorities”).

85. Under the “Reducing overmedicalization in health care and increasing focus on optimal health through the delivery of Title X services” priority, the NOFO states that “OPA recognizes the overreliance on pharmaceutical and surgical treatments,” asserts that various reports “have shown a decrease in females’ current use of any contraception,” and that “the most common reason women reported for discontinuing use related to dissatisfaction was side effects. This approach has failed to adequately address the root causes of the nation’s chronic disease burden, resulting in ongoing health challenges that affect fertility, pregnancy outcomes, and long-term health outcomes.” *Id.* at 11–12; *see also* OASH Priorities.

86. Under this priority, the NOFO also states that “[t]hrough the delivery of Title X services, OPA seeks to strengthen approaches that focus on the underlying behavioral and lifestyle factors of health—such as nutrition, sleep, physical activity, stress management, and environmental factors—that impact overall health and are shown to be effective in improving optimal health,” and “expect[s] applicants to demonstrate how their Title X projects will integrate noninvasive, evidence-based practices that promote health literacy, fertility awareness, and reproductive health without unnecessary medicalization or symptom suppression.” NOFO at 12.

87. The NOFO identifies “expanding access to fertility-awareness-based methods (often referred to as natural family planning)” as a “[k]ey strateg[y]” for advancing optimal health under the “Reducing overmedicalization” priority. *Id.*

88. The word contraception is only used once in the NOFO, in the context of discussing a decrease in its use and alleged patient dissatisfaction with its side effects under the “Reducing overmedicalization” priority. *Id.* at 11; *see also, generally, id.*

89. Under the “Promoting evidence-based care through the delivery of Title X services” priority, the NOFO states that “HHS will prioritize funding for grantees who maintain a science-driven approach to healthcare, including by . . . respecting biological reality,” and identifies key strategies for promoting this priority, including “providing developmentally appropriate counseling rooted in biological science” and “ensuring referral pathways align with evidence-based care.” *Id.* at 13.

90. Under the “Enforcing the Hyde Amendment through the delivery of Title X services” priority, the NOFO states that OPA “expect[s] recipients to demonstrate how their Title X projects . . . contribute to broader HHS efforts to safeguard life-affirming, lawful, and ethical program delivery.” *Id.* at 14.

91. The NOFO does not define what constitutes “life-affirming . . . program delivery.” *Id.* at 14; *see also, generally, id.*

92. The NOFO instructs that an applicant’s “Project Narrative is the most important part of [the] application,” and that “[s]uccessful proposals should include” a description of “plans and strategies for providing family planning services that address OPA program priorities,” including “[r]educing overmedicalization,” “[p]romoting evidence-based care” and “[e]nforcing the Hyde Amendment.” *Id.* at 19, 21.

93. The NOFO states that the review of the merits of applications for Title X grants will be conducted by “[f]ederal staff and an independent review panel” (the “Merit Review”). *Id.* at 39.

94. The most significant criterion in the Merit Review—valued at 35 potential points out of a total of 100—is the “extent to which the applicant proposes strategies that meaningfully advance OPA’s program priorities . . . and HHS priorities.” *Id.* at 40.

95. HHS’s priorities include ending diversity, equity, and inclusion. *See HHS Priorities*, U.S. Dep’t of Health & Hum. Servs., <https://www.hhs.gov/about/priorities/index.html> (“HHS Priorities”) (attached as Ex. C). Under this priority, HHS states that “[r]ather than supporting DEI programs, HHS will end race-based special preferences in grant making and instead direct resources to programs that advance the health and longevity of all Americans.” *Id.*

96. HHS’s priorities also include “[c]ombat[ing] gender ideology,” and “respect[ing] the dignity of human life at all stages of development.” *Id.*

97. HHS’s priorities include some that are unrelated to the provision of family planning services, such as “[f]urther[ing] our understanding of autism,” “[t]oxins,” “[i]nvestigat[ing] and car[ing] for those with Long COVID,” “[a]dvanc[ing] the scientific understanding of the aging process,” “[p]romot[ing] work and self-sufficiency,” “[e]nd[ing] crime and disorder on America’s streets,” “[i]mprov[ing] oversight of foreign funded institutions,” and “[e]nding dangerous gain-of-function research.” *Id.*

98. The NOFO does not explain how a Title X grantee is expected to align themselves with unrelated HHS priorities within the context of the Title X program, with limited Title X funds. *See generally*, NOFO.

99. In the Merit Review, while alignment with OPA and HHS priorities is allotted 35 points, the extent to which applicants describe the provision of a “broad range of methods and services to address client needs” and identify “the number of low-income clients to be served”—factors drawn directly from the Title X statute—is worth only 10 points, and the degree to which applicants comply with the Title X statute, regulations, and legislative mandates is worth only 15 points. *Id.* at 39–40.

100. In addition to the independent review panel, the NOFO indicates that “Federal staff will review each application for technical (programmatic), budgetary,

and grants management compliance” and that OPA “will coordinate with a senior appointee to provide recommendations for funding to the Grants Management Officer to conduct the required risk analysis consistent with 2 CFR 200 and applicable HHS policy.” *Id.* at 41.

101. The NOFO states that “[i]n providing these recommendations, the program office will take into consideration . . . [a]lignment with HHS and OASH priorities, where authorized by law and within the scope of the program.” *Id.*

102. The NOFO makes clear that “[n]o award decision is final until a Notice of Award is issued by the Grants Management Officer, in coordination with a senior appointee or appointee’s designee, consistent with the Executive Order on ‘Improving Oversight of Federal Grantmaking.’” *Id.*

103. The NOFO states that Title X grant recipients “must demonstrate ongoing compliance with [the agency] priorities . . . through program design, implementation, reporting, and evaluation,” and that “[f]ailure to meaningfully align funded activities with the applicable requirements may result in corrective action,” “including termination . . . for no longer effectuating program goals or agency priorities.” *Id.* at 7.

104. The NOFO represents the consummation of the Agency’s decision-making process as to its considerations, criteria, and priorities for evaluating FY 2027 Title X grant applications and making FY 2027 Title X grant awards.

105. There is nothing in the NOFO that would indicate that it is interim, temporary, or subject to further revision. Indeed, the NOFO makes clear that prospective grantees are “encourage[d] . . . to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that their application complies with all requirements and instructions.” *Id.* at 3.

106. As of the date of this filing, Plaintiffs have received no communication from the Agency indicating that that NOFO is interim, temporary, or subject to further revision.

LEGAL ALLEGATIONS

A. The NOFO Requires Alignment with Agency Priorities That Are Contrary to Law.

1. The Anti-DEI Priority.

107. The OASH and HHS Priorities with which applicants must align include the priority of “[e]nding diversity, equity, and inclusion . . . policies and practices.” *See* OASH Priorities; HHS Priorities (“End[ing] illegal race discrimination”). As detailed above, under this priority, OASH instructs that it will “prioritize efforts that go beyond the use of ideologically laden concepts” like “health equity,” which OASH claims “has not translated into measurable improved health for minority populations.” OASH Priorities. Similarly, HHS’s priorities

describe “[s]o-called ‘diversity, equity, and inclusion’ (DEI) programs” as “illegal race discrimination” that the Agency “will not tolerate.” HHS Priorities. (Together, and independently, these constitute the Agency’s “Anti-DEI Priority.”)

108. The Anti-DEI Priority is in direct conflict with the Title X regulations’ command that projects provide services in an “inclusive” and “equitable” manner and encourage participation in the project by “diverse persons,” 42 C.F.R. §§ 59.5(a)(3), (b)(3)(iii); *see also id.* § 59.2 (defining “inclusive” as “when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities,” specifically identifying racial and ethnic minorities and “lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons”). The Anti-DEI Priority is similarly in conflict with the Title X regulatory requirement that applicants for grant funding demonstrate the “ability . . . to *advance* health equity.” *Id.* § 59.7(a)(3) (emphasis added); *see also id.* § 59.5(a)(3) (Title X projects must “ensure[] equitable and quality service delivery”).

2. The Anti-Gender Ideology Priority.

109. The OASH and HHS priorities targeting transgender individuals and transgender-related health care fall under the OPA priority of “[p]romoting evidence-based care through the delivery of Title X services.” NOFO at 13. The Agency describes this priority as “Ending support for” or “Combat[ing]” what it calls

“gender ideology.” OASH Priorities; HHS Priorities; NOFO at 13 (together, and independently, the Agency’s “Anti-Gender Ideology Priority”).

110. The Trump administration has defined “gender ideology” as an ideology that “replaces the biological category of sex with an ever-shifting concept of self-assessed gender identity, permitting the false claim that males can identify as and thus become women and vice versa . . . [and that] there is a vast spectrum of genders that are disconnected from one’s sex.” *See* Exec. Order No. 14168, 90 Fed. Reg. 8615 (Jan. 20, 2025). Furthermore, on page 41, the NOFO references the “Improving Oversight of Federal Grantmaking” Executive Order, which says that “discretionary awards must . . . demonstrably advance the President’s policy priorities” and “discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate . . . denial by the grant recipient of the sex binary in humans or that the notion that sex is a chosen or mutable characteristic.” NOFO at 41; *see also* Exec. Order No. 14332, 90 Fed. Reg. 38929 (Aug. 7, 2025).

111. As detailed above, under the Anti-Gender Ideology Priority, the Agency has stated an intent to “prioritize OASH programs and funding that accurately reflect the scientific biological reality of sex,” “including the biological reality that a person’s sex, as either male or female, is unchangeable and determined by objective biology.” OASH Priorities; *see also* HHS Priorities (“It is an HHS priority to ensure our programs accurately reflect science, including the biological reality that a

person’s sex as either male or female is unchangeable and determined by objective biology.”); NOFO at 13 (corresponding OPA priority instructs that the Agency “will prioritize funding for grantees who . . . respect[] biological reality”).

112. The NOFO’s requirement of alignment with the Anti-Gender Ideology Priority conflicts with the Title X regulations’ explicit requirement that family planning projects ensure that “transgender . . . persons” are “fully included and can actively participate in and benefit from family planning.” 42 C.F.R. § 59.2; *see id.* § 59.5(a)(3) (Title X projects must provide care that is “client-centered” and “inclusive”). Additionally, alignment with the Anti-Gender Ideology Priority contravenes the regulations’ prohibition on providing family planning services in a manner that discriminates on the basis of “gender identity” and “sex characteristics.” *Id.* § 59.5(4).

B. The NOFO Reverses Prior Agency Positions Without Observance of the Procedure Required by Law.

113. The Title X regulations were the product of notice and comment rulemaking. *See* Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services, 86 Fed. Reg. 56177 (Oct. 7, 2021).

114. To the extent the Agency is attempting to amend, repeal, and/or replace the regulatory mandates regarding advancing “health equity,” providing services in a “inclusive” and “equitable” manner, and encouraging the participation of “diverse” persons, *see supra* ¶¶ 47–51, via the NOFO’s requirement of alignment with the

Anti-DEI Priority, it failed to do so through notice and comment rulemaking, as required by law.

115. Similarly, to the extent the Agency is attempting to amend, repeal, and/or replace the regulatory mandates regarding inclusivity, client-centeredness, and non-discrimination on the basis of gender identity and sex-characteristics, *see supra* ¶¶ 49–50, via the NOFO’s requirement of alignment with the Anti-Gender Ideology Priority, it failed to do so through notice and comment rulemaking, as required by law.

C. The NOFO’s Requirement of Alignment with Agency Priorities Is Arbitrary and Capricious.

1. Requiring Alignment with the Anti-DEI Priority Is Arbitrary and Capricious.

116. The Anti-DEI Priority is in direct conflict with the Agency’s regulations requiring Title X projects to advance health equity through the provision of family planning services by providing inclusive care to diverse communities. *See supra* ¶¶ 107–108. As a result, the Agency is effectively requiring grantees to comply with contradictory requirements, or to comply with a requirement that violates the Agency’s own regulations, without providing any explanation for the conflict or guidance to prospective grantees as to how to reconcile this conflict.

117. The direct conflict between the Anti-DEI Priority and the Agency’s regulations and program guidance also indicates that the Agency is reversing its prior

position in favor of diversity, health equity, and inclusion. But the Agency does not acknowledge this change in position within the context of the Title X program, let alone provide a reasoned explanation for it.

118. Even absent a conflict with the regulations, the NOFO's requirement of alignment with the Anti-DEI Priority is so vague as to deprive applicants for funding of the opportunity to know what is required of them. For instance, the Anti-DEI Priority seems to focus principally on the *Agency's* conduct. *See, e.g.,* OASH Priorities (describing *OASH's* “commit[ment] to restoring merit-based opportunities and, to the extent permitted by law, removing discriminatory or otherwise illegal practices”); HHS Priorities (“*HHS* will end race-based special preferences in grant making and instead direct resources to programs that advance the health and longevity of all Americans.” (emphasis added)). Applicants are left to guess at how *they*—as opposed to the Agency—are meant to align with these priorities.

119. Moreover, it is not clear how applicants would even be capable of “focus[ing] on solution-oriented approaches,” “includ[ing] testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes.” *See* OASH Priorities. It is similarly unclear what “efforts” the Agency expects grantees to take that would “go beyond the use of ideologically laden concepts” like DEI and health equity, or how Title X grantees

are expected to “implement . . . interventions” that address the “root causes of Americans’ chronic disease epidemic.” *Id.*

2. Requiring Alignment with the Anti-Gender Ideology Priority Is Arbitrary and Capricious.

120. As explained *supra* ¶¶ 109–112, the Anti-Gender Ideology Priority conflicts with the Agency’s own regulations, which explicitly require the inclusion of transgender individuals in the provision of family planning services and prohibit discrimination on the basis of gender identity and sex characteristics. The NOFO is silent on how to reconcile this conflict.

121. Given the stark conflict between the Anti-Gender Ideology Priority and the Agency’s regulations and guidance materials requiring the inclusion of transgender individuals in Title X-funded family planning services, this Priority suggests a reversal of the Agency’s prior position within the Title X program. But the Agency has neither acknowledged this reversal nor provided a reasoned explanation for it.

122. Furthermore, it is unclear how a potential grantee is expected align itself with OASH’s priority to “ensure” that OASH programs “reflect . . . the biological reality that a person’s sex, as either male or female, is unchangeable,” and the NOFO provides no guidance as to how to do so. OASH Priorities; *see also, generally*, NOFO.

3. Requiring Prospective Grantees to Contribute to Agency Efforts to “Safeguard Life Affirming Program Delivery” Is Arbitrary and Capricious.

123. The NOFO also indicates that applicants are expected to “contribute to broader HHS efforts to safeguard life-affirming, lawful, and ethical program delivery.” NOFO at 13–14.

124. Although it is unclear what the term “life-affirming” means, given that this phrase is used under the Agency’s “Enforcing the Hyde Amendment” priority, which relates to restrictions on the use of federal funds to pay for abortions, the phrase appears to reflect an anti-abortion position.

125. All Title X grantees already must comply with the Title X statute, which provides that “[n]one of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.” 42 U.S.C. § 300a-6. Moreover, grantees are precluded from “tak[ing] [] affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the patient.” Provision of Abortion-Related Servs. in Fam. Plan. Servs. Projects, 65 Fed. Reg. 41281 (July 3, 2000).

126. At the same time, the Title X regulations and congressional rider mandate that projects provide non-directive counseling to pregnant clients about their pregnancy options, including “[p]regnancy termination.” 42 C.F.R. § 59.5(a)(5)(i); Pub. L. No. 119-75, 140 Stat. at 262. When requested by a client,

Title X projects must also provide referrals for abortion care. 42 C.F.R. § 59.5(a)(5)(ii); Pub. L. 119-75, 140 Stat. at 262.

127. How applicants are expected to satisfy their obligations to provide information about and referrals for abortion, while also advancing the priority of “safeguard[ing] life-affirming . . . program delivery,” is never addressed in the NOFO. NOFO at 14; *see also* OASH Priorities (OASH will prioritize programs that “respect the dignity of life”); HHS Priorities (“HHS will prioritize programs and funding mechanisms that respect the dignity of human life at all stages of development”). Applicants therefore do not know what this Agency Priority means nor how to navigate the tension between it and the regulations and congressional rider.

4. The Provisions of the NOFO That Deprioritize Contraception Are Arbitrary and Capricious.

128. The NOFO also requires alignment with the Agency’s priority to “reduc[e] overmedicalization in health care” (“Reducing Overmedicalization Priority”). *See* NOFO at 11–12, 21; OASH Priorities.

129. The NOFO’s only mention of contraception is under this heading, and it is in a disparaging context. The NOFO says that “OPA recognizes the overreliance on pharmaceutical and surgical treatments” and notes that there has a been “a decrease in females’ current use of any contraception” and that “the most common reason women reported discontinuing use related to dissatisfaction was side effects.”

NOFO at 11. The NOFO states that the “approach” of overreliance on pharmaceutical and surgical treatments “has failed to adequately address the root causes of the nation’s chronic disease burden, resulting in ongoing health challenges that affect fertility, pregnancy outcomes, and long-term health outcomes.” *Id.* at 11–12; *see also* OASH Priorities (“OASH recognizes the pervasive overreliance on pharmaceutical and surgical interventions, which have failed to sufficiently address the chronic disease epidemic.”).

130. The NOFO also states that OPA is seeking to “strengthen approaches that focus on the underlying behavioral and lifestyle factors of health—such as nutrition, sleep, physical activity, stress management, and environmental factors,” which “impact overall health and are shown to be effective in improving optimal health,” through the delivery of Title X services. NOFO at 12. The NOFO says that a key strategy for “advancing optimal health” includes “expanding access to fertility-awareness–based methods (often referred to as natural family planning).” *Id.* at 12.

131. Moreover, in the Merit Review process, “[t]he extent to which the applicant . . . describes the broad range of methods and services that will be provided” is worth only 10 points in the scoring process, *id.* at 39, while “[t]he extent to which the applicant proposes strategies that meaningfully advance OPA’s program priorities” is worth 35 points, *id.* at 40.

132. However, Congress has mandated that the Title X program “offer a broad range of acceptable and effective family planning methods and services,” 42 U.S.C. § 300(a)—a mandate that is the core purpose of the program.

133. Further, as discussed *supra* ¶ 56, the 2024 QFP update instructs that “[p]roviders should also support people interested in using birth control methods for reasons other than contraception,” including menstrual management or suppression, treatment of acne, PMDD, heavy or painful periods, PCOS, and endometriosis. Indeed, millions of patients rely on contraceptives not only to prevent pregnancy but to manage, treat, or prevent various gynecological or endocrine issues.

134. The NOFO creates tension between, on the one hand, the Title X statute and regulations’ emphases on a “broad range” of “family planning methods,” including contraception, and, on the other, the NOFO’s provisions that deprioritize contraception.

135. The NOFO also creates tension between, on the one hand, the QFP’s instruction that patients should be supported in using contraceptives for purposes other than pregnancy prevention, and, on the other hand, the NOFO’s provisions that emphasize reducing reliance on “pharmaceutical treatments” and deprioritizing medical contraception.

136. This tension leaves applicants to guess at how to align themselves with the Agency’s Reducing Overmedicalization Priority and the NOFO’s overarching,

seeming deemphasis of contraception, while also (1) complying with the statutory and regulatory requirement to provide a broad range of family planning methods, *including* contraceptive products, and (2) providing contraception in line with the QFP, evidence-based practice, and patient needs for myriad purposes other than pregnancy prevention.

137. Moreover, to the extent that the NOFO reflects the Agency's abandonment of its longstanding approach of promoting access to high-quality, effective family planning services (including *both* medical contraceptives *and* natural family planning methods), in favor of prioritizing applicants focused primarily on the provision of natural family planning methods, that is a reversal of the Agency's prior position without any acknowledgment or reasoned explanation.

138. Likewise, to the extent that the NOFO reflects the Agency's abandonment of its longstanding approach of supporting patient use of contraceptives for reasons other than pregnancy prevention, in favor of prioritizing applicants focused primarily or solely on non-pharmaceutical methods of addressing gynecological and endocrine issues that could otherwise be treated through medical contraceptives, that is a reversal of the Agency's prior position without any acknowledgment or reasoned explanation.

5. Requiring Alignment with Irrelevant HHS Priorities Is Arbitrary and Capricious.

139. The NOFO’s requirement of alignment with HHS priorities is arbitrary and capricious given that a number of those priorities have nothing to do with the provision of family planning services, and the NOFO is ambiguous as to whether and to what extent the Agency considers alignment with those seemingly irrelevant priorities to be “within the scope” of the Title X program. *See* NOFO at 39–40 (indicating that the largest component of an application’s score is the “extent to which the applicant proposes strategies that meaningfully advance . . . HHS priorities” without limiting those priorities to those applicable to Title X); *see, e.g.*, HHS Priorities (priorities include “[f]urther[ing] our understanding of autism,” “[t]oxins,” “[i]nvestigat[ing] and car[ing] for those with Long COVID,” “[a]dvanc[ing] the scientific understanding of the aging process,” “[p]romot[ing] work and self-sufficiency,” “[e]nd[ing] crime and disorder on America’s streets,” “[i]mprov[ing] oversight of foreign funded institutions,” and “[e]nding dangerous gain-of-function research.”).

140. This creates significant confusion and provides no fair notice to prospective grantees as to how to satisfy the requirement of alignment with these priorities. The NOFO also does not explain how a grantee should further all of these priorities with limited grant funds.

E. The 2027 NOFO Risks Imposing Severe and Irreparable Harms and Costs.

141. The NOFO inflicts several significant harms on Plaintiff NFPRHA's members (including Plaintiff FHCCP), their staff, and the patients they serve.

142. First, the NOFO puts well-qualified prospective Title X grantees, including highly experienced providers that have been in the program for decades, at serious risk of having their applications for a Title X grant denied solely because they do not sufficiently align with unlawful, irrelevant, and/or vague political priorities.

143. If highly qualified providers are denied the ability to participate in the Title X program based on failure to sufficiently align with unlawful, irrelevant, and/or vague political priorities, and entities in alignment with those priorities are given grants in their stead, the patients whom the Title X program is intended to serve will suffer the consequences and will be at risk of losing access to high-quality, community-based Title X family planning services.

144. Second, because some Agency Priorities are in direct conflict with the Title X regulations, *supra* ¶¶ 107–112, and others are in tension with the Title X regulations and/or guidance, *supra* ¶¶ 116–138, the NOFO's requirement that grant recipients “develop and implement plans to address the program priorities and provide evidence of the project's capacity to address program priorities,” NOFO at 10, essentially forces prospective grantees to attest that they will act in ways that are,

at best, in tension with, and, at worst, directly contrary to governing Title X regulations and guidance or have their applications for funding for critical family planning services grants denied. Forcing prospective grantees to commit to acting contrary to the Title X regulations and guidance—including guidance setting forth the nationally recognized standards of care for providing family planning services—will impose significant harms on Title X patients and the Title X network generally.

145. Third, inasmuch as certain Agency Priorities conflict with the Title X regulations and are an attempt to amend the regulations, the Agency was required to undertake notice and comment rulemaking. The Agency’s failure to do so deprived Plaintiff NFPRHA’s members, including Plaintiff FHCCP, of the opportunity to comment on a regulatory matter of the utmost importance to their organizations and the patients they serve.

146. The allegations of the preceding paragraphs are incorporated by reference in the following claims.

FIRST CAUSE OF ACTION

(Violation of APA – Not in Accordance with Law, 5 U.S.C. § 706(2)(A))

147. The APA provides that courts “shall . . . hold unlawful and set aside” final agency action that is “not in accordance with the law.” 5 U.S.C. § 706(2)(A). This includes action that is contrary to or violative of the Agency’s own “existing

valid regulations.” *United States ex rel. Accardi v. Shaughnessy*, 347 U.S. 260, 268 (1954).

148. The NOFO constitutes final agency action. It marks the consummation of the agency’s decision-making process as to its priorities, considerations, and criteria for evaluating FY 2027 Title X grant applications and making awards, as well as the requirements for grantees upon receiving a grant award, and rights and obligations are therefore determined by, and legal consequences flow from, the NOFO.

149. The NOFO’s requirement that Title X grantees align themselves with the Agency’s Anti-DEI and Anti-Gender Ideology Priorities conflicts with and is contrary to the Title X regulations, which require grantees to, *inter alia*, demonstrate their “ability . . . to advance health equity,” 42 C.F.R. § 59.7(a)(3), and to “[p]rovide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed,” *id.* § 59.5(a)(3), “does not discriminate” on the basis of “gender identity” and “sex characteristics,” *id.* § 59.59(a)(4), and ensures that “transgender . . . persons” are “fully included and can actively participate in and benefit from family planning,” *id.* § 59.2.

150. As a result of Defendants’ unlawful conduct, Plaintiff NFPRHA’s members, including Plaintiff FHCCP, their staff, and the individuals they serve are at serious risk of suffering irreparable harm.

SECOND CAUSE OF ACTION

(Violation of APA – Without Observance of Procedure Required by Law, 5 U.S.C. § 706(2)(D))

151. The APA provides that courts “shall . . . hold unlawful and set aside” final agency action that is “without observance of procedure required by law.” 5 U.S.C. § 706(2)(D).

152. The NOFO constitutes final agency action. It marks the consummation of the agency’s decision-making process as to its priorities, considerations, and criteria for evaluating FY 2027 Title X grant applications and making awards, as well as the requirements for grantees upon receiving a grant award, and rights and obligations are therefore determined by, and legal consequences flow from, the NOFO.

153. To reverse or amend a rule issued in the first instance through notice and comment rulemaking, an agency must again allow for notice-and-comment and, following from that, engage in reasoned decision making.

154. To the extent the NOFO’s requirement of alignment with the Agency’s Anti-DEI and/or Anti-Gender Ideology Priorities constitutes an amendment to or reversal of the Title X regulations that those priorities conflict with, *see supra* Count I, the Agency failed to “observ[e]” the notice and comment rulemaking “procedure required by law.” 5 U.S.C. § 706(2)(D).

155. As a result of Defendants’ unlawful conduct, Plaintiff NFPRHA’s members, including Plaintiff FHCCP, their staff, and the individuals they serve are at serious risk of suffering irreparable harm.

THIRD CAUSE OF ACTION

(Violation of APA – Arbitrary, Capricious, and Abuse of Discretion, 5 U.S.C. § 706(2)(A))

156. The APA provides that courts “shall . . . hold unlawful and set aside” final agency action that is “arbitrary, capricious, [or] an abuse of discretion” 5 U.S.C. § 706(2)(A).

157. The NOFO constitutes final agency action. It marks the consummation of the agency’s decision-making process as to its priorities, considerations, and criteria for evaluating FY 2027 Title X grant applications and making awards, as well as the requirements for grantees upon receiving a grant award, and rights and obligations are therefore determined by, and legal consequences flow from, the NOFO.

158. The NOFO’s requirement that Title X grantees align themselves with the Agency’s Anti-DEI and Anti-Gender Ideology Priorities is arbitrary and capricious because (1) it demands that prospective grantees align themselves with Agency Priorities that directly conflict with Title X regulations, *see supra* Count I, without any explanation of how to reconcile the two; (2) appears to amount to a reversal of Agency position on DEI, including health equity, and “gender ideology”

within the Title X program, without any display of awareness that the Agency made that change in the Title X program, or reasoned explanation for it; and (3) it fails to provide prospective grantees with fair notice as to what is required of them for alignment.

159. The NOFO's requirement that Title X grantees align themselves with the Agency's Priority of "safeguard[ing] life-affirming . . . program delivery" is arbitrary and capricious because it fails to provide prospective grantees with fair notice as to what is required of them for alignment.

160. The NOFO's requirement of alignment with the Reducing Overmedicalization Priority, coupled with its seeming deemphasis of contraception, is in tension with both the Title X statutory and regulatory requirements that projects offer a broad range of family planning methods, including contraceptive products, and Agency guidance that directs providers to support patients interested in using contraception for reasons other than pregnancy prevention.

161. The NOFO's requirement of alignment with the Reducing Overmedicalization Priority, coupled with its seeming deemphasis of contraception, is thus arbitrary and capricious because it (1) fails to provide prospective grantees with fair notice as to what is required of them given the tension between the NOFO, on one hand, and the Title X statute, regulations, and guidance, on the other; and (2) appears to amount to a reversal of Agency position on the importance of the

provision of broad range of family planning methods, including contraception, and support for patients interested in using contraception for reasons other than pregnancy prevention in the Title X program, without any display of awareness of that change in the Title X program, or reasoned explanation for it.

162. The NOFO's requirement to align with Agency Priorities that have nothing to do with the Title X program is arbitrary and capricious.

163. As a result of Defendants' unlawful conduct, Plaintiff NFPRHA's members, including Plaintiff FHCCP, their staff, and the individuals they serve are at serious risk of suffering irreparable harm.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs respectfully request that this Court:

(A) Declare unlawful and set aside the following portions of the FY 2027

NOFO:

i. The requirement that prospective Title X grantees demonstrate, and that Title X grant recipients ensure, alignment with:

1. The Agency's Anti-Gender Ideology Priority, *see* Exs. A–C;
2. The Agency's Anti-DEI Priority, *see* Exs. A–C;
3. The Agency's Priority of “safeguard[ing] life-affirming . . . program delivery,” *see* Exs. A–C;

4. The Agency's "Reducing Overmedicalization" Priority, *see* Exs. A–B, to the extent that the application of and alignment with that priority within the context of the Title X program constitutes a departure from the statutory and regulatory requirement that Title X projects provide a broad range of family planning methods, including contraception, and/or a departure from agency guidance directing providers to support patients interested in using contraception for reasons other than pregnancy prevention; and
5. Any Agency Priority that is irrelevant to the Title X program, including, but not limited to, HHS priorities of "[f]urther[ing] our understanding of autism," "[t]oxins," "[i]nvestigat[ing] and car[ing] for those with Long COVID," "[a]dvanc[ing] the scientific understanding of the aging process," "[p]romot[ing] work and self-sufficiency," "[e]nd[ing] crime and disorder on America's streets," "[i]mprov[ing] oversight of foreign funded institutions," and "[e]nding dangerous gain-of-function research." *See* Ex. C.

- (B) Declare that, to the extent the Agency is purporting to amend the Title X regulations with respect to DEI, including health equity, and transgender inclusion and non-discrimination via the NOFO, the Agency has failed to observe the notice and comment rulemaking procedure required by law;
- (C) Award injunctive relief prohibiting Defendants from:
- i. Using the Agency's Anti-Gender Ideology Priority in the Agency's evaluation of an entity's application for Title X funding in any respect;
 - ii. Using the Agency's Anti-DEI Priority in the Agency's evaluation of an entity's application for Title X funding in any respect;
 - iii. Using the Agency's priority of "safeguard[ing] life-affirming . . . program delivery," in the Agency's evaluation of an entity's application for Title X funding in any respect;
 - iv. Using the Agency's "Reducing Overmedicalization" Priority in the Agency's evaluation of an entity's application for Title X funding in any respect, to the extent that doing so would penalize an entity's intended provision of contraception in a manner that constitutes a departure from the statutory and regulatory requirement that Title X projects provide a broad range of family

planning methods, including contraception, and/or a departure from agency guidance directing providers to support patients interested in using contraception for reasons other than pregnancy prevention;

- v. Using the Agency Priorities that are irrelevant to the Title X program—including, but not limited to, HHS priorities of “[f]urther[ing] our understanding of autism,” “[t]oxins,” “[i]nvestigat[ing] and car[ing] for those with Long COVID,” “[a]dvanc[ing] the scientific understanding of the aging process,” “[p]romot[ing] work and self-sufficiency,” “[e]nd[ing] crime and disorder on America’s streets,” “[i]mprov[ing] oversight of foreign funded institutions,” and “[e]nding dangerous gain-of-function research,”—in the Agency’s evaluation of an entity’s application for Title X funding in any respect; and
- vi. Requiring grant recipients funded under the NOFO to align their projects with the Agency’s Anti-Gender Ideology, Anti-DEI, “safeguard[ing] life-affirming program delivery,” “Reducing Overmedicalization” Priorities, to the extent that doing so would conflict with the Title X statute, legislative mandates, and/or

regulations, and to align with the aforementioned Agency

Priorities that are irrelevant to the Title X program.

- (D) Award Plaintiffs their costs and their attorney's fees in bringing this action pursuant to 28 U.S.C. § 2412; and
- (E) Grant such other or further relief as this Court may deem just and proper.

July 13, 2026

Respectfully submitted,

/s/ Brigitte Amiri

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**Special admission granted*

CERTIFICATE OF SERVICE

I hereby certify that on July 13, 2026, I filed the foregoing First Amended Complaint electronically through the CM/ECF system, which caused all counsel of record to be served by electronic means.

/s/ Brigitte Amiri
Brigitte Amiri

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

NATIONAL FAMILY PLANNING &
REPRODUCTIVE HEALTH
ASSOCIATION, *et al.*,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., *et al.*,

Defendants.

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No. 1:26-cv-1684-JPW

(Hon. Jennifer P. Wilson)

TABLE OF CONTENTS OF EXHIBITS CITED IN
PLAINTIFFS' AMENDED COMPLAINT

DOCUMENT	EXHIBIT
U.S. Department of Health and Human Services, <i>Fiscal Year 2027 Notice of Funding Opportunity, Title X Family Planning Services Grants</i> (July 8, 2026), https://files.simpler.grants.gov/opportunities/770eae58-b245-4431-a4b8-7b1aca9e917f/attachments/bcfbf962-f7e2-4d2c-ae35-45f455944af4/PA-FPH-27-001_Revised_Title_X_Services_NOFO_7.8.26.pdf [https://perma.cc/HVQ4-3MCV]	A

<i>Priorities of Office of the Assistant Secretary for Health</i> , U.S. Department of Health and Human Services' Office of the Assistant Secretary for Health, https://health.gov/priorities [https://perma.cc/ZY7V-UC32]	B
<i>HHS Priorities</i> , U.S. Department of Health and Human Services, https://www.hhs.gov/about/priorities/index.html [https://perma.cc/S4ZU-HTE6]	C

EXHIBIT A

A



U.S. Department of Health and Human Services

Office of Population Affairs

Notice of Funding Opportunity
Title X Family Planning Services Grants

Opportunity Number
PA-FPH-27-001

Application Due Date
January 11, 2027

Technical Assistance Webinar Date
November 9, 2026

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BASIC INFORMATION	
Opportunity Title Title X Family Planning Services	
Program Office Office of Population Affairs	Application Submission and Format Electronic application submitted via Grants.gov ONLY.
Opportunity Number PA-FPH-27-001	
Award Type Grant	Application Deadline January 11, 2027
Announcement Type Initial	Technical Assistance Webinar Date November 9, 2026
Assistance Listing 93.217 (Family Planning)	Technical Assistance Webinar Details visit the OPA website at https://opa.hhs.gov/grant-programs/funding-opportunities for details
Eligible Applicants (see Section A.1 for full details) _____	
Executive Order 12372 does apply to this NOFO (see section F.3.D)	
Estimated Total Funding Available Up to \$ 257,000,000	Estimated Period of Performance (months) 60
Estimated Number of Awards up to 90	Anticipated Award Date April 1, 2027
Anticipated Award Funding Range \$200,000 - \$22M	Anticipated Project Start Date April 1, 2027
QUESTIONS? Additional contact information in Section J	

SUMMARY

The Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2027 grants under the authority of Title X of the Public Health Service Act, Section 1001 (42 U.S.C. §300).

This notice solicits applications for projects to provide Title X services throughout the 50 United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et al.), the Republic of the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau (hereafter, States). OPA intends to make available approximately up to \$257 million for up to 90 grant awards for a period of up to five (5) years. The actual amount available will not be determined until enactment of the FY 2027 federal budget.

OPA's Title X Family Planning Program funds "voluntary family planning projects [that] offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)." (Title X of the Public Health Service Act, 42 U.S.C. 300 et seq., available at https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf). The Title X Program is implemented through competitively awarded grants to a diverse network of public and private nonprofit entities. The program helps millions of low-income and uninsured Americans develop health literacy and access family planning and related health services, empowering individuals and families to make informed decisions and navigate chronic health conditions and pregnancy with confidence. By offering counseling and education to improve individuals' optimal health outcomes, Title X promotes the level of health literacy necessary to support informed consent across the reproductive lifespan. For example, endometriosis often goes undiagnosed for years because symptoms such as severe menstrual pain or irregular bleeding are frequently normalized or minimized. Body literacy counseling helps patients recognize that these experiences are not "normal" features of womanhood, but potential indicators of an underlying condition, prompting earlier discussion with providers, timely diagnosis, appropriate treatment, and improved long-term reproductive and overall health outcomes.

Likewise, foundational knowledge of reproductive physiology enables patients and couples to recognize early signs of dysfunction, seek timely evaluation, and participate meaningfully in care decisions. Persistent gaps in reproductive knowledge highlight the need for such education. For example, a survey conducted for OPA in 2020 found that only 50% of women and 38% of men know that a woman's ovaries do not keep producing new eggs until menopause (<https://opa.hhs.gov/sites/default/files/2021-01/fertility-knowledge-survey-findings-exec-summary-2020.pdf>). By supporting body

literacy education alongside evidence-based evaluation and treatment of chronic disease, Title X services can help patients move beyond symptom-focused care toward informed, preventive, and restorative approaches to reproductive health.

These efforts align with HHS's focus on addressing the root causes of chronic illnesses by targeting conditions that affect reproductive health and fertility. By promoting strategies that support education and counseling on reproductive health goals, reduce chronic disease, and assist individuals seeking to achieve healthy pregnancies, the Title X Program strengthens American families, individuals, and communities.

This notice solicits applications from public and private nonprofit entities to establish and operate voluntary Title X projects. These projects include a broad range of effective and acceptable services, including pregnancy testing and counseling, basic infertility services, sexually transmitted infection (STI) services (such as HIV prevention education, counseling, testing, and referral), health literacy, reproductive goals counseling to increase optimal health outcomes, and other preconception health services. Title X services also help address and provide referrals for health conditions that affect fertility, including endometriosis, polycystic ovary syndrome (PCOS), and uterine fibroids in women, as well as low sperm count, low sperm motility, low testosterone, and erectile dysfunction in men. OPA seeks a broad competition for Title X grant awards and are interested in innovative strategies to address chronic disease; reduce overmedicalization by strengthening approaches focused on underlying behavioral and lifestyle factors of health and evidence-based practices such as fertility-awareness based methods; promote health and body literacy; advance reproductive goals counseling for all clients; and support family formation.

All activities funded under this announcement must be in compliance with the requirements of the Title X statute, legislative mandates, and regulations. Copies of the Title X statute, regulations, and legislative mandates may be downloaded from the OPA website at <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>.

While there is not a fixed cost-sharing percentage or amount, projects must include financial support from sources other than Title X. The proposed project budget must reflect non-federal financial support in addition to Title X funds on both the Standard Form (SF) 424A, Budget Information for Non-Construction Programs, and in the budget narrative. Recipients will provide family planning services that are in compliance with the Title X statute, regulations, and legislative mandates and that are guided by OPA's key priorities.

OPA encourages applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that their application complies with all requirements and instructions.

The Office of the Assistant Secretary for Health (OASH) Grants and Acquisitions Management Division (GAM) will administer this competition.

We encourage you to review all program requirements, eligibility information, application format and submission instructions, and other content of this notice to ensure your application complies with all requirements.

A. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any public or private nonprofit entity is eligible to apply.

You must meet all of the eligibility requirements in order for us to review your application.

Eligible Entities

Additional examples of eligible organizations include:

Any public or private nonprofit entity located in a State (which includes one of the 50 United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et al.), the Republic of the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau (hereafter, States) is eligible to apply for a grant under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are eligible to apply for Title X family planning services grants. Examples of eligible Organizations include:

- State Governments
- U.S. territories
- County Governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public Housing authorities/Indian housing authorities
- Native American tribal organizations (other than federally recognized tribal governments)
- Nonprofits having 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education

- Non-profit private institutions of higher education

PDPI Eligibility

There is no restriction on an individual's eligibility to be Project Director (PD)/Principal Investigator (PI) on an application. However, we will not make an award with a PD/PI who has an active government-wide exclusion, suspension, or debarment recorded in SAM.gov.

We expect that throughout the period of performance the PD/PI will be involved in, and have substantial knowledge about, all aspects of the project. Although your organization may recognize co-PD/PIs on team-managed projects, we recognize only a single PD/PI who will be responsible for the programmatic aspects of the project.

Other Considerations

Submitting Multiple Applications

You may submit more than one application, but each application must be for a distinctly different project.

If you submit multiple applications for the same project, we will accept only the last application submitted a Grants.gov timestamp that is before the due date and time. We will disqualify all other versions of the application. See Section G.1.b for all disqualification factors.

Submitting an Application as a Group or Consortium

For any given project, we will only make an award to a single eligible entity. More than one entity may choose to work together on a project under this opportunity, but only one entity may submit the application. If awarded, that entity will be the award recipient and will be responsible for conducting the project.

The other entities may participate in the project, if awarded, and would be responsible to the recipient for their respective roles, typically as subrecipients.

Groups may form a consortium, partnership, or other legally recognized entity for the purpose of applying for this opportunity and carrying out any awarded project. The resulting entity must exist and be legally recognized when it applies and must have an active registration in SAM.gov. We will conduct a risk assessment on the applying entity (Section F.4) prior to making any award.

Eligibility Documentation

Entity eligibility documentation (e.g., proof of 501(c)(3) status as determined by the Internal Revenue Service or an authorizing Tribal Resolution) must be included in the submitted application. For additional information, see Section 4.a. It is important that your organization is correctly classified in your SAM registration (Section F.2.a).

During our review of your application, we might request additional documentation to support your eligibility. This request means only that your application is under review and not that you will receive an award.

More specific information on the type of documentation that we might request specific to this opportunity appears in Section F.4.b.

Application Disqualification

We will disqualify applications that fail to meet the eligibility, responsiveness, formatting, and submission requirements (Sections G.1.b) prior to conducting merit review. Disqualified applications will not undergo further review.

We will notify disqualified applicants at the end of the competition when we announce the award recipients.

2. Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening.

The responsiveness criteria are as follows:

- **Family Participation Certification.** Applicants must include a written statement in the appendix of the application certifying that:

“if funded, this Title X Family Planning Services project will encourage family participation in the decision of minors to seek family planning services and will provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”

3. Cost Sharing or Matching

Program regulations at 42 C.F.R. § 59.7(c) stipulate that “No grant may be made for an amount equal to 100 percent of the project's estimated costs.” Also, 42 C.F.R. § 59.7(b) states that “No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project that was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975.”

While there is not a fixed cost-sharing percentage or amount, projects must include financial support from sources other than Title X. The proposed project budget should reflect financial support in addition to Title X funds on both the Standard Form (SF) 424A, Budget Information, and in the budget narrative and justification. **The amount and source(s) of these funds must be clearly identified separately from the requested Title X support** as indicated on the SF 424A, as well as on the SF 424, Application for Federal Assistance. The OASH Grants and Acquisition Management (GAM) Division will review applications to ensure that the requested amount of Title X funding is in compliance with this business requirement.

The cost sharing requirements outlined above are waived for any grant made to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands. Although projects are expected to identify additional sources of funding and not solely rely on Title X funds, there is no specific amount of level of financial match requirement for this program.

B. AGENCY PRIORITIES

Required Alignment with OASH Mission and Agency Priorities

Consistent with OASH's mission, in carrying out any project that is funded under this NOFO, recipients must align program design and activities with agency priorities where consistent with program authority and the scope of the award (Priorities of the Office of the Assistant Secretary for Health," available online at: <https://health.gov/priorities>), and when authorized by law according to the Title X statute, regulations, legislative mandates, and additional program guidance. Funded activities must advance and support OASH's mission to improve the health and well-being of Americans.

In addition, the recipient is required to administer any project that is awarded under this NOFO in accordance with the following objectives in Title X that are authorized to advance them:

- 1) Promote body and health literacy
- 2) Advance reproductive goals counseling
- 3) Implement a Quality Improvement and Quality Assurance (QI/QA) Plan with the goal to achieve optimal health outcomes

The recipients must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award (including termination pursuant to 2 C.F.R. 200.340(a)(4) for no longer effectuating program goals or agency priorities).

C. PROGRAM DESCRIPTION

The Office of the Assistant Secretary for Health (OASH), Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2027 grants under the authority of Title X of the Public Health Service Act, Section 1001 (42 U.S.C. §300).

The primary focus of OASH is to lead Americans toward healthier lives by promoting health and well-being across the lifespan. This includes the reproductive lifespan, supported through innovative, evidence-based programs, services, partnerships, and research that strengthen family formation and assist clients in achieving healthy pregnancies. Grants funded through this NOFO will expand access to Title X family services for millions of Americans, helping them build body literacy, address infertility,

plan and space pregnancies, and navigate reproductive health conditions such as endometriosis, polycystic ovary syndrome (PCOS), and uterine fibroids in women, as well as low sperm count, low sperm motility, low testosterone levels, and erectile dysfunction in men.

Background

Title X clinics provide services to clients of both sexes and all ages, including adolescent clients, with priority given to persons from low-income families. Title X services are voluntary, confidential, and provided regardless of one's ability to pay or a client's religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status. For many clients, Title X clinics are their only ongoing source of health care and health education.

The majority of the clients served by Title X providers are low-income, female, and under 30 years old. In order to ensure that all prospective low-income clients are able to access services, there is no charge for services to people with family incomes below 100% of the most recent federal poverty level (FPL) guidelines, and services are discounted on a sliding scale for people with family incomes between 101-250% of the FPL. In 2023, 60% of clients had family incomes at or below 100% FPL, while 83% had family incomes below 250% of the FPL. Detailed information about current and past clients served by Title X recipients and the broad range of services provided to clients by Title X recipients is available in the Family Planning Annual Report (FPAR) available on the OPA website at <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report>.

The Title X statute specifies that local and regional public or private nonprofit entities may apply directly to the Secretary for a Title X family planning services grant under this announcement. For applicants that will not provide all services directly, you must document, in your application, the process and selection criteria you will use to identify qualified subrecipients to fulfill Title X activities. You should also show how your subrecipients will provide the required services and best serve individuals in need throughout the anticipated service area. Applicants must additionally outline how all subrecipients, through their activities and services, will comply with Title X statutory and regulatory requirements and OPA program guidance.

Expectations for Recipients

a. Comply with Title X Statute, Regulations, Legislative Mandates, and Additional Program Guidance

All activities funded under this announcement must be in compliance with the requirements of the Title X statute, legislative mandates, and applicable regulations. We also expect all activities funded under this announcement to be in compliance with additional program guidance issued by OPA.

1. Title X Statute

Requirements regarding the provision of family planning services under Title X are in the statute (Title X of the Public Health Service Act, 42 U.S.C. 300 et seq., available at https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf) and in the implementing regulations which govern project grants for family planning services (42 C.F.R. part 59, subpart A). In addition, sterilization of clients as part of the Title X program must be consistent with 42 C.F.R. part 50, subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”).

Title X of the Public Health Service Act authorizes the Secretary of HHS to award grants for projects to provide family planning services to any person desiring such services, with priority given to individuals from low-income families. Section 1001 of the Act, as amended, authorizes grants “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).”

In addition, Section 1001 of the statute requires that, to the extent practicable, Title X service providers shall encourage family participation in family planning services projects. Finally, Section 1001(b) assures the right of local and regional entities to apply directly to the Secretary for Title X grant funds.

Section 1008 of the Act, as amended, stipulates, “None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”

2. Title X Regulations

On October 4, 2021, OPA issued a final rule, (42 C.F.R. Part 59), to revise the regulations that govern the Title X family planning program by readopting the 2000 regulations (65 F.R. 41270), with several revisions to ensure access to quality family planning services for clients, especially low-income clients.

The 2021 final rule includes a description of what programs the regulations apply to (§ 59.1), definitions (§ 59.2), who is eligible to apply for a family planning services grant (§ 59.3), how one applies for a family planning services grant (§ 59.4), requirements that must be met by a family planning project (§ 59.5), procedures to assure the suitability of informational and educational material (print and electronic) (§ 59.6), criteria HHS will use to decide which family planning services projects to fund and in what amount (§ 59.7), how grants are awarded (§ 59.8), for what purposes the grant funds may be used (§ 59.9), confidentiality (§ 59.10), and additional conditions (§ 59.11). A copy of the 2021 final rule is available at <https://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21542.pdf>.

3. Legislative Mandates

The following legislative mandates have been part of the Title X appropriations language

for the last several years. This NOFO assumes these provisions will be carried forward in FY 2027, please review all applicable Title X appropriations when completing your application. Title X family planning services projects should include administrative, clinical, counseling, and referral services, as well as training of staff necessary to ensure adherence to these requirements.

“None of the funds appropriated in this Act may be made available to any entity under Title X of the PHS Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;” and “Notwithstanding any other provision of law, no provider of services under Title X of the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

4. Additional Program Guidance

We also expect recipients to follow additional program guidance issued by OPA. Additional program guidance includes, but is not limited to, occasional Program Policy Notices issued by OPA to provide clarity and guidance on policy issues relevant to Title X recipients.

i. Address OPA Program Priorities

In addition to the statute, regulations, legislative mandates, and additional program guidance that apply to Title X, Title X grantees should align their programs with OPA priorities to the extent authorized by law and within the scope of the program, OPA expects recipients to develop and implement plans to address the program priorities and provide evidence of the project’s capacity to address program priorities. OPA’s program priorities for recipients funded under this NOFO are in part informed by the Office of the Assistant Secretary for Health’s Statement of Priorities (available at <https://health.gov/priorities>), and are as follows:

1. Addressing the chronic disease epidemic through the delivery of Title X services

Chronic disease prevention and management are essential to improving public health and promoting healthy pregnancies and family formation. HHS is leading a science-driven response to the nation’s chronic disease epidemic, with a focus on identifying and addressing root causes that contribute to poor health outcomes, including those affecting fertility and reproductive health. OASH’s health programs and offices play a central role in developing solutions to reduce the burden of chronic disease through efforts that address nutrition, physical activity, sleep, and exposure to harmful chemical and environmental toxins. Integrating these priorities within the Title X program helps strengthen reproductive health outcomes by addressing conditions that affect women, such as hormonal imbalances, polycystic ovary syndrome (PCOS), endometriosis, and

uterine fibroids, as well as conditions that affect men, including low sperm count, low sperm motility, low testosterone levels, and erectile dysfunction. Title X services may also address lifestyle and behavioral factors—such as sleep quality, nutrition, physical activity, and pornography use—that influence hormonal function and health in males and females.

We expect recipients to demonstrate how their Title X projects will contribute to broader HHS efforts to reduce chronic disease risks across the reproductive lifespan, improve health outcomes, and support individuals seeking to achieve healthy pregnancy. Key strategies for addressing chronic disease through Title X services include, but are not limited to, providing education and counseling on nutrition, sleep, stress, and physical activity; incorporating screening and referral pathways for health conditions linked to chronic disease and infertility in both women and men; collaborating with community health partners to reduce environmental exposures; and integrating health literacy education to help clients better understand and manage their reproductive and overall health. Additional information on HHS priorities and strategies related to addressing chronic disease is available at <https://health.gov/priorities>, <https://www.whitehouse.gov/wp-content/uploads/2025/05/MAHA-Report-The-White-House.pdf>, and <https://www.whitehouse.gov/wp-content/uploads/2025/09/The-MAHA-Strategy-WH.pdf>.

2. Reducing overmedicalization in health care and increasing focus on optimal health through the delivery of Title X services

Promoting better health outcomes requires a balanced approach to care that emphasizes optimal health (defined as physical, mental, and social wellbeing), not just medical intervention. OPA recognizes the overreliance on pharmaceutical and surgical treatments. Over the years, the Center for Disease Control and Prevention's National Survey of Family Growth reports have shown a decrease in females' current use of any contraception (approximately 65% of females of reproductive age in both 2015-2017 and 2017-2019 data, then 54% in the most recent 2022-2023 report).¹ According to the 2023 National Health Statistics Report, the most common reason women reported discontinuing use related to dissatisfaction was side effects.² This approach has failed to adequately address the root causes of the nation's chronic disease burden, resulting in

¹ Centers for Disease Control and Prevention. Current Contraceptive Status Among Women Aged 15–49: United States, 2015–2017. December 2018. <https://www.cdc.gov/nchs/products/databriefs/db327.htm>; Centers for Disease Control and Prevention. Current Contraceptive Status Among Women Aged 15–49: United States, 2017–2019. <https://www.cdc.gov/nchs/products/databriefs/db388.htm>; Centers for Disease Control and Prevention. Current Contraceptive Status Among Females Ages 15–49: United States, 2022–2023. August 2025. <https://www.cdc.gov/nchs/products/databriefs/db539.htm>.

² Daniels K, Abma JC. Contraceptive methods women have ever used: United States, 2015–2019. National Health Statistics Reports; no 195. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://doi.org/10.15620/cdc:134502>.

ongoing health challenges that affect fertility, pregnancy outcomes, and long-term health outcomes. Through the delivery of Title X services, OPA seeks to strengthen approaches that focus on the underlying behavioral and lifestyle factors of health—such as nutrition, sleep, physical activity, stress management, and environmental factors—that impact overall health and are shown to be effective in improving optimal health.

We expect applicants to demonstrate how their Title X projects will integrate noninvasive, evidence-based practices that promote health literacy, fertility awareness, and reproductive health without unnecessary medicalization or symptom suppression. Key strategies for advancing optimal health through Title X services include, but are not limited to, expanding access to fertility-awareness–based methods (often referred to as natural family planning); providing education and counseling that encourage lifestyle practices supporting reproductive health and healthy pregnancies; fostering collaboration with community-based programs that address wellness and environmental health; and incorporating approaches that empower individuals to understand and manage their own health.

3. Promoting body and health literacy through the delivery of Title X services

Body literacy is foundational to informed decision-making, reproductive health, and lifelong health. OPA recognizes that gaps in biological understanding contribute to delayed diagnosis of health conditions and to the nation’s growing infertility crisis, which now affects approximately one in five married women of reproductive age with no prior births, according to the CDC.³ As part of this priority, Title X family planning clinics will be required to incorporate foundational body and health literacy into reproductive health counseling. This includes education on menstrual cycle physiology, hormonal health, male and female fertility awareness, and early indicators of reproductive disorders such as endometriosis, polycystic ovary syndrome (PCOS), thyroid dysfunction, metabolic disorders, and other conditions that often first emerge in adolescence. Body literacy counseling should equip individuals to recognize when symptoms such as pain, irregular cycles, hormonal disruption, or changes in sexual health warrant further medical evaluation rather than symptom suppression. By integrating body literacy into Title X services, OPA seeks to ensure that women and men understand the health significance of ovulation, endocrine function, and lifestyle factors that influence fertility, reproductive health, and future family formation, as well as pregnancy planning and risk reduction.

4. Advancing reproductive goals counseling through the delivery of Title X services

Reproductive goals counseling supports individuals in making informed, intentional

³ Centers for Disease Control and Prevention. National Survey of Family Growth (2015-2019), May 2024. https://www.cdc.gov/nchs/nsfg/key_statistics/i-keystat.htm#infertility

decisions about education, work, relationships, marriage, and childbearing across the lifespan, while advancing optimal health and wellbeing. OPA's Fertility Knowledge Survey, conducted in 2020, found that over 65% of both women and men want or intend to have (more) children, but only 32% of women and 9% of men have discussed their plans to have children with a medical provider.

(<https://opa.hhs.gov/sites/default/files/2021-01/fertility-knowledge-survey-findings-exec-summary-2020.pdf>). OPA recognizes that many individuals lack access to resources that integrate family goals into broader life planning, often due to longstanding omissions in educational and counseling environments. As part of this priority, Title X clinics will be expected to offer reproductive goals counseling that presents evidence-informed pathways associated with improved economic stability and family stability, including completion of education, participation in the workforce, and marriage prior to childbearing. Research demonstrates that individuals who follow this sequence experience substantially lower risks of poverty across socioeconomic groups. Program counseling should affirm marriage and parenthood as meaningful and valued components of adult life, particularly in counseling adolescents on longterm reproductive goals, and support informed decision-making by helping individuals understand how life choices, reproductive health, and fertility intersect to shape long-term stability, health, and wellbeing. As part of these efforts to support family planning, Title X clinics are expected to provide services that support individuals and families seeking to have children.

5. Promoting evidence-based care through the delivery of Title X services

Protecting children and adolescents and ensuring that federally supported programs reflect the best available scientific evidence are central to promoting lifelong physical and reproductive health. HHS will prioritize funding for grantees who maintain a science-driven approach to healthcare, including by protecting children, respecting biological reality, and upholding scientific integrity across its programs. Integrating these priorities within the Title X program ensures that program activities reflect evidence-based practices and biological and reproductive health. To the extent permitted by applicable law, including any applicable court orders, we expect recipients to demonstrate how their Title X projects promote physical and reproductive health priorities established by HHS. Key strategies include, but are not limited to, providing developmentally appropriate counseling rooted in biological science; ensuring referral pathways align with evidence-based care; and collaborating with community partners to promote practices that support healthy adolescent development.

6. Enforcing the Hyde Amendment through the delivery of Title X services

Protecting the integrity of taxpayer funding and advancing programs that respect the dignity of human life are core HHS responsibilities. The Hyde Amendment expressly prohibits the use of federal funds administered by HHS to pay for elective abortion. OASH's programs and offices play an essential role in implementing this statutory

requirement across the Department’s activities. Integrating Hyde compliance within the Title X program strengthens its capacity to support women, families, and communities while ensuring adherence to federal law. To the extent permitted by applicable law, OASH will prioritize programs and funding that uphold Hyde protections and do not use taxpayer resources to promote or support elective abortion. As referenced above in the “Expectations for Recipients,” Section 1008 of the Public Health Service Act, as amended, stipulates, “None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.” We expect recipients to demonstrate how their Title X projects maintain strict separation from prohibited activities and contribute to broader HHS efforts to safeguard life-affirming, lawful, and ethical program delivery. Key strategies include, but are not limited to, implementing robust financial and programmatic safeguards; providing clear guidance to staff and subrecipients on Hyde requirements; and establishing monitoring processes that ensure ongoing compliance among staff and subrecipients.

7. Ensuring OASH funds benefit eligible individuals and not illegal aliens through the delivery of Title X services

Federal law requires that taxpayer-funded public benefits be administered in a manner that serves eligible individuals and does not encourage or support illegal immigration. To the extent allowed under Federal law and regulations, including the preliminary injunction issued in *New York, et al. v. DOJ, et al.* (DRI), 1:25-cv-00345, OASH is committed to ensuring that Title X funds are used exclusively to benefit individuals who are lawfully eligible to receive federally funded services. Pursuant to Executive Order 14218 (available at <https://www.govinfo.gov/content/pkg/DCPD-202500283/pdf/DCPD-202500283.pdf>) and in alignment with OASH’s priorities (available at <https://health.gov/priorities>), OASH will prioritize programs, partnerships, and funding mechanisms that further the agency’s priority to ensure that federal resources are not used to facilitate or incentivize illegal immigration.

8. Implement a Quality Improvement and Quality Assurance (QI/QA) Plan

We expect recipients to implement a quality improvement and quality assurance (QI/QA) plan that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess patient satisfaction. We expect recipients to address oversight and service provision at the recipient level, the subrecipient level, and the service site level within their QI/QA plan.

As a part of the QI/QA plan, all recipients must collect and report FPAR 2.0 data to OPA on an annual basis and are expected to use their FPAR data to inform their QI/QA activities. Additional information about FPAR 2.0, including the data elements and response options, is available on the OPA website at <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report/fpar2>.

3. Federal Involvement in the Project

If you receive an award, we will encourage you to seek the advice and opinion of federal staff

when problems arise. However, you would be responsible for making sound programmatic and administrative judgments. The responsibility for operating decisions will be yours and does not shift to HHS, OASH, or OPA.

Under a grant, the program office's involvement may include routine monitoring and technical assistance such as monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance.

4. Eligibility criteria for project participants

You must not restrict participation in the project on the basis of race, color, national origin, religion, sex, disability, age, or another protected characteristic (See Section I.5).

D. AWARD INFORMATION

Budget period(s)

We expect to fund awards in 12-month budget periods for a total period of performance up to 60 month(s). However, we may approve shorter periods of performance. Budget periods may vary from the estimated 12 months because of the timing of award issuance or other administrative factors.

For multi-year projects, recipients must submit a non-competing continuation (NCC) application for each budget period after the first. We will provide guidance generally 3 months prior to the end of the active budget period. Continuation funding is contingent upon the availability of funds, satisfactory progress of the project, appropriate stewardship of federal funds, and the best interests of the government. Funding for all approved budget periods after the first is generally the same as the initial award amount and may be subject to any offset with funds unused in a previous budget period.

E. APPLICATION CONTENTS AND FORMAT

1. Format of the Application

You must prepare your application using the forms and information described in this NOFO. The official online application package on Grants.gov contains all necessary forms and guidance for preparing an application. This package includes but is not limited to:

- Full Text of the NOFO
- Standard forms (required) and their instructions
 - SF-424 Application for Federal Assistance
 - SF-424A Budget Information for Non-Construction Programs
 - SF-LLL Disclosure of Lobbying Activities
 - Project Abstract Summary
- Sample templates, if available.

In addition to the four standard forms in the application package, your application will consist of 3 sections of materials you prepare:

1. Project Narrative
2. Appendices to the Project Narrative

3. Budget Package

We strongly encourage you to read all instructions for the application format and content to avoid disqualification of your application. An application checklist is available in Section J.1.

a. Project Narrative - Formatting

Following the formatting instructions below will help ensure that your application is readable for review process. Acceptable electronic file formats are in Section E.3.a.

Names of Individuals

We encourage you to use individuals' full names (first, middle, last) on the standard forms and any other documents such as résumés/curricula vitae/biographical sketches to distinguish them for verification in the SAM exclusion records. Delays may result in award processing if full names are not provided.

You should avoid submitting personally identifiable information such as personal contact information (e.g., home address and telephone number) on résumés/curricula vitae/biographical sketches. Do not submit social security numbers.

If you receive an award, only one Project Director/Principal Investigator (PD/PI) will be named on the award documents. (Section A.1.b) Avoid using a placeholder or honorary PD/PI. If you have not hired an individual to be the PD/PI, you should name an interim PD/PI, and your application should clearly identify that person as such.

We typically expect the PD/PI to be named on the SF-424 in box 8.f. Avoid naming grant writers in box 8.f unless they have the expertise to respond to technical questions about the proposed project in a timely manner.

Identify other personnel who are essential or key to the execution of the proposed project clearly in your project narrative.

If you receive an award, a request for a change in PD/PI or key personnel under any circumstance requires prior approval of the grants management officer before becoming effective. We may disallow any costs incurred as a result of that change prior to our approval. See Section I.1.c.

Page Formatting

If you submit documents that do not conform to the following instructions, GAM will disqualify your application during the review process (Section F.1.b).

Use an easily readable typeface, such as Times New Roman or Arial.

Use a 12-point font.

Use an 8.5" X 11" page size. Any other size page (e.g., A4, legal) will disqualify your Application.

You must double-space the Project Narrative pages or we will disqualify your application. You may single-space tables or use alternate fonts, but you must ensure the tables are easy to read.

Do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

You must submit your application in the English language and in terms of U.S. dollars ([2 C.F.R. § 200.111\(a\)](#)).

Page Limits

Your project narrative and appendices must adhere to these page limits.

The page limits do not include the budget package (Section D.2.c)

The page limits do not include the required forms (SF-424, SF-424A, SF-LLL, and the Project Abstract Summary)

If your application exceeds the specified page limits when printed on 8.5” X 11” page, we will not review your application further.

We encourage you to print out your application before submitting it to ensure that it is within the page limits and is easy to read. Do not reduce pages to fit multiple pages on a single sheet to avoid exceeding the page limitation.

Do not hyperlink to documents or sites outside of your application to augment your application. Reviewers will not be permitted to follow links to external content during their assessment of your application. The one exception to this is a link to your internal controls as part of your budget package (Section D.2.c.3).

	Page Limit
Project Narrative	____50____
Project Narrative plus Appendices	____100____

Labeling Proprietary Information

Proprietary information includes patentable ideas, trade secrets, privileged or confidential commercial or financial information, the disclosure of which may harm the applicant. You should include proprietary information in your application only to the extent that it is essential to the reviewers’ understanding of the project. Proprietary information should not appear in your Project Abstract Summary.

If your application contains proprietary information, you should clearly label the top of the first page of the project narrative. For example,

“Contains proprietary or confidential information that [Your Organization Name] requests not be released to persons outside the government, except for purposes of review and evaluation.”

Awarded applications are subject to release under the Freedom of Information Act (FOIA) with redactions as the FOIA statute permits.

b. Appendices to the Project Narrative – Formatting

Your appendices should include any specific items outlined in Section D.2.b. Your documents should be easy to read.

You should use the same formatting specified for the Project Narrative. However, documents such as résumés/curricula vitae/biographical sketches, organizational charts, tables, Memoranda of Agreement (MOAs) or Letters of Commitment (LOCs) may have formatting common to those documents, so long as the pages are easy to read. For example, resumes, MOAs and LOCs may be single-spaced.

You must upload all of your appendices as a single, consolidated file in the Attachments section of your Grants.gov application. You must use an acceptable file format (Section E.3.a). We strongly encourage you to convert your file(s) to PDF format before uploading and review them to ensure accurate conversion.

Your Project Narrative plus the Appendices may not exceed the total number of pages for the application (Section D.1.a).

Budget Package - Formatting

The budget narrative should use the formatting required of the project narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily readable format and within the printable margins of an 8.5” x 11” page. You must use an acceptable file format (Section E.3.a). We do not accept Excel or other similar spreadsheet formats.

The application page limit does not include the SF-424A or the budget narrative (including budget tables).

We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Object Class	Federal Funds Requested	Non-Federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

2. Content

a. Project Narrative - Content

The Project Narrative is the most important part of your application. We will use it as the primary basis to determine whether your project merits an award. The project narrative should provide a clear and concise description of your project. We recommend that your project narrative include the following components with the requested information. Labeling the sections accordingly will help the reviewers find information quickly.

You must clearly describe the administrative, management, and clinical capability of the applicant organization and plans for delivering family planning services that meet the expectations outlined in the NOFO. You should include all services to be provided by the project as part of the program plan. Proposed projects must adhere to all requirements of the Title X statute; applicable regulations, including regulations regarding sterilization of persons in federally assisted family planning projects; and legislative mandates.

Successful proposals should include the following:

1) Proposed Service Area and Plans to Address the Need for Title X Services

a. Describe the proposed service area, including the service area boundaries, and the need for Title X services in the proposed service area. Describe the current availability of Title X services in the proposed service area and any existing gaps in the availability or accessibility of services.

b. Describe your process for assessing the need for services within the proposed service area and how you have/will continue to use the results of your assessment to inform and improve service delivery.

c. Using and citing current data, describe the clients in need of services in the proposed service area and any factors associated with access and utilization of Title X services (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment). Also describe any unique health care needs or characteristics that impact health status and delivery of family planning services (e.g., language barriers, food insecurity, housing insecurity, financial strain, lack of transportation, the physical environment, intimate partner violence, human trafficking). Describe the structure of your Title X network, including your recipient organization, any subrecipients that will assist in carrying out the proposed project, and the proposed services sites where family planning services will be delivered. To the extent that

you will not provide all services directly, describe the process and selection criteria that will be used to select subrecipients and service sites, including a description of eligible entities for funding as subrecipients.

d. For each direct service site, describe the location of the site compared to the identified need; the days/hours of planned operation; the estimated number of clients expected to receive services at the site; the broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, reproductive health condition services, preconception health services, and adolescent-friendly health services) that will be provided directly at the site; and a justification for any methods and services that will not be available at the site along with a description of how you will ensure client access for the methods and services not available directly at the site.

e. Describe how you will address identified health care access and utilization barriers and other factors that impact health status to ensure the availability and accessibility of Title X services within the proposed service delivery area.

f. Describe how you plan to educate clients and the broader service delivery area about the availability of family planning services.

g. Describe the number of clients in need of services, particularly low-income clients, to be served, the broad range of services and methods that will be provided, and how the proposed project will expand access to Title X services to clients in need of services in the defined service area. Describe the number of unduplicated clients that you project to serve on an annual basis. Include how that determination took into consideration recent or potential changes in the local health care landscape (e.g., potential changes in insurance coverage), organizational structure, and/or workforce.

h. Describe how grant funds will be used to best address the identified needs. Demonstrate that the cost per client and cost per encounter are reasonable. Describe other non-Title X resources available to address the needs for these services within the proposed service area and how grant funds will be used to leverage and expand available resources and not duplicate them.

2) Plan to deliver Title X services in compliance with the statute, regulations, legislative mandates and aligned with OPA program priorities

a. Describe how you will implement Title X family planning services that are in compliance with the Title X statute, regulations, and legislative mandates. Your plan should include a description of how you will ensure compliance with the statute, with each provision of the regulation (42 C.F.R. Part 59, Subpart A §59.1-§59.11), and with each legislative mandate.

b. Describe plans and strategies for providing family planning services that address OPA program priorities and data collection requirements, including:

- Addressing the chronic disease epidemic through the delivery of Title X services
- Reducing overmedicalization and increasing focus on optimal health through the delivery of Title X services
- Promoting body and health literacy through the delivery of Title X services
- Advancing reproductive goals counseling through the delivery of Title X services
- Promoting evidence-based care through delivery of services
- Enforcing the Hyde Amendment
- Implementing a QI/QA plan, including but not limited to, collecting, reporting, and using FPAR 2.0 data.

c. Clearly describe your project plan including goal statements and related outcome objectives that are S.M.A.R.T. (Specific, Measurable, Achievable, Realistic and Time-framed) and designed to provide services that are in compliance with the Title X statute, regulations, and legislative mandates and that address OPA's program priorities. The activities proposed are feasible, are clearly connected to the identified needs, and likely to achieve the stated outcomes.

d. Describe any major anticipated barriers and describe how you propose to overcome such barriers.

3) Project management and capability

a. Describe your project management structure and how it will

enable accountability and rapid and effective use of grant funds.

b. Describe the expertise and experience of your organization and other organizations that will partner with you on the project to deliver Title X services. Provide evidence of your experience working in the proposed service area and with the community(ies) to be served.

c. Describe your experience and expertise providing clinical health services, specifically quality Title X services.

d. Describe the key management team for your project. Describe how the makeup and distribution of functions among key management staff, and their qualifications, support the operation and oversight of the proposed project.

e. Describe the facilities where your project will be administered and where family planning services will be delivered. Describe how the location of project facilities will ensure continued access to Title X for clients in the proposed service area.

f. Provide a staffing plan which is reasonable and adheres to the Title X regulatory requirement that family planning medical services be performed under the direction of a clinical services provider, with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. Staff providing clinical services should be licensed and function within the applicable professional practice acts for the State in which they practice. Demonstrate that proposed staff have the expertise needed to implement Title X family planning services. Describe how the size, demographics, and health care needs of the service area/client population were considered when determining the number and mix of staff, and how you maintain documentation of licensure and credentialing verification for clinical staff.

g. Describe your plans for providing ongoing training and professional development for staff across your recipient network.

h. Describe how you will monitor and oversee provision of Title X services across your network to ensure compliance and continuous quality improvement, including detailed plans for subrecipient monitoring.

i. Describe how your financial accounting and internal control systems will align with the requirements of 42 C.F.R. § 59.5 and § 59.7.

j. Demonstrate your ability to make use of non-federal resources (i.e., non-Title X funds) within the community to be served and the degree to which those resources are used to enhance the range of family planning services provided through the project.

b. Appendices to the Project Narrative - Content

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application.

Samples and optional forms/templates for some of these items are located under the Related Documents tab for this NOFO on Grants.gov.

Your application should include the following appendices:

1) Work Plan

Your work plan should reflect, and be consistent with, the Project Narrative and Budget Narrative, and must cover all years of the period of performance. However, each year's activities should be fully attainable in one budget year. You may propose multi-year activities, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year.

Your work plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, your work plan should identify the timeframes involved (including start and end dates), and the lead person responsible for completing the task.

You must include a detailed list of all the services proposed to be provided by your project. If some or all of the services will be provided by subrecipients, you must include a list of these entities. For each direct service site:

- describe the location of the site compared to the identified need;
- the days/hours of planned operation;
- the estimated number of clients expected to receive services at the site;
- the broad range of acceptable and effective medically approved family planning methods (including fertility awareness-based methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, preconception health services, reproductive goals counseling, body literacy counseling, and adolescent- friendly health services) that will be provided directly at the site; and
- a justification for any methods and services that will not be available

at the site along with a description of how you will ensure client access for the methods and services not available directly at the site.

Title X service sites that are unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested.

2) Schedule of Discounts and Billing

A schedule of discounts, based on ability to pay, is required for those from families with incomes between 101-250% of the Federal Poverty Level. For those from families whose income exceeds 250% of the Federal Poverty Level, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. Include a schedule of discounts for your projects and the methodology for how you developed/will develop this schedule. If you propose to have the sub recipient(s) develop their own schedule(s) of discounts, you should include guidance on how the schedule(s) of discounts are developed and how you intend on monitoring subrecipient development and implementation of the schedule of discounts. Also include a description of the processes in place to ensure that persons from low-income families, with incomes that fall at or below 100% of the current FPL, will not be charged except where third parties are authorized or legally obligated to pay; and that all reasonable efforts will be made to obtain third party payment without the application of any discounts. Include evidence that you have the ability to bill third parties, including private and public insurance such as Medicaid, when appropriate, and the ability to facilitate enrollment of clients into Medicaid.

3) Coverage Map

You must include a coverage map of your proposed service area that clearly shows the location of proposed Title X service sites compared to the need for services.

4) Letters of Commitment from Referral Entities

You may include signed Letters of Commitment for the organizations that have been specifically named as referral entities (organizations that provide services that are not paid with Title X funds, but that may contribute to continuum of care for clients) to carry out any aspects of the project not provided by subrecipients. The signed letters of commitment should include the specific role and resources that will be provided (if any), or activities that will be undertaken, in support of the applicant. The entity's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant

to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support, and letters of support such as this will not be considered during the review.

5) Curriculum Vitae/Resume for Key Project Personnel

You must submit with your application curriculum vitae and/or resumes of all key personnel. Key Personnel includes those individuals who will oversee the technical, professional, and managerial functions and/or assume responsibility for assuring the validity and quality of your organization's program. This includes at a minimum the Project Director, Program Manager/Coordinator, and Medical Director. We encourage individuals to use their full name (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records.

6) Family Participation Certification

You must include a written statement certifying that, if funded, your Title X Family Planning Services project will encourage family participation in the decision of minors to seek family planning services, and that they will provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. See Section F.1.

c. Budget Package - Content

A complete budget package consists of the following required components:

- SF-424A "Budget Information Non-Construction Programs"
- Budget narrative with detailed justification by cost category/object class, and
- Plan for oversight of federal funds.

You should include supporting documentation for your budget (e.g., a copy of your approved indirect cost rate) as part of the budget package, not as part of your appendices to the project narrative. There is no page limit for the budget package contents. If you are recommended for an award, you may be asked to provide additional information about your budget package.

Throughout your budget package, "Federal resources" refers only to the funds you are requesting from the program office for this project. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. Funds from federal grant programs typically are not eligible as cost share for other federal grants. It is your responsibility to confirm with other federal agencies whether funds you receive from them are eligible resources to apply to your proposed project.

1. Standard Form SF-424A

You must enter the project budget according to the directions provided with the standard form.

You must provide costs by object class category for the first 12 months (i.e., first budget period) of the proposed project using Section B, box 6 of SF-424A. If the estimated period of performance is 12 months or less, this will be your total budget request for the entire project.

"Federal resources" refers only to the funds for which you are applying under this NOFO. "Non-federal resources" are all other resources (federal and non-federal).

Do not include costs beyond the first budget period in the object class budget in box 6 of SF-424A or box 18 of SF-424. The amounts entered in these sections should only reflect the first budget period.

If there is a discrepancy between your SF-424A and budget narrative and justification, we will rely on the narrative and justification to determine the final amounts.

2. Budget Narrative with Justification

Your budget narrative must include a detailed line-item budget and must include calculations for all costs and activities by the "object class categories" identified on SF-424A. You must provide a detailed justification for the costs by object class. The object class budget organizes your proposed costs into a set of defined categories.

Use the guidelines in Section J.4 for preparing the detailed object class budget.

Budget Periods

Your budget narrative must describe the first budget period in detail. For each proposed cost for the first budget period, provide a justification that includes explanatory text and line-item detail. You should describe how you derived your categorical costs. Your justification should show the necessity and reasonableness of the proposed costs for the project.

For subsequent budget years in an anticipated multi-year period of performance, provide a summary narrative and line-item budget for each year beyond the first. For categories or items that differ significantly from the first budget period, provide a detailed justification explaining these changes.

Funding levels for all approved budget periods after the first are generally the same as the initial award amount and are subject to an offset with funds unused in the previous budget period. Carryover of unobligated funds from one budget period to the next requires prior approval.

Determining Proposed Costs

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Proposed costs must adhere to the cost principles described in [2 C.F.R. §200.416](#). We have provided additional information on the most common cost categories for applications for OASH awards in Section J.4.

Budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. Carefully review Funding Restrictions (below) for specific information regarding allowable, unallowable, and restricted costs.

Describing Federal and Non-federal Share

Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. “Federal resources” refers only to the HHS/OASH funds for which you are applying under this NOFO. “Non-federal resources” are all other non-HHS/OASH federal and non-federal resources.

If matching or cost sharing is required or offered voluntarily, you must include a detailed listing of any funding sources identified in box 18 of SF-424 (Application for Federal Assistance).

Indirect Costs

Indirect costs for training are limited to a fixed rate of eight percent of the modified total direct costs (MTDC) exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$50,000 (2 C.F.R. § 200.414 (c)(1)).

Funding Restrictions

The following restrictions apply to costs you may propose and be awarded.

Pre-Award Costs

Pre-award costs are NOT allowed. Pre-award costs ([2 C.F.R. § 200.458](#)) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work.

Salary Rate Limitation

Each year’s appropriations act limits the salary rate that you may charge to the grants and cooperative agreements that we award. You must not use award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II.

As of January 2026, the Executive Level II maximum salary is \$228,000. This amount reflects an individual’s base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Salary Rate Limitation

Individual's actual base full-time salary \$350,000 with 50% of time devoted to project, i.e., 0.5 FTE	Direct salary (\$350,000 x 0.5) = \$175,000
	Fringe (25% of salary) = \$43,750
	Total = \$218,750
Individual's base full-time salary adjusted to Executive Level II: \$225,700 with 50% of time devoted to the project	Direct salary (\$225,700 x 0.5) = \$112,850
	Fringe (25% of salary) = \$28,212.50
	Total amount allowed = \$141,062.50

Appropriate salary rate limits will apply as required by law.

Vehicle Purchase

We will not approve a vehicle purchase at the time of award even when included in your application. You must obtain prior approval before the purchase of a mobile health unit or any other vehicle with award funds. A request for prior approval must include a detailed justification of the need for the vehicle that includes an analysis of comparing purchase, lease, and other alternatives. Equipment purchases are subject to transfer to another federal project or sale at the end of the period of performance ([2 C.F.R. § 200.313\(e\)](#)).

Construction Costs

We will not approve construction costs. This includes major improvements to or significant renovations of facilities.

3. Plan for Recipient Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.

- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, you may provide a link as part of your plan in the budget narrative. Although merit reviewers are not permitted to access any external materials linked in the application as part of their review, this link would facilitate review of your proposal if recommended for risk assessment (Section F.4).

Section J.5 contains questions you may find useful in preparing your Recipient Plans for Oversight of Federal Funds.

a. Project Abstract Summary Guidance

You must complete the Project Abstract Summary form. The application page limit does not include the Project Abstract Summary Form. Research projects may enter zero for “Estimated number of people to be served as a result of the award of this grant.”

The abstract will serve as the application summary going forward. Do not include sensitive or proprietary information in your abstract.

If your project is funded, we will publish the abstract on TAGGS.hhs.gov and USASpending.gov as you submitted it. You may request to edit it later, or we may ask you to edit it later to reflect any negotiated changes to the project. The abstract may also appear on the program office website or other government websites.

Your abstract should contain:

- Specifics about the project purpose
- Activities that you will perform
- Expected deliverables and outcomes
- Intended project beneficiary(ies) or participant(s)

Your description of the project should be brief and use plain language an average reader can understand. You should limit abbreviations, acronyms, or jargon without definitions. The abstract should be unique to your project.

F. SUBMISSION REQUIREMENTS AND DATES

1. Obtaining an Application Package

The official complete application package is available on [Grants.gov](https://www.grants.gov). Search either the Assistance Listing number or the NOFO number PA-FPH-27-001.

The package consists of several Adobe PDF format documents. This is a standard format widely accessible across multiple platforms including mobile devices. The Acrobat Reader application is available at <https://www.adobe.com/acrobat/pdf-reader.html>.

All materials will be under the Package tab on the page for this opportunity on Grants.gov. If you have problems locating the application package, contact Grants.gov Helpdesk.

2. Required Registrations

You must have an active registration in SAM.gov and Grants.gov to apply for this opportunity.

It is your responsibility to plan ahead to ensure adequate time to register in both systems before submitting your application. We recommend beginning the registration process immediately, but **no later than** 30 days prior to the application deadline with a goal of your registration being complete at least 15 days prior to the application deadline.

a. Unique Entity Identifier and System for Award Management (SAM)

Grants.gov will not accept an application unless you have an active SAM.gov registration and received a Unique Entity Identifier (UEI). There is no fee for registering in SAM.gov.

In cases where an individual is an eligible applicant (see Section A.1.a), the individual does not need a SAM.gov registration. However, the individual must still create a Grants.gov account. Grants.gov will assign a default UEI value where applicable.

We cannot make an award to your entity unless it has an active SAM registration. In accordance with [2 C.F.R. § 25.205](#), if you have not complied with this requirement, we may:

- determine that you are not qualified to receive an award; and
- use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier subrecipients must have a UEI number at the time you make a subaward to them.

Registering in SAM

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You will find instructions on the Grants.gov website as part of the [organization registration](#) process.

Complete a SAM registration (or renewal) as soon as possible if you do not currently have an active registration that will remain active through the competitive process. Registration will include obtaining a unique entity identifier (UEI). SAM.gov provides an [Entity Registration Checklist](#) to help you prepare the necessary documentation.

You may register in SAM as an entity applying for either

- Federal Assistance Awards Only (e.g., grants and cooperative agreements) or

- All Awards (including procurement awards).

If you chose to register for All Awards, you must answer Yes to the question “Do you wish to apply for a federal financial assistance project or program, or is your entity currently the recipient of funding under any federal financial assistance project or program?” Failure to do so will require us to obtain a separate assurance document from you during our risk assessment (Section E.3) and may delay any award.

The list of representations and certifications to be certified as part of your registration is reproduced in Section J.6 with the corresponding HHS regulation citations. By submitting your application to this NOFO, your authorized representative certifies to these representations and certifications by signing Box 21 of SF-424A.

Make sure your SAM registration information is accurate, especially your organization’s legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this is the legal name and address we must use on the NOA.

During your registration, your organization will need to designate an E-Business Point of Contact (EBiz POC). The EBiz POC will need to be the individual to set up your Grants.gov account.

SAM Registration Renewal

If your organization has previously registered in SAM, confirm your status and determine whether you need to update or renew it. You must [renew your SAM registration](#) each year.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during an active award or an application or plan under consideration by an HHS agency.

Timing of Registration

It may take up to 2-3 weeks (or longer during periods of high volume) for a registration to become active in SAM. After that, it may take an additional 24-72 hours for SAM to synchronize with Grants.gov. Grants.gov must recognize your SAM registration as active to accept your application. We strongly encourage confirming your registration status well before you are ready to submit your application to Grants.gov.

b. Grants.gov Registration

The Grants.gov [Applicant Registration](#) page provides the most up to date guidance on registering. There is no fee for registering to use Grants.gov.

Your EBiz POC may begin creating your account prior to receiving your UEI from SAM.gov. However, your will need to complete the SAM.gov registration prior to complete your Grants.gov registration.

Grants.gov is a platform that allows you to have multiple users with a variety of role-based access to perform actions on application(s). You must register an authorizing official for your organization. We do not determine who your organization's authorizing official is; your organization makes that decision. However, your authorizing official(s) must have the authority to act on behalf of your organization.

You may consider registering a backup authorized organization representative(s) in Grants.gov to ensure someone is available to submit your application. We will not extend due dates because your authorized official is unavailable.

We encourage potential applicants to familiarize themselves with the [Workspace Overview](#) and options as soon as possible.

3. Submission Instructions

It is your responsibility to read and understand the instructions to submit a complete and properly formatted application.

a. Electronic Application Submission

We require that all applications be submitted electronically via Grants.gov unless the Grants Management Officer has granted an exemption in writing (See Section E.3).

Grants.gov Information

You may access the application for this opportunity on [Grants.gov](#). Search for the downloadable application page by the NOFO number PA-FPH-27-001 or Assistance Listing number 93.217.

To ensure successful submission of your application, you should carefully follow the step-by-step [instructions](#) on the site. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.

You should contact Grants.gov with any questions or concerns regarding the technical system questions about the electronic application process (Section I).

See Section F.2 for requirements related to UEI numbers and SAM registration.

Electronic File Submission

Applications, excluding required standard forms, must be submitted as three (3) files. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process. Merit reviewers are not permitted to follow embedded links to materials outside of the application. Your content must fit within the page limits of the application.

File 1	The complete Project Narrative
File 2	All documents that make up the Appendices described in Section D.3.c

File 3	The entire Budget Package including supporting documentation described in the Budget Narrative content section.
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Acceptable File Formats

All files uploaded for your application must be in an acceptable file format and must contain a valid file format extension in the filename.

We only accept the file formats identified in the table to ensure compatibility across our other systems although Grants.gov will allow you to attach unacceptable formats.

We strongly encourage you to upload your application in Adobe PDF format. By converting to PDF prior to submission, you may prevent any unintentional changes that might occur with submission of an editable document. Most commonly available applications for document preparation have the ability to “Save As” or “Print To PDF.” We do not recommend submitting scanned copies through Grants.gov unless you have confirmed the clarity of the scan and the readability of the documents.

Any file submitted as part of the Grants.gov application that is not in a file format listed as acceptable will not be imported for processing and will be excluded from the application during the review.

We will not contact you for resubmission of files to the correct the file type.

We will not contact you for passwords or for resubmission of unprotected files. We will forward unprotected information in the application forwarded for consideration, but we will not forward password protected portions.

Acceptable File Formats (extension)
• Adobe PDF (.pdf) • Microsoft Word (.doc or .docx) • Image formats (.jpg, .gif, .tif, or .bmp only)
Unacceptable File Formats (extension)
• Microsoft Excel files (.xls) or other similar spreadsheet files • Any compressed file formats (e.g., .zip, .rar, or Adobe Portfolio) • Any password protected files

Timing Considerations

We strongly encourage you to submit your application a minimum of 4-5 days prior to the application closing date. You are responsible for allowing time for system registrations and where applicable State Single Point of Contact (SPOC) notifications (Section E.3.d).

Do not wait until the last day in case you encounter technical difficulties, either on your end or with Grants.gov. Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may accept your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission and that time was before the submission deadline. If you have reported a system problem to the Grants.gov helpdesk, obtain a ticket number to provide us so that we can verify the problem.

A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to submit an application successfully, such as compatible Adobe versions or file naming conventions. Nor does a “system problem” include issues that should have been identified by reviewing and confirming your account status prior to the submission deadline.

Exemption to the Grants.gov Submission Requirement

We will consider an exemption to the Grants.gov submission requirement only under limited circumstances. To obtain an exemption, you must request one via email from GAM point of contact Eric West at eric.west@hhs.gov. Your request **must provide details as to why you are technologically unable to submit** electronically through Grants.gov. You should submit your request at least 4 business days prior to the application deadline to ensure we can review your request at least to 2 business days before the deadline.

In your e-mail requesting an exemption include:

- the NOFO number;
- your organization’s UEI number;
- your organization’s name, address and telephone number;
- the name and telephone number of your Authorizing Official;
- the Grants.gov Tracking Number (e.g., GRANT####) assigned to your submission; and
- a copy of the “Rejected with Errors” notification from Grants.gov.

We will not grant an exemption to the electronic submission requirement for:

- Failure to have an active System for Account Management (SAM) registration prior to the application due date.
- Failure to follow Grants.gov instructions to ensure software compatibility.
- Failure to have the correct permission levels configured in your Grants.gov workspace.

GAM will only accept applications via alternate methods (i.e., PDF via email or hardcopy paper via U.S. mail or other provider) from applicants with prior written approval. If you receive an exemption, you must still submit your complete application, and we must receive it by the due date.

We will accept only applications submitted through Grants.gov or a pre-approved alternate format.

b. Submission Dates and Times

You must submit your application for this funding opportunity by January 11, 2027.

Your submission time is the date and time stamp provided by Grants.gov when you **complete** your submission. If you do not submit your application by the due date and time, we will not review it, and it will receive no further consideration.

It is your responsibility to review all instructions available on Grants.gov for successfully submitting an application. For information on registering for Grants.gov or to receive assistance on any technical system questions, contact Grants.gov directly (Section J).

c. NOFO Technical Assistance Webinar

We will provide a technical assistance webinar for applicants on November 9, 2026.

You should review the entire announcement prior to attending to have any questions answered well in advance of the application due date. You should also subscribe to this opportunity on Grants.gov to receive any amendments, revisions, question and answer documents, or other updates.

Following the webinar, we will typically post an FAQ addressing common questions including those of general applicability asked during the webinar. We will also post a link to the recorded TA webinar.

Out of fairness to all applicants, we do not provide one-on-one consultation on the specific content development for any applications.

d. Intergovernmental Review

Applications under this opportunity are subject to the requirements of [Executive Order 12372](#), “Intergovernmental Review of Federal Programs,” as implemented by [45 C.F.R. part 100](#), “Intergovernmental Review of Department of Health and Human Services Programs and Activities.”

As soon as possible, you should discuss the project with the [State Single Point of Contact \(SPOC\)](#) for the State in which your organization is located.

The SPOC should forward any comments to

Department of Health and Human Services
OASH Grants & Acquisitions Management
ATTN: Grants Management Officer
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852.

The SPOC has 60 days from the due date listed in this announcement to submit any comments.

For further information, contact the OASH Grants and Acquisitions Management Division (Section J).

4. Other Submission Requirements

a. Program-Specific Requirements

Non-profit Status

If you are a non-profit organization, please submit documentation of nonprofit status.

Any of the following constitutes acceptable proof of such status:

- (a) A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;
- (b) A copy of a currently valid IRS tax exemption certificate;
- (c) A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or
- (d) A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

b. Follow-up Submission Requirements

We may request additional documentation during the review process. We suggest having these documents readily available. Requests will only come from the OASH GAM staff. If you have any concern about the validity of a request, please contact us through the contact information provided in Section J.

Requested documentation may include a copy of your:

- Approved negotiated indirect cost rate, if not submitted in your budget package
- Internal controls
- Authorizing Tribal Resolution

We may request additional documentation as needed during our risk assessment process in Section G.4.

Failure to provide the requested documentation by the requested deadline may result in our no longer considering your application and moving on to another to make an award.

You should not interpret a request for information as an indication that we will make an award to you. A request only means that we are continuing to review your application.

G. APPLICATION REVIEW INFORMATION

Your application will undergo a series of reviews.

Application Qualification

GAM personnel will conduct a qualification review. There are three components to qualifying an application to proceed to merit review.

- **Eligibility Review** to determine whether you are an eligible applicant as described in Section

A.

- **Responsiveness Review** to determine whether the responsiveness criteria have been met as described in Section G.1.
- **Formatting Review** to determine whether your application meets the formatting requirements described in Section E.1.

The Grants Management Officer will make the final determination on whether an application is eligible and qualified to proceed to merit review. This decision is not appealable.

b. Merit Review

Consistent with the HHS Grants Policy Statement, effective October 1, 2025 (available at <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf>), an independent merit review panel will evaluate applications that are qualified and eligible. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies.

We do not disclose the identities of our review panelists. Each is vetted during the selection process to identify and manage any real or apparent conflict of interests.

Using the Merit Review Criteria, the reviewers will provide comments and rate the applications. We will provide reviewer comments to applicants after we have made final award decisions and issued notices of award. We do not provide scores.

c. Programmatic Technical Review and Risk Assessment

In addition to the independent merit review panel, federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

1. Responsiveness Review

The responsiveness review assesses your application at a high level to determine whether the application has addressed the subject matter of the opportunity or met any legal requirements. The criteria, if any, we describe below facilitate a go/no-go determination by the review team. Failure to address the responsiveness criteria clearly and provide the required information will result in disqualification.

a. Responsiveness Criteria

For this opportunity, the responsiveness criteria are:

- **Family Participation Certification.** Applicants must include a written statement in the appendix of the application certifying that:

“if funded, this Title X Family Planning Services project will encourage family participation in the decision of minors to seek family planning services and will provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”

b. Disqualifying Criteria

Disqualification means we will not review the application and will give it no further consideration.

We will disqualify applications:

not submitted electronically via Grants.gov (unless an exemption was granted by the grants management officer in writing 2 business days prior to the deadline)
not submitted by the due date and time (Section E.3.b)
not submitted by an eligible applicant (Section A.1.a)
submitted <u>multiple times for the same project</u> from the same organization, <i>except</i> for the last application received by the deadline (Section A.1.c)
not meeting the Responsiveness Criteria (Section F.1.a), if any
not including a non-federal sources justification in the budget narrative when including cost-sharing (voluntary or required) (Section A.3)
- requesting total funds (direct plus indirect costs) that are either: - Above the Award Ceiling of \$5,000,000; or - Below the Award Floor of \$0.

• missing or incomplete required forms in the application package found on Grants.gov including SF-424; SF-424A, SF-LLL, and the Project Abstract Summary (Section D)
• not meeting the formatting requirements (Section D), specifically: ○ not submitted in the English language and U.S. dollars (2 C.F.R. § 200.111(a)) ○ not submitted with ▪ an 8 ½ " x 11" page size ▪ 1" margins on all sides (top, bottom, left and right) ▪ a font size of not less than 12 points ▪ a Project Narrative that is double-spaced ○ exceeding the 50-page limit for the Project Narrative ○ exceeding the total 100-page limit for the Project Narrative plus Appendices combined, excluding SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative with budget tables

2. Merit Review Criteria

Federal staff and an independent merit review panel will assess all qualified eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

a. **Proposed Service Area and Plans to Address Demonstrated Need for Title X Family Planning Services**

- The extent to which the applicant substantiates, using current and relevant data, that Title X family planning services are needed locally within the proposed service area, particularly among low-income families as prioritized in Title X statute **(15 points)**
- The extent to which the applicant clearly identifies the number of clients, and, in particular, the number of low-income clients to be served, and describes the broad range of methods and services that will be provided to address client needs. For applicants that will not provide all services directly, the extent to which the applicant has described a rigorous and transparent process and criteria for selecting, monitoring, and overseeing qualified subrecipients to ensure alignment with Title X activities and agency priorities. **(10 points)**

b. **Plan to Deliver Family Planning Services in Compliance with the Statute, Regulations, Legislative Mandates, and Aligned with OPA Program Priorities**

- The degree to which the project plan adequately provides for the requirements set forth in the Title X statute, regulations (42 C.F.R. part 59, subpart A), and legislative mandates **(15 points)**
- The extent to which the applicant proposes strategies that meaningfully advance OPA’s program priorities as discussed in Section C(a)(4)(i), “Address OPA Program Priorities” and HHS priorities. **(35 points)**

c. **Project Management and Capability**

- The relative need of the applicant, including the extent to which the applicant’s project management plan shows the applicant’s need for funds and the applicant’s capability to make effective use of grant funds. **(5 points)**
- The adequacy of the applicant’s facilities and staff, including evidence of an infrastructure that is sustainable in ensuring continued access to family planning services for clients in the proposed service area. **(10 points)**
- The capacity of the applicant to make rapid and effective use of the Federal assistance. Applicants must demonstrate/explain how they propose to use the federal assistance to provide quality family planning services that meet the needs of and improve access for clients in the proposed service area. **(5 points).**

d. **Budget**

- The relative availability of non-Federal resources within the community to be served and the degree to which those resources are committed to the project, including the degree to which the budget and budget narrative identify other sources of revenue, including but not limited to the estimated amount of program income and how the applicant proposes to invest it back into the proposed Title X project **(5 points)**

3. Merit Review and Selection Process

Application Status Inquiries

During the review process, we do not release information about individual applications. If you would like to track your application, please see the instructions on Grants.gov.

If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award. It only means that your application is still under consideration.

Federal Staff Review

In addition to the independent merit review panel, Federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

OPA is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth in Title X regulations at 42 C.F.R. §59.7(a) and described above.

The Office of Population Affairs will coordinate with a senior appointee to provide recommendations for funding to the Grants Management Officer to conduct the required risk analysis consistent with 2 CFR 200 and applicable HHS policy. No award decision is final until a Notice of Award is issued by the Grants Management Officer, in coordination with a senior appointee or appointee's designee, consistent with the Executive Order on "Improving Oversight of Federal Grantmaking."

In providing these recommendations, the program office will take into consideration the following additional factors(s):

- Geographic distribution of projects
- Alignment with HHS and OASH priorities, where authorized by law and within the scope of the program.

4. Review of Risk Posed by Applicant

Before issuing any award, GAM evaluates each recommended application for risks in accordance with 2 C.F.R. § 200.206. This evaluation may incorporate results of the evaluation for eligibility or of the quality of an application.

Risk Factors Considered

We will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 2 C.F.R. part 200;
- c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards; however, not being a prior recipient of a Federal award shall not negatively impact a determination of award;
- d. Reports and findings from audits performed; and
- e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Also, prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), GAM must review and consider any information about you that is in the designated integrity and performance system accessible through the

System for Award Management (SAM) (formerly the Federal Awardee Performance and Integrity Information System (FAPIIS)).

If you are a prior Federal award recipient, the information in the system must, at a minimum, demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” [2 C.F.R. § 300](#); see also [2 C.F.R. §200.206](#). You have the option to review information in SAM and comment on any information about your organization that a Federal awarding agency previously entered and is currently available through SAM.

During this review, the agency may request more details or action from you, as consistent with the HHS Grants Policy Statement (<https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf>).

GAM will consider any comments by you, other information in the designated system, and input from Federal staff including a senior appointee or that appointee’s designee. This review will inform judgments regarding your integrity, business ethics, and record of performance and responsible stewardship of Federal awards.

Risk Review Outcomes

If, after consideration of risk factors, Federal staff including a senior appointee’s review, and applicable integrity and performance information, GAM does not make an award to you because we determine that your organization does not meet either or both of the minimum qualification standards as described in [2 C.F.R. § 200.206](#), we must report that determination to SAM.gov, if certain conditions apply. See [2 C.F.R. § Part 300](#).

If we determine that a federal award will be made, specific conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis.

H. AWARD NOTICES

Upon completion of risk analysis and concurrence of the GMO, GAM will issue Notices of Award (NOAs). No award decision is final until the GMO issues a NOA. All award decisions, including the level of funding, if an award is made, are final and you may not appeal.

We are not obligated to make any federal award as a result of this NOFO. If we make awards, the awards may be for periods shorter than indicated. Only the GMO can bind the federal government to the expenditure of funds.

Funded Applications

If you are successful, you will receive official notice of your award with a Notice of Award (NOA) via a system notification from our grants management system (Grant Solutions) and/or via e-mail. The NOA includes the amount awarded for the specified budget period, the purpose(s) of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of cost share or matching, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist (GMS) and Federal Project Officer (FPO) assigned to the award for assistance and monitoring. The GMS and FPO will work as a team. Any questions or concerns during the project should be communicated to both the GMS and FPO.

Pre-award costs are not allowed. If you begin a project prior to receiving a NOA or the project period start date on the NOA, you incur costs at your own risk. We will disallow the costs and will not approve them retroactively.

We intend to award funds as much in advance of the anticipated project start date (See Overview, page 1) as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

Unfunded Applications

If you are unsuccessful or your application was disqualified, OASH will notify you by email and/or letter. If the merit review panel reviewed your application, you may receive summary comments pertaining to the application resulting from the review process. We do not release application scores.

You may receive a letter indicating that your application was "approved, but unfunded" (ABU). This does not mean you will receive an award or funding. Applications designated ABU are kept active for up to 12 months. During that time, a program office may consider an ABU application for award should funds become available. However, an ABU status does not guarantee that we will fund your project.

We will not transfer an ABU application for consideration under a new NOFO. You would have the option to resubmit your application, with any updated material, for consideration under that new NOFO.

I. AWARD REQUIREMENTS AND ADMINISTRATION

The following subsections describe the administrative requirements and the terms and conditions that will apply to any award you might receive under this NOFO. As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

1. Administrative and National Policy Requirements

a. Recipient Responsibilities

You will have the full responsibility for the conduct of the approved project or activity 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 the project described in your application 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.

You will be 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 your 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.

b. Accepting an Award

You accept an award and its terms and conditions by drawing or otherwise obtaining funds for the award from the grant payment system. By accepting an award, you agree to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications and representations, and to the prudent management of all expenditures and actions affecting the award, including the monitoring of any subrecipients.

You must comply with all terms, conditions, and requirements outlined in the Notice of Award, including: award policy terms and conditions contained in the HHS [Grant Policy Statement](https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf) (GPS, effective October 1, 2025, available at <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf>), and its subsequent updates, all requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations; and requirements or limitations in any applicable appropriations acts.

c. Scope of the Award and Prior Approvals

You may only use award funds to support activities in your funded project. HHS GPS Section II and [2 C.F.R. § 200.308](#) describe the aspects of your funded project that will require prior approval from the OASH GMO for any changes. Some of the award modifications to an approved project that will require prior GMO approval include:

- a change in the scope or the objective(s) of the project (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)).
- significant budget revisions, including changes in the approved cost-sharing or matching;
- a change in a key person(s) specified in your application;
- reduction in time devoted to the project by the approved PD/PI, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or
- the transferring of any work to another entity or individual through contract, subaward, or other means that differs from described in the awarded proposal.

d. Applicable Termination Provisions

If you receive an award, HHS may terminate it if any of the conditions in [2 C.F.R. §§ 200.340\(a\)\(1\)-\(4\)](#) are met.

2. Program Specific Terms and Conditions

We may include on any awards made under this opportunity the following as special terms and requirements.

a. Paperwork Reduction Act Clearance Packages

Any collection of information you conduct as defined in 5 C.F.R. § 1320.3(c) may require OMB clearance under the Paperwork Reduction Act (PRA) if it is a requirement of your award to collect that information. You would be responsible for preparing the clearance package necessary to obtain PRA clearance and submitting it to the project officer. The project officer will assist in the submission of the package to OMB and notify you when the approval has been received or request additional information.

3. Award Closeout

When the award expires, you must submit within 120 days all necessary documentation to closeout your award. If we do not receive acceptable final performance, financial, and property reports in a timely fashion and we determine that closeout cannot be completed with your cooperation, we must complete a unilateral closeout with the information available to us ([2 C.F.R. § 200.344](#)). See Section I.3 for specific detail.

If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system. As a result, we may also determine that enforcement actions are necessary, including actions such as withholding support or a high-risk designation on an existing or future award.

4. Lobbying Prohibitions

In general, any funds from an award made under this NOFO must not be used for other than normal and recognized executive legislative relationships. See [2 C.F.R. § 200.450](#).

You must not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat:

- the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or
- any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You must not use any funds awarded to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending.

5. Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to

this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

6. Smoke- and Tobacco-free Workplace

We strongly encourage all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

7. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by Organization Name.

You must also include a disclaimer stating the following:

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, Organization Name, OASH, HHS, or the U.S. Government. For more information, please visit [Organization Name website, if available].

8. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must adhere to the requirements of the program. You own the copyright for materials that you develop under an award, and pursuant to [2 C.F.R. § 200.448](#) the HHS awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so.

In addition, pursuant to [2 C.F.R. § 200.448](#), the federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

9. Trafficking in Persons

Awards are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended ([22 U.S.C. § 7104](#)).

10. Efficient Spending

Awards will be subject to the [HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications](#).

11. Whistleblower Protection

Awards will include a term and condition that applies the terms of [2 C.F.R. § 200.217](#) to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

12. Health Information Technology (IT) Interoperability

Health information technology is defined in Section 3000 of the Public Health Service Act (42 U.S.C. § 300jj). HHS has substantially adopted and codified that definition at [45 C.F.R. § 170.102](#). The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

If you receive an award that involves:

- a. implementing, acquiring, or upgrading health IT for activities, you are required to utilize health IT that meets standards and implementation specifications adopted in [45 C.F.R. part 170, Subpart B](#), if such standards and implementation specifications can support the activity.
- b. implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Section 4101, 4102, and 4201 of the [HITECH Act](#), you are required to utilize health IT certified under the Office of the HHS Office of the National Coordinator for Health Information technology (ONC) Health IT Certification Program, if certified technology can support the activity. See <https://www.healthit.gov/topic/certification-ehrs/certification-health-it>.

If standards and implementation specifications adopted in [45 CFR Part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

13. Certain telecommunications and video surveillance services or equipment

As described in [2 C.F.R. 200.216](#), recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and

program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or
- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 1. 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).
 2. Telecommunications or video surveillance services provided by such entities or using such equipment.
 3. 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.

14. Human Subjects Protection

Federal regulations ([45 C.F.R part 46](#)) require that applications and proposals involving human subjects be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in [45 C.F.R. part 46](#). Additional information is available on the [Office of Human Research Protections website](#). This includes a series of [decision charts](#) to help assess whether an activity is human subjects research covered by the regulation and when an exemption may apply.

OASH requires, as part of any award involving human subjects, that recipients submit copies of all IRB approvals (not full protocols), or documentation of exemption determinations, within 5 days of the IRB approving the research or documentation of the specific exemption applied. Recipients must receive IRB approval or determine an exemption is applicable before any human subjects research begins.

15. Research Integrity

Federal regulations require that an applicant for or recipient of Public Health Service support for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training must comply with the Public Health Service Policies on Research Misconduct in [42 C.F.R. part 93](#). Compliance includes having written policies and

procedures for addressing allegations of research misconduct that meet the requirements of part 93, unless exempt; responding to each allegation of research misconduct for which the applicant or recipient is responsible under part 93 in a thorough, competent, objective, and fair manner; fostering a research environment that promotes the responsible conduct of research and discourages research misconduct; and maintaining an active assurance. More information about assurances is available in [42 CFR Part 93 Subpart C](#) and on the Office of Research Integrity [assurance program](#) website.

16. Reporting

Recipients must report on project progress [2 C.F.R. § 200.329](#) and financial status [2 C.F.R. § 200.328](#) during the course of the project. At the end of the project, acceptable final progress and financial reports are a requirement of the award closeout process. Failure to provide final progress or financial reports on any HHS award may affect decisions on future new or continuation funding.

a. *Performance Project Reports (PPR)*

You must submit periodic performance project reports on an annual basis via the Performance Project Report (PPR) module in GrantSolutions. We must receive the PPR by the due date included in the terms and conditions on the NOA. PPRs must address the content required by [2 C.F.R. § 200.329](#). The program office may provide additional guidance on the content of the progress report.

At the end of the project, you must submit a final performance report covering the entire period of performance no later than 120 days after the end of the period of performance. The program office may provide additional guidance on the content of the final report, which you must submit in the PPR module.

Project Performance and Continuation Awards

For projects with multiple budget periods anticipated, you will be required each year of the approved period of performance to submit in addition to your PPRs, a noncompeting continuation application. This application will include a summary of progress the last PPR, an updated work plan, and a budget package (SF-424A, narrative, and justification) for the upcoming budget period. Specific guidance will be provided via Grant Solutions well in advance of the application due date.

For the optional competitive additional year of funding intended to transition successful projects to sustainability, application guidance and review criteria will be provided during the final year of the period of performance.

We will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Progress is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved application and other supporting documents.

Performance Measures

Each year of the project period, the recipient is required to submit a Family Planning Annual Report (FPAR). The information collection (reporting requirements) and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0479 (Expires 9/30/2028). The FPAR 2.0 data elements, instrument and instructions can be found on the OPA Web site at <http://hhs.gov/opa>.

b. Financial Reports

You must submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. Typically, we align the FFR reporting periods with the quarters of the federal fiscal year. FFRs are cumulative and due 30 days after the end of each reporting period or more specifically 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.

In lieu of the last quarterly FFR, you will also be required to submit a final FFR covering the entire award 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>).

Once submitted and accepted, your financial report data will be available in GrantSolutions, which is our grant management system.

c. Audits

If your organization expends \$1,000,000 or greater in federal funds, it must undergo an independent audit in accordance with [2 C.F.R. § 200.501](https://www.ecfr.gov/current/title-42/chapter-II/subchapter-A/part-200/subpart-B/section-200.501), often referred to as the Single Audit requirement.

d. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to SAM.gov that is made available in the designated integrity and performance system (currently FAPIIS) about civil, criminal, or administrative proceedings described in 2 C.F.R. part 200. This is a statutory requirement (41 U.S.C. § 2313).

All information posted in the designated integrity and performance system will be publicly

available. For more information about this reporting requirement related to recipient integrity and performance matters, see [Appendix XII to 2 C.F.R. part 200](#).

e. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with [2 C.F.R. § 180.335](#), you as the [participant](#) must notify OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in [2 C.F.R. § 180.800\(a\)](#) or had a civil judgment rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in [2 C.F.R. § 180.800\(a\)](#); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with [2 C.F.R. § 180.350](#), you must give immediate written notice to OASH if you learn either that—

- You failed to disclose information earlier, as required by [2 C.F.R. § 180.335](#); or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in [2 C.F.R. § 180.335](#).

J. CONTACTS

Administrative and Budgetary Requirements

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Eric West
OASH Grants and Acquisitions Management
Email: eric.west@hhs.gov

Program Requirements

For information on program requirements, please contact the program office representative listed below.

Elizabeth Nash
Office of Population Affairs
Email: Elizabeth.nash@hhs.gov

Grants.gov Support

For information or assistance on submitting your application electronically via Grants.gov, contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant SupportWebsite: <https://www.grants.gov>

Phone: 1-800-518-4726

Email: support@grants.gov**SAM.gov Registration Support**

For information or assistance on registering with SAM.gov, contact the General Services Administration (GSA) Federal Service Desk (FSD) Monday through Friday 8:00 AM to 8:00 PM Eastern at:

Website: https://www.fsd.gov/gsafsd_sp (Live Chat option available)

U.S. Phone: 866-606-8220

International Phone: +1 334-206-7828

K. OTHER INFORMATION**1. Application Checklist**

The below is a summary listing of all the application elements required for this funding opportunity.

Application Checklist	
	SAM.gov Registration/Renewal – start as soon as possible (recommended minimum of 6-8 weeks prior to submission deadline)
	Grants.gov Registration (recommended minimum of 6-8 weeks prior to submission deadline)
	Application for Federal Assistance (SF-424)
	Budget Information for Non-construction Programs (SF-424A)
	Disclosure of Lobbying Activities (SF-LLL)
	Project Abstract Summary , including any responsiveness criteria (Section F.1.a)
	Project Narrative – Submit all Project Narrative content (Section D.2.a) as a single acceptable file (Section E.3.a).
	Project Narrative Appendices – Submit all Appendix content (Section D.2.b) as a single acceptable file (Section E.3.a).

	Budget Package – Submit all Budget Package content (Section D.2.c) as a single acceptable file (Section E.3.a). Note SF-424A is not included in the package and should be uploaded with the standard forms. Must include documentation of any cost-share or matching proposed regardless of whether it is voluntary or mandatory. (Section A.3)
	Other Submission Requirements (Section E.4).

2. Acronyms

ABU	Approved, but Unfunded
FAPIS	Federal Awardee Performance and Integrity Information System
FFATA	Federal Financial Accountability and Transparency Act
FFR	Federal Financial Report (SF-425)
FSD	Federal Service Desk (GSA)
FSRS	FFATA Subaward Reporting System
GAM	Grants and Acquisitions Management Division
GMO	Grants Management Officer
GMS	Grants Management Specialist
GPS	Grants Policy Statement
GSA	General Services Administration
HHS	Department of Health and Human Services
MTDC	Modified Total Direct Costs
NCC	Non-competing Continuation
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OMB	Office of Management and Budget
PD/PI	Project Director/Principal Investigator
PHS	Public Health Service
PPR	Performance Project Report
SF	Standard Form
SPOC	State Single Point of Contact

3. Glossary

4. Object Class Descriptions and Required Justifications

Personnel

Description

Includes costs of employee salaries and wages, excluding benefits.

Does NOT include consultants, subrecipient personnel costs, personnel costs outside of your organization. [2 C.F.R. § 200.459.](#)

Justification

Clearly identify the PD/PI, if known. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary.

No salary rate may exceed the statutory limitation in effect at the time you submit your application (see E.2.c.2).

Sample Personnel Table					
Position Title and Full Name	Percent Time	Annual Salary	Federally-Funded Salary	Non-Federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

Fringe Benefits

Description

Includes costs of personnel fringe benefits, unless treated as part of an approved indirect cost rate.

Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel

Description

Includes costs of travel by staff of the applicant organization only.

Does NOT include travel costs for subrecipients or contractors under this object class.

Justification

For each trip proposed for your organization employees only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

Equipment

Description

Includes tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes, or \$10,000 (([2 C.F.R. § 200.1](#) and § [200.313\(e\)](#)).

Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non- Federal entity's regular accounting practices.

Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; AND a plan for the use, and/or disposal of, the equipment after the project ends.

If your organization uses its own definition for equipment you should include in the budget narrative a copy of the policy, or section of your policy, that includes the equipment definition. Reference the policy in your justification. Do not include this policy in your appendices.

Supplies

Description

Includes costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$10,000 ([2 C.F.R. § 200.1](#)).

Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual***Description***

Includes costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc.

Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

This line item is not for individual consultants.

Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use [2 C.F.R. § 200.320](#) procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by [FAR 2.101](#) and currently set at \$250,000. In some cases, OASH may require recipients make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available. Any proposal for awarding fixed amount subawards is subject to [2 C.F.R. § 200.333](#) and will require detailed justification to support the fixed award amount.

Transferring a substantive part of the project effort to another entity (including non-employee individuals) through contract or other mechanism requires a detailed budget and budget narrative for each subrecipient, by title or name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient.

Other***Description***

Includes such costs as, where applicable and appropriate,

- consultants;
- insurance;
- professional services (including audit charges);
- space and equipment rent;
- printing and publication;
- training, such as tuition and stipends;
- participant support costs including incentives,
- staff development costs; and
- any other costs not addressed elsewhere in the budget.

Do not include costs covered by your negotiated indirect cost rate.

Justification

Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Costs***Description***

Calculate your indirect costs based on a percentage of your modified total direct costs (MTDC)([2 C.F.R. § 200.1](#)).

There are two methods. You must clearly identify the rate you used in your submitted budget.

Negotiated Indirect Cost Rate

If you have an approved negotiated indirect cost rate from the Department of Health and Human Services (HHS) or another cognizant federal agency, you should apply that negotiated rate. You should enclose a copy of the current approved rate agreement in your Budget package file.

If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that you are accepting a lower rate than allowed. This should be an explicit statement that you are accepting a lower rate than is allowed and specify what the lower rate is.

De minimis Rate ([2 C.F.R. § 200.414\(f\)](#))

If you do not have a current Federal negotiated indirect cost rate (including provisional rate) you “may elect to charge a de minimis rate of up to 15 percent of modified total direct costs (MTDC).” ([2 C.F.R. § 200.414\(f\)](#).) You may “determine the appropriate rate up to this limit. . . When applying the de minimis rate, costs must be consistently charged as either direct or indirect costs and may not be double charged or inconsistently charged as both.” ([2 C.F.R. § 200.414\(f\)](#).) If you elect to use the de minimis rate, you must use the de minimis rate for all Federal awards until you choose to receive a negotiated rate.

Indirect costs for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$50,000 ([45 C.F.R. § 75.414 \(c\)\(1\)\(i\)](#)).

Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs ([2 C.F.R. § 200.1](#)).

Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

Program Income***Description***

Program income means gross income earned by your organization that is directly generated by an awarded project except as provided in [2 C.F.R. § 200.307](#). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award.

Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also [2 C.F.R. § 200.307](#) and [35 U.S.C. § 200-212](#) (applies to inventions made under Federal awards).

Justification

Describe and estimate the sources and amounts of program income that this project may generate. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities.

Any program income earned must be used under the addition or additive method unless otherwise specified in Section C.2. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources (Cost Share or Match)***Description***

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in [2 C.F.R. § 200.306](#).

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period even if the justification exceeds the amount required.

For awards resulting from an application where you voluntarily propose cost sharing, we will include this voluntary cost sharing in the approved project budget, and you will be held accountable for it as shown in the Notice of Award (NOA).

Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you must report cost sharing or matching funds on your quarterly Federal Financial Reports.

Justification

You must provide detailed budget information in your budget narrative (not your appendices) for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424.

You must fully identify and document the specific costs or contributions you propose as part of your required or voluntary cost sharing requirement. You must provide documentation in your application on the sources of funding or contribution(s).

For in-kind contributions, you must include how the stated valuation was determined. Matching or cost sharing must be documented by budget period.

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include in your budget narrative a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See [2 C.F.R. § 200.306\(c\)](#)).

If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review (Section C.4).

5. Considerations in Recipient Plans for Oversight of Federal Funds

(See also Section E.3.b.3)

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:
- Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
- Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
- All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
- Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

6. Financial Assistance General Certifications and Representations

When you register your organization in SAM.gov, you must complete the certifications and representations applicable to grants (i.e., federal assistance). We have provided for your reference the list of items that you are certifying when you complete this during your registration.

When your organization completes its registration (new or renewal) in SAM.gov, your organization attests that your organization:

1. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See [2 C.F.R. § 200.113](#) Mandatory disclosures, [2 C.F.R. § 200.214](#) Suspension and debarment, OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables");
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See [2 C.F.R. § 200.302](#) Financial Management [2 C.F.R. § 200.303](#) Internal controls;
3. Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See [2 C.F.R. § 300.112](#) Conflict of interest;
4. Will comply with all limitations imposed by annual appropriation acts;
5. Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See [2 C.F.R. § 200.300](#) Statutory and national policy requirements [[2 C.F.R. § 300.112](#)] and [2 C.F.R. § 200.303](#) Internal controls [[2 C.F.R. § 300](#)];
6. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to:
 1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, [22 U.S.C. § 7104\(g\)](#);
 2. Drug Free Workplace, [41 U.S.C. § 8103](#);
 3. Protection from Reprisal of Disclosure of Certain Information, [41 U.S.C. § 4712](#);
 4. National Environmental Policy Act of 1969, as amended, [42 U.S.C. § 4321](#) et seq;
 5. Universal Identifier and System for Award Management, [2 C.F.R. part 25](#);
 6. Reporting Subaward and Executive Compensation Information, [2 C.F.R. part 170](#);
 7. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), [2 C.F.R. part 180](#);
 8. Civil Actions for False Claims Act, [31 U.S.C. § 3730](#);
 9. False Claims Act, [31 U.S.C. § 3729](#), [18 U.S.C. §§ 287](#) and [1001](#);
 10. Program Fraud and Civil Remedies Act, [31 U.S.C. § 3801](#) et seq;

11. Lobbying Disclosure Act of 1995, [2 U.S.C. § 1601](#) et seq;
12. Title VI of the Civil Rights Act of 1964, [42 U.S.C. § 2000d](#) et seq;
13. Title VIII of the Civil Rights Act of 1968, [42 U.S.C. § 3601](#) et seq;
14. Title IX of the Education Amendments of 1972, as amended; [20 U.S.C. § 1681](#) et seq
15. Section 504 of the Rehabilitation Act of 1973, as amended; [29 U.S.C. § 794](#); and
16. Age Discrimination Act of 1975, as amended, [42 U.S.C. § 6101](#) et seq.

7. Protections for Healthcare Entities under Weldon and Other Conscience Protection Statutes

Under this program, HHS will not require grantees, individuals and institutions, who are covered by the Weldon Amendment to counsel or refer for abortions, notwithstanding the program's current regulations, *see* 42 C.F.R. 59.5(a)(5); See 86 FR 56144, 56153 (10/7/2021) (“[O]bjecting individuals and grantees will not be required to counsel or refer for abortions in the Title X program in accordance with applicable federal law. OPA has long worked with grantees and providers to ensure appropriate compliance with conscience laws”). The Weldon Amendment provides that Federal or State agencies or programs cannot subject institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. *See* Consolidated Appropriations Act, 2026, H.R. 7148, Div. B., Tit. V, Section 507(d). Under Weldon, a health care entity includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

For more information about whether an entity is covered by the Weldon Amendment, applicants/grantees may consult resources provided by the Office for Civil Rights, <https://www.hhs.gov/conscience/your-protections-against-discrimination-based-on-conscience-and-religion/index.html>. And if an entity believes it has been subject to discrimination under Weldon, it may file a complaint with OCR here: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

EXHIBIT B



U.S. Department of Health and Human Services

**OASH**Office of the
Assistant Secretary
for Health
 MENU

Priorities of Office of the Assistant Secretary for Health

The Office of the Assistant Secretary for Health (OASH) is tasked with improving the health and well-being of Americans by leading on policy, practices, and programs. To this end, OASH is committed to prioritizing gold-standard science and the mission outlined in the *Make America Healthy Again Commission Report* and the *Make Our Children Healthy Again Strategy* to deliver better health outcomes.

In close coordination with other operating divisions and agencies of the U.S. Department of Health and Human Services (HHS), OASH will advance rigorous science to address the nation's most pressing health challenges, including the chronic disease epidemic, the mental health crisis, obesity, nutritional deficiencies, exposure to chemical and environmental toxins, and an overreliance on medical interventions. As a steward of public health programs and taxpayer funding, OASH seeks to restore scientific integrity and transparency to rebuild public trust and advance the public good.

Priorities

Please note that this is not an exhaustive list of all OASH priorities. This document is intended to clarify specific issues that may require additional guidance.

Addressing the chronic disease epidemic:

HHS is leading a science-driven response to the nation's chronic disease epidemic, a priority of the administration, and HHS has received a mandate from the President to identify and address the root causes, especially among children. OASH's health programs and offices play a key role in developing solutions to eliminate chronic disease, including programs that address nutrition, physical activity, and exposure to harmful chemical and environmental toxins. For example, the Office on Women's Health is exploring opportunities to improve outcomes for women with conditions such as endometriosis, polycystic ovary syndrome, and uterine fibroids. OASH is advancing strategies that prioritize prevention, restore scientific integrity, and promote better health outcomes for all Americans. OASH will preference programs, partnerships, grants, cooperative agreements, contracts and other funding mechanisms (together, "OASH programs and funding") that prioritize these objectives.

Ending diversity, equity, and inclusion (DEI) policies and practices across OASH's programs:

The prior administration implemented radical DEI policies across HHS. OASH is committed to restoring merit-based opportunities and, to the extent permitted by law, removing discriminatory or otherwise illegal practices, such as providing benefits and advantages based on race or ethnicity

rather than need, severity of disease, or another legitimate basis. OASH will prioritize relationships that are in compliance with this priority and applicable nondiscrimination law.

OASH has previously invested in ideologically-laden concepts like health equity—mainly focused on identifying and documenting worse health outcomes for minority populations. This has not translated into measurable improved health for minority populations, and in many cases has undermined core American values.

OASH will prioritize efforts that go beyond the use of ideologically laden concepts and focus on solution-oriented approaches. This includes actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes, including the root causes of Americans' chronic disease epidemic.

Reducing overmedicalization in health care and increasing focus on optimal health and addressing underlying root causes:

OASH recognizes the pervasive overreliance on pharmaceutical and surgical interventions, which have failed to sufficiently address the chronic disease epidemic. OASH is committed to supporting programs and initiatives that will focus on the underlying causes of disease, including lifestyle modifications and other modalities that are shown to be effective in improving optimal health outcomes. OASH will prioritize OASH programs and funding that further these objectives.

Providing medically accurate and reliable information necessary for informed consent:

OASH will 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 is reviewing programs and initiatives to ensure that content and materials contain medically accurate information.

Ending support for gender ideology, including sex-rejecting procedures for children, and ensuring evidence-based care:

HHS released a comprehensive [review](#) of the evidence and best practices for promoting the health of children and adolescents with gender dysphoria. This review, informed by an evidence-based medicine approach, revealed serious concerns about medical interventions, such as puberty blockers, cross-sex hormones, and surgeries, that attempt to reject a child's sex. HHS also released [guidance](#) providing for sex-based definitions rooted in scientific biological reality. In alignment with this HHS review and guidance, it is a priority of OASH to protect children from such interventions and, to the extent permitted by applicable law, including any applicable court orders, OASH will deprioritize programs that engage in these practices. It is also an OASH priority to ensure OASH programs accurately reflect science, including the biological reality that a person's sex, as either male or female, is unchangeable and determined by objective biology. Accordingly, to the extent permitted by applicable law, including any applicable court orders, OASH will prioritize OASH programs and funding that accurately reflect the scientific biological reality of sex.

Enforcing the Hyde Amendment:

The Hyde Amendment protects taxpayer funds administered by HHS from paying for elective abortion. OASH will prioritize OASH programs and funding that respect the dignity of life and do not use taxpayer funding to promote elective abortion, consistent with applicable law.

Ensuring gold standard science, curtailing corporate capture and preventing conflicts of interest:

OASH is committed to promoting and funding programs based on gold standard science and radical transparency. The public must know that unbiased science—evaluated through a transparent process and insulated from conflicts of interest—guides the recommendations of our health agencies, and OASH-funded programs and activities carried out by OASH’s partners. OASH will deprioritize those that present conflicts of interest or otherwise compromise their objectivity in carrying out OASH-funded programs.

As part of this commitment, OASH will evaluate its existing programs, federal advisory committees, partnerships, grants, cooperatives agreements, contracts, and other funding mechanisms for any conflicts of interest (whether actual, potential or perceived) and terminate such relationships where OASH determines it appropriate and to the extent permitted by law. Open scientific discussion and inquiry is vital to the advancement of science and sound medicine, and OASH is dedicated to ensuring that scientists and medical professionals who conduct or discuss nuanced risk-benefit analyses that deviate from official guidelines do not experience retaliation in the form of professional repercussions, scrutiny from licensing boards or potential disciplinary action. OASH will prioritize OASH programs and funding that support critical discussion, encourage the development of and reporting to safety systems, and foster an open dialogue.

Ensuring OASH funds benefit eligible individuals and not illegal aliens:

Pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), OASH will review its programs and funding to ensure they are used to benefit eligible individuals and not used to encourage or support illegal immigration. OASH will prioritize programs that further the agency’s priority to end illegal immigration.

Ensuring adolescent program materials are age-appropriate:

OASH has an obligation to ensure that its programs are age appropriate for minors and do not promote harmful ideologies, such as gender ideology and discriminatory equity ideology. OASH will 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 will prioritize OASH programs and funding that are in compliance with these priorities and applicable law.

Protecting parental rights to direct the religious upbringing of their children:

OASH is committed to ensuring parental rights in religious education and school choice. To the fullest extent of its authority under the law, OASH programs will defend the constitutional rights of parents to direct the religious upbringing of their children, including parents’ right to protect their children from exposure to content that burdens the exercise of their religious beliefs.

OASH will implement the above priorities consistent with applicable laws, regulations, court orders, and any required procedures.



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OASH

Office of the
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EXHIBIT C

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**Navigate to:**

HHS PRIORITIES

As stewards of taxpayer funds, HHS must deliver real results for the American people. Today, I am announcing that HHS is adopting a unified strategy that aligns our priorities and funding to fulfill that promise. We will prioritize gold-standard science and carry forward the mission set out in the [Make America Healthy Again Commission Report \[PDF, 4.03 MB\]](#) and the [Make Our Children Healthy Again Strategy](#) to achieve better health outcomes for all Americans, especially our kids.

HHS will further empower its Operating and Staff Divisions to make funding decisions that reflect our priorities, advance scientific opportunity, strengthen the workforce, and ensure balance across programs—always consistent with the law and with court orders.

Taxpayer dollars are finite and sacred. They are entrusted to us to prudently invest in America's health and future. By setting clear priorities and aligning our goals, we will show the American people that we honor their trust—and that we will not rest until every dollar advances their health, independence, and dignity.



Robert F. Kennedy, Jr.

Secretary

Address the chronic disease epidemic

Curing the nation's chronic disease epidemic is the principal direction to Make America Healthy Again. HHS will prioritize programs that identify and address potential dietary, behavioral, medical, and environmental drivers of chronic disease, especially those that affect America's children, tribal communities and vulnerable populations.

Empower patients to make informed decisions about health care

Restoring transparency and trust to the public is crucial for patients to make the best decisions about health care for themselves and for their families. HHS will 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 about their health.

Prevent conflicts of interest

The public must know that unbiased science—evaluated through a transparent process and insulated from conflicts of interest—guides the recommendations and programs of our health agencies. HHS will deprioritize partnerships with organizations that present

conflicts of interest, politicize science, or otherwise compromise their objectivity or integrity in carrying out HHS-funded programs.

Achieve gold standard science

HHS has a robust [plan \[PDF, 1.58 MB\]](#) to implement Gold Standard Science. To the extent permitted by law, HHS programs will prioritize programs and organizations that exhibit strategies to promote the tenets of Gold Standard Science, like innovative program designs to promote constructive skepticism, replicability studies, and research on how to make every dollar of science funding go further.

Explore alternative testing models

HHS is committed to developing, validating, and scaling the use of human-biology-based new approach methodologies (NAMs) to complement animal models and enhance investigations. HHS will prioritize funding opportunities and infrastructure for non-animal approaches to improve human health.

Further our understanding of autism

HHS will prioritize initiatives to understand the etiology and the treatment and care needs of the broad spectrum of people with autism to improve their health outcomes. To the extent permitted by law, HHS will prioritize programs and partnerships with organizations that move beyond studying genetic risk factors for autism towards prevention.

Toxins

HHS will prioritize protecting children and families from harmful chemical exposures by addressing the impact of toxic substances in food, water, air, and consumer products. Many harmful substances accumulate and persist in people over time, magnifying their risks during vulnerable developmental windows. We will work with federal partners to

strengthen oversight of plastics, PFAS, and other high-risk substances, and ensure that guidance and safety standards reflect independent, gold-standard science. Protecting children's health across their lifespan will be the guiding principle of this effort.

HHS will improve transparency in food and product safety reviews, close loopholes that may allow unsafe chemicals into the marketplace, and expand surveillance of chemicals found in blood, breastmilk, and other human tissues to guide stronger protections.

Investigate and care for those with Long COVID

While the COVID-19 pandemic is over, many Americans are still struggling with its aftermath through a range of ongoing symptoms sometimes called Long COVID. HHS will prioritize studying the demography, features, and care of Long COVID patients, as well as funding programs to address Long COVID symptoms, severity, duration or etiology.

Advance the scientific understanding of the aging process

Aging is a leading risk factor for most chronic diseases that affect older Americans. HHS will prioritize research that advances our understanding of the biological mechanisms of aging and develops interventions that target aging processes to improve health span and reduce disease burden.

Use digital tools and artificial intelligence to improve health

Technological breakthroughs in areas like artificial intelligence provide exciting new possibilities for science and medicine. HHS will prioritize programs that research or implement the best uses of digital health tools for prevention of disease and to improve health status and health outcomes.

Data Privacy

Americans own and should have control over their personal data. HHS will assure the privacy and individual stewardship of Americans' data—that held by HHS and that regulated by HHS policies. HHS will maintain federated data architectures and strong access controls, to give the highest levels of protection to individuals' personal information.

Usher in a deflationary era in healthcare costs

Achieving affordable healthcare for all Americans is essential to Make America Healthy Again. The Centers for Medicare & Medicaid Services (CMS) will lead efforts to drive system-wide deflation in healthcare costs through value-based care models that prioritize efficiency, transparency, enhanced competition, and other innovative reforms. These initiatives will simultaneously advance patient health outcomes by emphasizing preventive care, personalized treatments, and access to high-quality services for underserved communities.

Strengthen the health care workforce

The backbone of a strong health care system equipped to Make America Healthy Again is a strong and sustainable health care workforce. HHS will prioritize programs and policies that promote the development of a resilient health care workforce equipped to meet the needs of all American patients, including those in rural, tribal, and underserved areas, while respecting their conscience rights.

Promote patient safety

HHS is committed to making health care delivery safer and more effective for all Americans. HHS will prioritize programs that uncover and implement changes that can benefit large numbers of patients in significant ways or profoundly and substantially benefit smaller patient groups.

Promote work and self-sufficiency

Work is not just a means of income; it instills dignity, responsibility, and opportunity. To the extent permitted by law, HHS will prioritize programs and policies that promote work as the primary pathway to self-sufficiency and economic independence.

Foster marriage and family formation

Strong families are the cornerstone of a healthy society. HHS will support programs that encourage marriage, recognizing its importance in fostering economic and social well-being. To the extent permitted by law, HHS will also prioritize programs that encourage the formation and stability of two-parent families, valuing the unique and critical roles of both mothers and fathers. Further, HHS is committed to pursuing policies that make it possible for American families to own a home and raise their children on a single income, as was possible for generations of Americans before.

End illegal race discrimination

So-called "diversity, equity, and inclusion" (DEI) programs, which are based on ideologies that promote differential treatment of people based on race or ethnicity and rely on poorly defined concepts or on unfalsifiable theories, are fundamentally anti-American.

HHS will not tolerate unlawful discrimination. Our civil rights laws prohibit funding recipients from conducting DEI programs in ways that distribute burdens or benefits on the basis of race.

Rather than supporting DEI programs, HHS will end race-based special preferences in grant making and instead direct resources to programs that advance the health and longevity of all Americans. Specifically, HHS training programs will focus on training future medical providers and scientists to lead American preeminence in health for the 21st century. These programs should be based on merit, follow civil rights law, and not unlawfully discriminate against anyone.

Combat gender ideology and protect children

It is an HHS priority to ensure our programs accurately reflect science, including the biological reality that a person's sex as either male or female is unchangeable and determined by objective biology, as reflected in HHS's guidance promulgating sex-based definitions.

HHS released a comprehensive review [[PDF](#)] of the evidence and best practices for promoting the health of children and adolescents with gender dysphoria. This review, informed by an evidence-based medicine approach, found medical interventions, such as puberty blockers, cross-sex hormones, and surgeries, that seek to reject a minor's sex are unsupported by the evidence and have an unfavorable risk/benefit profile.

HHS will work to protect children from these practices, and, to the extent allowable by applicable federal law and any relevant court orders, HHS will deprioritize programs that engage in these practices where permissible. HHS funds will also not support the costs of such practices where not required by the law or court order.

End taxpayer subsidies for illegal immigration

Illegal immigration presents significant threats to our nation. HHS programs will not encourage or support illegal immigration. Consistent with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and other applicable law, HHS will ensure its programs benefit Americans first by not supporting unqualified aliens.

Reaffirm parental authority and protect religious liberty and conscience rights

"In God We Trust" is the national motto (36 U.S.C. § 302), faith in God is the cornerstone of the American Republic, and the Founding Fathers enshrined the free exercise of religion in the First Amendment. It is an HHS priority to ensure that all programs respect religious liberty and rights of conscience, including by complying with Federal conscience laws, such as those protecting against forced participation in abortion.

HHS programs will defend the constitutional rights of parents to direct the upbringing of their children by ensuring that the programs it conducts or funds protect children's innocence and respect parents' right to protect their children from exposure to content that burdens the exercise of their religious beliefs.

End crime and disorder on America's streets

HHS is committed to making America's streets and communities safe again and ending the vagrancy, disorderly behavior, and violent attacks that have made our nation's cities unsafe. HHS grants will prioritize evidence-based programs and deprioritize programs that fail to achieve adequate outcomes, including so-called "harm reduction" or "safe consumption" efforts, which only facilitate illegal drug use and its attendant harm. HHS will deprioritize support for "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.

HHS does not support drug injection sites for illegal drugs, or so-called "safe consumption sites," or the use or distribution of illegal drugs and associated paraphernalia. HHS will ensure that its funds reduce rather than promote homelessness by supporting, to the maximum extent permitted by applicable federal law, comprehensive services for individuals with serious mental illness and substance use disorder, including crisis intervention services.

Enforce the Hyde Amendment

The Hyde Amendment protects taxpayer funds administered by the HHS from being used for elective abortion. HHS will prioritize programs and funding mechanisms that respect the dignity of human life at all stages of development, improve maternal health

care, strengthen the family, and do not use taxpayer funding for elective abortion, consistent with the Hyde Amendment.

Improve oversight of foreign funded institutions

All HHS offices should consider whether there is a justification for conducting a program at a foreign site rather than a domestic one. HHS will prioritize the latter over the former when justified and consider whether each project involving foreign collaboration will likely lead to better health for Americans. When such projects are appropriate, HHS will take proactive steps to monitor and oversee the foreign collaborators and collaboration sites to ensure that they comply with the applicable U.S. laws governing the receipt of HHS funds and the programs in which the collaboration occurs.

Ending dangerous gain-of-function research

Dangerous gain-of-function research creates unacceptable risks to public health and national security. HHS will prioritize programs and policies that strengthen independent oversight, enforce strict biosafety and biosecurity standards, and close potential loopholes in both federally and non-federally funded research. NIH has already terminated foreign projects in countries of concern, suspended remaining covered research pending new policy, and directed all awardees to immediately review and report ongoing work. HHS will ensure taxpayer dollars do not currently support high-risk gain-of-function projects abroad or at home, while also working to establish more robust safeguards and to maintain America's global leadership in biotechnology, biodefense, and health research.