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.	No. 1:26-cv-1684-JPW (Hon. Jennifer P. Wilson)

PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT OR, IN THE ALTERNATIVE, A PRELIMINARY INJUNCTION

Plaintiffs National Family Planning & Reproductive Health Association ("NFPRHA") and Family Health Council of Central Pennsylvania ("FHCCP") respectfully move this Court pursuant to Federal Rule of Civil Procedure 56(a) for the entry of summary judgment in their favor against Defendants Robert F. Kennedy, Jr., Brian Christine, and Amy L. Margolis, in their official capacities (together, "Defendants"), or—in the alternative—the issuance of a preliminary injunction, blocking Defendants from relying on the challenged provisions of the fiscal year ("FY") 2027 Title X Notice of Funding Opportunity ("NOFO") under the Administrative Procedure Act ("APA"). Plaintiffs are filing simultaneously with this

Motion a Memorandum of Law in support of this Motion with accompanying exhibits, a Statement of Undisputed Facts, as required by Local Rule 56.1, and alternative proposed orders granting the Motion.

For reasons set forth more fully in Plaintiffs' Memorandum of Law, Plaintiffs' claims are based on clear conflicts and tension between the Title X statute and regulations, on the one hand, and the challenged aspects of the NOFO, on the other hand. Simply by reading the Title X statute and regulations alongside the NOFO, the clash is apparent, and, therefore, relief is warranted under the APA.

Plaintiffs are entitled to judgment as a matter of law, and, accordingly, believe that resolution via summary judgment is the most efficient avenue. As in most APA cases, there are no material facts in dispute, and the dispositive issues are legal ones. Alternatively, this Court could grant interim relief to prevent irreparable harm under the Rule 65 preliminary injunction framework. Regardless of which procedural path the Court prefers, Plaintiffs respectfully seek a ruling by October 13, 2026, which would be 90 days before the application due date of January 11, 2027. Typically, a minimum of 90 days to prepare and submit an application before the deadline is the gold standard. Having 90 days for the grant writing process is particularly important for certain applicants, such as governmental health departments, that are required to go through multiple layers of internal review prior to application submission. A resolution by October 13, 2026, would also ensure that the application and award

process proceeds on the timetable set forth in the NOFO, albeit without the unlawful aspects of the NOFO, even if there is an expedited appeal of this Court's decision. It is critical that there be no lapse or delay in the awarding of funding, which would disrupt the provision of critical Title X family planning services. Accordingly, Plaintiffs respectfully request that this Court grant their Motion for Summary Judgment, or, alternatively, their Motion for a Preliminary Injunction if the Court cannot reach the merits before October 13, 2026.

July 15, 2026

Respectfully submitted,

/s/ Brigitte Amiri

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CERTIFICATE OF SERVICE

I hereby certify that on July 15, 2026, I filed the foregoing Motion for Summary Judgment or, in the Alternative, a Preliminary Injunction electronically through the CM/ECF system, which caused all counsel of record to be served by electronic means.

/s/ Brigitte Amiri
Brigitte Amiri

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STATEMENT OF UNDISPUTED FACTS IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT

Pursuant to Local Rule 56.1, Plaintiffs hereby submit this Statement of Undisputed Facts in support of their Motion for Summary Judgment.

UNDISPUTED FACTS

I. THE PARTIES

1. 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. *See* Decl. of Clare M. Coleman in Supp. of Plfs.' Mot. for Summ. J. or Prelim. Inj. ("Coleman Decl.") ¶ 2 (Ex. D to Plfs.' Mem. in Supp. of Summ. J. or Prelim. Inj.).

2. NFPRHA promotes and supports the work of family planning providers and administrators, especially those that provide care funded through government programs. *Id*.

3. NFPRHA is a membership organization. *Id*. ¶ 4.

4. NFPRHA represents nearly 800 organizational members. *Id*.

5. NFPRHA's members include multiple organizations that receive Title X grants. *Id*. ¶ 5.

6. 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. *Id*.

7. Many of NFPRHA's Title X grantee members have provided Title X services for decades. *Id*.

8. NFPRHA anticipates that all or nearly all of NFPRHA's current Title X grantee members will apply for a Title X grant for fiscal year ("FY") 2027. *Id*. ¶ 8.

9. 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. *Id*.

10. NFPRHA is the leading national advocacy organization for the Title X family planning program. *Id*. ¶ 6.

11. A vital component of NFPRHA's mission involves working to maintain Title X as a critical part of the public health safety net. *Id*.

12. In furtherance of its mission and purpose, NFPRHA engages in Title X advocacy, 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. *Id*.

13. Among NFPRHA's members is Plaintiff Family Health Council of Central Pennsylvania ("FHCCP"). *Id*. ¶ 8; *see also* Decl. of Patricia Fonzi in Supp. of Plfs.' Mot. for Summ. J. or Prelim. Inj. ("Fonzi Decl.") ¶ 3 (Ex. E to Plfs.' Mem. in Supp. of Summ. J. or Prelim. Inj.).

14. FHCCP is a private, not-for-profit organization with a mission of building and supporting community-based health networks through partnership, advocacy, and effective resource provision. Fonzi Decl. ¶ 6.

15. Since FHCCP's founding in 1973, each Title X grant cycle, FHCCP has applied for and been awarded Title X funding to provide family planning services in central Pennsylvania. *Id*. ¶¶ 13–14.

16. The care that FHCCP provides through Title X includes a broad range of contraceptive services; natural family planning; pregnancy testing and counseling; screening for breast and cervical cancer; testing and treatment for sexually transmitted infections; basic infertility services; screening for intimate

partner violence, mental health concerns, obesity, and substance use; health education; and referrals for other health and social services. *Id*. ¶ 14.

17. 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. *Id*. ¶ 15.

18. FHCCP's Title X network supports the delivery of family planning services to approximately 30,000 low-income Pennsylvanians each year. *Id*. ¶ 16.

19. FHCCP intends to apply for Title X funding in the next grant application cycle for FY 2027. *Id*. ¶ 29.

20. Defendant Robert F. Kennedy Jr. is the United States Secretary of Health and Human Services ("HHS") and 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. *See, e.g.*, 42 U.S.C. § 3501; HHS Leadership, Robert F. Kennedy, Jr., https://www.hhs.gov/about/leadership/robert-kennedy.html.

21. HHS is an "agency" within the meaning of the Administrative Procedure Act. 5 U.S.C. § 551(1).

22. 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, *see, e.g.*, 42 U.S.C. § 300.

23. Defendant Brian Christine is the Assistant Secretary for Health and heads the Office of the Assistant Secretary for Health ("OASH"), an office within HHS. *See* OASH Leadership, Brian Christine, M.D., https://health.gov/brian-christine-md.

24. OASH will administer the competition for the funds available under the Title X Notice of Funding Opportunity for FY 2027. *See* 2027 Notice of Funding Opportunity for Title X, Funding Opportunity Number PA-FPH-27-001 (the "NOFO") at 4 (Ex. A to Plfs.' Mem. in Supp. of Summ. J. or Prelim. Inj.).

25. Defendant Amy L. Margolis is the Deputy Director of the Office of Population Affairs ("OPA"), an office within HHS and within the purview of OASH. *See* OASH, Office of Population Affairs, About, https://opa.hhs.gov/about.

26. OPA is the entity that announced the availability of funds through the NOFO. *See* NOFO at 2.

II. THE TITLE X PROGRAM

27. 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).

28. Congress declared the first purpose of the legislation that included Title X to be "making comprehensive voluntary family planning services readily available to all persons desiring such services." *Id.* § 2(1).

29. Title X became, and remains, the only dedicated source of federal funding for family planning services in this country. Coleman Decl. ¶ 15; Fonzi Decl. ¶ 13.

30. The Title X program provides high-quality family planning and sexual health care to all, with priority given to the low-income patients that the program was established to serve. Coleman Decl. ¶ 19.

31. The Title X program provides access to effective contraceptive methods, cancer screenings, testing and treatment for sexually transmitted infections ("STIs"), other preventive services, and, fundamentally, the clinical care and education needed to either achieve or prevent pregnancy. *Id.*

32. Over the course of its history, the Title X program has enabled millions of low-income patients to both achieve and prevent pregnancy—decisions made by patients according to their needs and values. *Id.*

33. From its inception, one hallmark of the Title X program has been comprehensive access to contraceptive methods—especially the currently most effective ones—which projects offer both to prevent pregnancy and to treat a number of other medical conditions. *Id.* ¶¶ 17, 72; *see also* Fonzi Decl. ¶ 49.

34. Another hallmark of the Title X program from its outset has been client-centeredness—meaning that care is voluntary and responsive to the specific needs of the diverse patient populations seeking care from the Title X project. Coleman Decl. ¶¶ 17, 65–66.

35. 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, including the Title X Handbook and *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*, a joint Centers for Disease Control ("CDC") and OPA publication from 2014 regarding clinical standards for providing quality family planning services ("2014 QFP"),[1] which was updated in 2024 ("2024 QFP").[2] Coleman Decl. ¶¶ 29–30.

36. The Title X Handbook is 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."

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[1] Loretta Gavin et al., *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*, MMWR Recomm. Rep. 2014 2, https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf.

[2] 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)*, 67 Am. J. Prev. Med. S41, S42 (2024), https://pubmed.ncbi.nlm.nih.gov/39570204//.

Id. ¶ 38 (quoting Off. of Population Affs., Title X Program Handbook 6 (Dec. 2024) https://opa.hhs.gov/sites/default/files/2025-03/title-x-program-handbook-dec-2024.pdf (the "Title X Handbook")).

37. The Title X Handbook 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 Handbook at 12.

38. Title X-funded entities have been required to adhere to QFP standards since 2014. Coleman Decl. ¶ 31 (citing Title X Handbook at 10).

39. The original 2014 QFP set national clinical standards for family planning services after a lengthy process involving dozens of technical experts. *Id.* ¶ 33.

40. The 2024 QFP is an update to the 2014 QFP. *Id.* ¶ 30.

41. The 2024 QFP describes nationally recognized standards of care and clinical guidance for any family planning provider, whether funded by Title X or not. *Id.* ¶ 31.

42. OPA considers the update of the QFP in 2024 to be "a nationally recognized standard of care when implementing the Title X requirements." *Id.* ¶ 32

(quoting OPA, OPA Program Policy Notice 2024-02, https://opa.hhs.gov/node/4173).

43. The 2014 QFP states that the recommendations "encourage taking a client-centered approach" to providing care. 2014 QFP at 2.

44. 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.

45. 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.

46. Similarly, the 2024 QFP says that one of the guiding principles of delivering quality sexual and reproductive health care is ensuring that it is person-centered, which is defined as "focus[ing] on an individual person's needs, values, and preferences." 2024 QFP at S47–48.

47. 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." 2014 QFP at 4.

48. The 2024 QFP incorporates new evidence and "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." 2024 QFP at S42.

49. The 2024 QFP also lists "inclusivity," including for LGBTQ people, as one of the "guiding principles" of sexual and reproductive health care delivery. *Id.* at S47–48.

50. The 2024 QFP defines inclusive care as "culturally and linguistically affirming, meaning that services respond to diverse cultural health beliefs and practices, preferred language, health literacy, and other communication needs of patients." *Id.* at S48.

51. The 2024 QFP instructs that "[p]roviders should support the sexual and reproductive health care needs of all people regardless of their gender identity by providing gender-inclusive and affirming care." *Id.* at S72.

52. The 2024 QFP further instructs that "To establish an inclusive clinical environment, it is essential to address both administrative processes, such as registration and documentation, as well as patient care practices. This includes ensuring that patient information in medical records and portals accurately reflects their identity. Rather than making assumptions, healthcare providers should ask patients about their sex assigned at birth, current anatomy, preferred name, gender identity, and pronouns." *Id.* at S48.

53. The 2014 QFP 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." 2014 QFP at 2.

54. The 2024 QFP says that "[a] broad range of Food and Drug Administration (FDA)-approved or FDA-cleared contraceptive products should be available on-site." 2024 QFP at S57.

55. The 2024 QFP 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.

III. THE FY 2027 TITLE X NOFO

56. HHS typically solicits applications for Title X funding by publishing a Notice of Funding Opportunity, commonly referred to as a NOFO. Coleman Decl. ¶ 44.

57. In April of 2026, OPA published a new competitive NOFO, which it revised on July 9, 2026. *Id.* ¶ 57; *see also* NOFO.

58. The NOFO solicits applications for projects to provide Title X services starting in FY 2027, for a five-year term, with a grant award date of April 1, 2027. *See* NOFO at 1.

59. The NOFO did not go through any notice and comment process prior to its issuance. *See generally* NOFO; Fonzi Decl. ¶ 54.

60. HHS generally makes award decisions and issues grants to successful applicants by April 1, around the time the performance period for the prior Title X grants ends on March 31, to ensure that there is no lapse in funding and, accordingly, no lapse in the provision of family planning services. Coleman Decl. ¶ 55.

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

62. The NOFO indicates that a "Technical Assistance Webinar" will take place on November 9, 2026. *Id*.

63. Following the webinar, the Agency typically will post a document addressing frequently asked questions regarding the grant application process. *Id.* at 35.

64. Title X grant applications must satisfy extensive and detailed requirements. Coleman Decl. ¶¶ 48–54; Fonzi Decl. ¶¶ 55–56.

65. Accordingly, applicants typically devote multiple months to preparing their applications. Coleman Decl. ¶ 48; Fonzi Decl. ¶ 56.

66. NFPRHA is aware that some of its members that intend to submit applications for FY 2027 Title X grants have already begun preparing their applications. Coleman Decl. ¶ 54.

67. Based on its history of assisting its members in the grant application process, NFPRHA expects that those of its members that intend to submit applications for FY 2027 Title X grants and that have not yet started preparing their applications will begin in the fall, so that they have sufficient time to complete the application by the deadline. *Id.*

68. Based on its history of assisting its members in the grant application process, NFPRHA expects that its members that intend to submit applications for FY 2027 Title X grants need, at minimum, 90 days to prepare and submit their

applications by the deadline. This is because, in addition to the complexity of the application discussed, some prospective grantees, like governmental health departments, have various layers of internal review and have subrecipients apply for subgrants before applications are due so that information and budgeting can be included in the grant application. *Id.*

69. The 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. *Id.* ¶¶ 22, 44–47.

70. Entities interested in applying for Title X grants must structure their applications in accordance with the requirements and programmatic priorities set out in the NOFO. *Id.* ¶¶ 44–53.

71. Indeed, the NOFO instructs all "applicants to review [the] . . . information in th[e] funding announcement to ensure that their application complies with all requirements and instructions." NOFO at 3.

72. The NOFO makes clear that the Agency will only fund "activities . . . in compliance with the requirements of the Title X statute, legislative mandates, and regulations." *Id.*

73. The NOFO instructs that Title X grant 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." *Id.* at 7.

74. The OASH priorities found on the website linked to in the NOFO include the priorities of "[e]nd[ing] 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." *See Priorities of Office of the Assistant Secretary for Health*, Off. of the Assistant Sec'y for Health, U.S. Dep't of Health & Hum. Servs., https://health.gov/priorities ("OASH Priorities") (Ex. B to Plfs.' Mem. in Supp. of Summ. J. or Prelim. Inj.).

75. 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." *Id.*

76. 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.*

77. Under the "Ending diversity, equity, and inclusion (DEI) policies and practices across OASH's programs" priority on OASH's website, 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.*

78. 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.*

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

80. In Executive Order No. 14168, entitled "Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal

Government," the administration defines "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).

81. 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.

82. 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.*

83. 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. *Id.* at 10–14.

84. 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.

85. The NOFO cites studies as supporting its statements regarding the decrease in females' use of contraception and the reported reason for discontinuing use. NOFO at 11, n. 1, 2.

86. Under the "Reducing overmedicalization in health care and increasing focus on optimal health through the delivery of Title X services" 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." *Id.* 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 "[t]o 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." *Id.* at 14.

91. Under the "Enforcing the Hyde Amendment through the delivery of Title X services" priority, the NOFO further 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.*

92. The NOFO does not define what constitutes "life-affirming . . . program delivery." *Id.* at 13–14; *see also, generally, id.*

93. 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.

94. The NOFO states that "[s]uccessful proposals" shall include in the project narrative a description of "the broad range of acceptable and effective

medically approved family planning methods (including natural family planning) and services." *Id*. at 20.

95. The NOFO instructs that "[f]ederal staff and an independent merit review panel will assess all qualified eligible applications according to" specified criteria. *Id.* at 39.

96. 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 as discussed in Section C(a)(4)(i), 'Address OPA Program Priorities' and HHS priorities." *Id*. at 40.

97. HHS's priorities include ending diversity, equity, and inclusion—which HHS characterizes as "illegal race discrimination." *See HHS Priorities*, U.S. Dep't of Health & Hum. Servs., https://www.hhs.gov/about/priorities/index.html ("HHS Priorities") (Ex. C to Plfs.' Mem. in Supp. of Summ. J. or Prelim. Inj.). 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.*

98. HHS's priorities also include "[c]ombat[ing] gender ideology," and "respect[ing] the dignity of human life at all stages of development." *Id.*

99. 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.*

100. 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. Coleman Decl. ¶ 75; Fonzi Decl. ¶¶ 52, 69; *see also, generally,* NOFO.

101. In the Merit Review, the extent to which applicants describe the provision of a "broad range of methods and services that will be provided to address client needs" and identify "the number of low-income clients to be served" is worth only 10 points. *Id*. at 39.

102. The degree to which the project plan adequately provides for the requirements set forth in the Title X statute, regulations, and legislative mandates is worth only 15 points in the Merit Review. *Id*. at 40.

103. The capacity of the applicant to make "rapid and effective use of Federal assistance" is worth only 5 points in the Merit Review, *id*., and the extent to which the applicant substantiates "that Title X family planning services are needed

locally within the proposed service area" is worth only 15 points in the Merit Review, *id.* at 39.

104. The NOFO states that "[i]n addition to the independent merit review panel, 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.

105. 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*.

106. The NOFO states 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*.

107. The "Improving Oversight of Federal Grantmaking" Executive Order 14332 that the NOFO cites instructs that "discretionary awards must . . . demonstrably advance the President's policy priorities" and that "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 the notion that sex is a

chosen or mutable characteristic." *See* NOFO at 41; Exec. Order. No. 14332, 90 Fed. Reg. 38929 (Aug. 7, 2025).

108. The NOFO states that Title X grant recipients "must demonstrate ongoing compliance with [the agency's] priorities, in all programs that are authorized to advance them, 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." NOFO at 7.

109. There is nothing in the NOFO that would indicate that it is interim, temporary, or subject to further revision. *See generally id.*

110. HHS, OASH, and OPA have not provided any indication that the NOFO is interim, temporary, or subject to further revision. Coleman Decl. ¶ 59.

111. The NOFO does not specifically address whether and how a grantee is expected to demonstrate alignment with the priority of ending diversity, equity, and inclusion in the face of Title X regulations and guidance that require, *inter alia*, demonstration of grantee ability to advance health equity and the provision of Title X services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed, or the fact that aspects of the priority seemingly refer only to actions taken by the Agency. *See generally* NOFO.

112. The NOFO does not acknowledge, or provide an explanation for, a shift in the Agency's prior position regarding diversity, equity, inclusion and health equity within the Title X program. *See generally* NOFO; *see also* Coleman Decl. ¶¶ 64–67.

113. The NOFO does not specifically address whether and how a grantee is expected to demonstrate alignment with the priority of ending gender ideology in the face of Title X regulations and guidance that, *inter alia*, 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. *See generally* NOFO.

114. The NOFO does not acknowledge, or provide an explanation for, a shift in the Agency's prior position regarding the inclusion of and respect for transgender individuals within the Title X program. *See generally* NOFO; *see also* Coleman Decl. ¶¶ 64–66, 69–70.

115. The NOFO does not specifically address whether and how a grantee is expected to demonstrate alignment with the priority of "safeguard[ing] life-affirming program delivery" in the face of Title X regulations and the congressional rider that, *inter alia*, require the provision of non-directive options counseling, including counseling about abortion, and referrals for abortion upon request. *See generally* NOFO.

116. The NOFO does not specifically address whether and how a grantee is expected to demonstrate alignment with the "reducing overmedicalization" priority in the face of the Title X statute, regulations, and guidance that, *inter alia*, require that Title X projects offer a broad range of acceptable and effective family planning methods and services, including medically approved forms of contraception, and support people interested in using birth control methods for reasons other than pregnancy prevention. *See generally* NOFO.

117. The NOFO does not acknowledge, or provide an explanation for, a shift in the Agency's prior position regarding the import of the provision of medical contraception within the Title X program. *See generally* NOFO; Coleman Decl. ¶¶ 17, 72–74; Fonzi Decl. ¶ 50.

118. Title X applicants do not have any historical basis to inform whether and how to address the various new Agency Priorities in their applications. Fonzi Decl. ¶ 53.

119. A Title X project is defined by the family planning activities that a grantee proposes it will conduct if awarded a grant and any subrecipients that are described in detail in the grantee's application to HHS. Coleman Decl. ¶ 53.

120. Historically, prospective grantees that go on to be selected for and receive Title X grant awards are held to representations they made in their

applications regarding the nature, purpose, and scope of their Title X project and associated activities. *Id*.

July 15, 2026

Respectfully submitted,

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**Special admission approved*

CERTIFICATE OF SERVICE

I hereby certify that on July 15, 2026, I filed the foregoing Statement of Undisputed Facts in Support of Plaintiffs' Motion for Summary Judgment 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.	No. 1:26-cv-1684-JPW (Hon. Jennifer P. Wilson)

ORDER GRANTING PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT

AND NOW, this _____ day of _____, 2026, after consideration of Plaintiffs' Plaintiffs' Motion of Summary Judgment or, in the Alternative, a Preliminary Injunction, and Statement of Undisputed Facts and Memorandum of Law in support thereof, and any opposition and reply thereto, for the reasons set forth in the accompanying Memorandum Opinion, it is hereby ORDERED that:

1. Plaintiffs' Motion for Summary Judgment is GRANTED.

2. The Court DECLARES that the following portions of the fiscal year ("FY") 2027 Title X Notice of Funding Opportunity ("NOFO") are unlawful because

they are not in accordance with law and/or arbitrary and capricious, *see* 5 U.S.C. § 706(2)(A):

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

   i. The Agency's Anti-Gender Ideology Priority;

   ii. The Agency's Anti-DEI Priority;

   iii. The Agency's Priority of "safeguard[ing] life-affirming . . . program delivery";

   iv. The Agency's "Reducing Overmedicalization" Priority, 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

   v. 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."

3. The Court further DECLARES 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's action is unlawful for failure to observe the notice and comment rulemaking procedure required by law. *See* 5 U.S.C. § 706(2)(D).

4. The above provisions of the NOFO are hereby VACATED and SET ASIDE.

5. Defendants, together with their representatives, agents, servants, and all others acting on their behalf or in concert with them, are hereby PERMANENTLY ENJOINED and RESTRAINED from:

a. 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;

b. Using the Agency's Anti-DEI Priority in the Agency's evaluation of an entity's application for Title X funding in any respect;

c. 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;

d. 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;

e. 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

f. 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," and "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.

BY THE COURT

_____

Honorable Jennifer P. Wilson

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

NATIONAL FAMILY PLANNING & REPRODUCTIVE HEALTH ASSOCIATION, *et al.*,	)	
Plaintiffs,	)	No. 1:26-cv-1684-JPW
v.	)	
ROBERT F. KENNEDY, JR., *et al.*,	)	(Hon. Jennifer P. Wilson)
Defendants.	)	

ORDER GRANTING PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION

AND NOW, this _____ day of _____, 2026, after consideration of Plaintiffs' Motion of Summary Judgment or, in the Alternative, a Preliminary Injunction, and Memorandum of Law in support thereof, and any opposition and reply thereto, for the reasons set forth in the accompanying Memorandum Opinion, it is hereby ORDERED that:

1. Plaintiffs' Motion for a Preliminary Injunction is GRANTED.

2. Defendants, together with their representatives, agents, servants, and all others acting on their behalf or in concert with them, are hereby PRELIMINARILY ENJOINED and RESTRAINED from:

a. 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;

b. Using the Agency's Anti-DEI Priority in the Agency's evaluation of an entity's application for Title X funding in any respect;

c. 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;

d. 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;

e. 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;

f. 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," and "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.

BY THE COURT

_____

Honorable Jennifer P. Wilson

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.	No. 1:26-cv-1684-JPW (Hon. Jennifer P. Wilson)

CERTIFICATE OF NONCONCURRENCE

In accordance with Local Rule 7.1, Plaintiffs' counsel sought concurrence from Defendants' counsel as to the relief sought in Plaintiffs' Motion for Summary Judgment or, in the Alternative, a Preliminary Injunction on July 13, 2026. On that same day, July 13, 2026, Defendants' counsel informed Plaintiffs' counsel that Defendants do not concur in the relief sought in Plaintiffs' Motion.

July 15, 2026

Respectfully submitted,

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**Special admission approved*

CERTIFICATE OF SERVICE

I hereby certify that on July 15, 2026, I filed the foregoing Certificate of Nonconcurrence 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.	No. 1:26-cv-1684-JPW (Hon. Jennifer P. Wilson)

PLAINTIFFS' MEMORANDUM IN SUPPORT OF THEIR MOTION FOR SUMMARY JUDGMENT OR, IN THE ALTERNATIVE, FOR A PRELIMINARY INJUNCTION

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QUESTION INVOLVED

Whether the challenged provisions of Defendants' Notice of Funding Opportunity for fiscal year ("FY") 2027 Title X grant funds violate the Administrative Procedure Act ("APA") because they are not in accordance with law, they are without observance of procedure required by law, and they are arbitrary and capricious. 5 U.S.C. § 706(2)(A), (D).

Suggested answer: Yes.

INTRODUCTION

Plaintiffs National Family Planning & Reproductive Health Association ("NFPRHA") and Family Health Council of Central Pennsylvania ("FHCCP") challenge Defendants' July 9, 2026 FY 2027 Notice of Funding Opportunity for Title X ("NOFO"). The Title X program is the nation's only dedicated federal family planning program. This case challenges aspects of the NOFO under the APA. Plaintiffs' claims are based on clear conflicts and tension between the Title X statute and regulations, on the one hand, and the challenged aspects of the NOFO, on the other hand. Simply by reading the Title X statute and regulations alongside the NOFO, the clash is apparent, and, therefore, relief is warranted under the APA.

Plaintiffs are entitled to judgment as a matter of law, and, accordingly, believe that resolution via summary judgment is the most efficient avenue. As in most APA cases, there are no material facts in dispute, and the dispositive issues are legal ones.

Alternatively, this Court could grant interim relief to prevent irreparable harm under the Rule 65 preliminary injunction framework. Regardless of which procedural path the Court prefers, Plaintiffs respectfully seek a ruling by October 13, 2026, which would be 90 days before the application due date of January 11, 2027. Typically, a minimum of 90 days to prepare and submit an application before the deadline is the gold standard. Having 90 days for the grant writing process is particularly important for certain applicants, such as governmental health departments, that are required to go through multiple layers of internal review. A resolution by October 13, 2026, would also ensure that the application and award process proceeds on the timetable set forth in the NOFO, albeit without the unlawful aspects of the NOFO, even if there is an expedited appeal of this Court's decision. It is critical that there be no lapse or delay in the awarding of funding, which would disrupt the provision of critical Title X family planning services.

Under the summary judgment standard, Plaintiffs are entitled to judgment as a matter of law, and, under the preliminary injunction standard, Plaintiffs satisfy all requirements for obtaining injunctive relief, including that they are likely to succeed on the merits of their claims. First, the NOFO requires that prospective grantees align their programs with the political priorities of the Department of Health and Human Services ("HHS"), Office of Assistant Secretary for Health ("OASH"), and Office

of Population Affairs ("OPA"),[1] which conflict with the Title X regulations. For example, applicants must align with the Agency Priorities to end diversity, equity, and inclusion efforts, including by abandoning "health equity" as a concept, and to end support for "gender ideology," by which Defendants mean the idea that people can identify as a gender distinct from their sex assigned at birth. But the Title X regulations require Title X grantees to *advance* health equity and to provide services that are client-centered, inclusive, and nondiscriminatory, with explicit protections for transgender patients.

Second, to the extent that the NOFO's requirement of alignment with these priorities is a backdoor attempt to amend or repeal the Title X regulations, the Agency's actions are unlawful because any amendments to the Title X regulations must go through public notice and comment.

Third, the NOFO is arbitrary and capricious on multiple fronts, including because it fails to provide prospective grantees fair notice as to what is required of them, and it reverses prior Agency positions without acknowledgment or reasoned decision-making.

Accordingly, for the reasons discussed below, Plaintiffs respectfully request that this Court grant their motion for summary judgment, or, alternatively, their

[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."

motion for a preliminary injunction if the Court cannot reach the merits before October 13, 2026.

FACTUAL AND PROCEDURAL BACKGROUND[2]

Title X became law as part of the "Family Planning Services and Population Research Act of 1970," the first purpose of which was "making comprehensive voluntary family planning services readily available to all persons desiring such services." Fam. Plan. Srvs. and Population Rsch. Act of 1970, Pub. L. No. 91-572, 84 Stat. 1504 § 2(1) (1970); *see also* SUF ¶¶ 27–28. Accordingly, for over half a century, Title X funding has built and sustained a national network of family planning health centers that deliver critical, high-quality family planning and sexual health care to all, with priority given to the low-income patients that the program was established to serve. SUF ¶¶ 29–31. Over the course of its history, the Title X program has enabled millions of low-income patients to both achieve and prevent pregnancy, according to their needs and values. *Id.* ¶ 32.

Applications for Title X funding are generally solicited through a Notice of Funding Opportunity, commonly referred to as a NOFO. *Id.* ¶ 56. 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

[2] Plaintiffs hereby incorporate their detailed Statement of Undisputed Facts that is filed simultaneously with this brief. *See* Pls.' Stmt. of Undisputed Facts Supp. Mot. for Summ. J. ("SUF").

will be evaluated. *Id.* ¶ 69. Given the extensive and detailed requirements that Title X grant applications must satisfy, applicants typically devote multiple months to preparing their applications prior to submission. *Id.* ¶¶ 64–65. Defendants generally make award decisions and issue grants to successful applicants by April 1, around the time that the prior grant term ends on March 31, so as to prevent a funding lapse and ensure continuity in Title X service provision. *Id.* ¶ 60.

In April of 2026, Defendants published a new competitive NOFO for Title X funding, soliciting applications for Title X family planning 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, and, on July 9, 2027, Defendants published a revised NOFO. *Id.* ¶¶ 57–58; *see also* NOFO, attached as Ex. A. The deadline to apply for Title X funding under the NOFO is January 11, 2027. SUF ¶ 61. Among the Agency Priorities with which prospective grantees must align is the Agency's priority to end diversity, equity, and inclusion ("Anti-DEI Priority"). *Id.* ¶¶ 74–77, 96–97, 104–05; *see also* Ex. A; OASH Priorities, attached as Ex. B; HHS Priorities, attached as Ex. C. 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." SUF ¶¶ 75–76.

Another Agency Priority with which prospective grantees must align is ending support for, or combating, what the Agency calls "gender ideology" ("Anti-Gender Ideology Priority"). *Id*. ¶¶ 74, 78–79, 83, 89, 96, 98, 104–05; *see also* Exs. A, B & C. 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." SUF ¶ 80.

The NOFO also indicates that applicants are expected to "contribute to broader HHS efforts to safeguard life-affirming, lawful, and ethical program delivery" *Id*. ¶¶ 91–92. This phrase is used under the Agency's "Enforcing the Hyde Amendment" priority, which relates to restrictions on the use of certain federal funds to pay for abortions. *Id*. ¶ 91; *see also* Consolidated Appropriations Act, 2026, Pub. L. No. 119-75, 140 Stat. 173, 317 (Feb. 3, 2026).

The NOFO also requires alignment with the Agency's priority to "reduc[e] overmedicalization in health care" ("Reducing Overmedicalization Priority"). SUF ¶¶ 83–88; *see also* Exs. A & B. The NOFO's only mention of contraception is under this heading. SUF ¶ 88. 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." *Id.* ¶ 84. The NOFO says that a key strategy for advancing this priority includes "expanding access to fertility-awareness–based methods (often referred to as natural family planning)." *Id.* ¶ 87.

Applications will be assessed on their merits by federal staff and an independent review panel (the "Merit Review"). *Id.* ¶ 95. 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.* ¶ 96. In contrast, the extent to which applicants substantiate "that Title X family planning services are needed locally" and demonstrate their capacity to make "rapid and effective use of Federal assistance"—factors drawn directly from the Title X statute, *see* 42 U.S.C. § 300(b)—are worth only 15 points and 5 points, respectively. SUF ¶ 103. And the degree to which applicants describe the provision of a "broad range of methods and services to address client needs"—again, a statutory requirement of the program, *see* 42 U.S.C. § 300(a)—and comply with the Title X statute, regulations, and legislative mandates are worth only 10 points and 15 points, respectively. SUF ¶¶ 101–02. After the Merit Review, OPA "will coordinate with a senior appointee to provide recommendations for funding," and, in 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*. ¶¶ 104–05.

Many of Plaintiff NFPRHA's members—including Plaintiff FHCCP—are current (and longstanding) Title X grantees and intend to apply for FY 2027 Title X grants under the NOFO. *Id*. ¶¶ 7–8, 15, 19. They anticipate needing to start preparing their applications no later than 90 days prior to the January 11, 2027, deadline. *Id.* ¶¶ 64–68. In addition to the complexity of the application, some prospective grantees, like governmental health departments, have various layers of internal review, including the legal department and the finance/accounting department, and the governor's office. *Id*. ¶ 68. 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. *Id*.

Plaintiffs commenced this action on June 18, 2026, to challenge the unlawful components of the NOFO. On July 2, 2026, Plaintiffs moved for summary judgment, or, in the alternative, a preliminary injunction. On July 9, 2026, Defendants published a revised NOFO. *See* Ex. A. On that same day, the Court held a conference and scheduled another conference for July 16, 2026. On July 13, Plaintiffs amended their complaint to challenge the revised NOFO. Plaintiffs now again move for summary judgment or, in the alternative, a preliminary injunction, and respectfully seek a ruling by October 13, 2026.

LEGAL STANDARD

Pursuant to the APA, a court must set aside any agency action that is, *inter alia*, "arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law," or "without observance of procedure required by law." 5 U.S.C. § 706(2)(A); *id*. § 706(2)(D).

In an APA action, summary judgment is the mechanism for deciding, as a matter of law, whether agency action is consistent with the APA's standard of review. *See, e.g.*, *Pa. Dep't of Hum. Servs. v. U.S. Dep't of Health & Hum. Servs.*, 241 F. Supp. 3d 506, 511 (M.D. Pa. 2017). As detailed below, Plaintiffs are entitled to summary judgment on each of their claims under the APA.

Alternatively, to obtain a preliminary injunction, a plaintiff must establish: (1) that they are likely to prevail on the merits of the case; (2) that they would suffer irreparable harm if relief were denied; (3) that the harm defendants would suffer would not outweigh the harm the plaintiff would suffer if relief were denied; and (4) that the public interest weighs in favor of granting the injunctive relief. *RiteScreen Co., LLC v. White*, No. 1:23-CV-00778, 2023 WL 12073667, at *3 (M.D. Pa. May 16, 2023) (internal citations and quotations omitted). Again, as detailed below, Plaintiffs satisfy all of these factors.

ARGUMENT

I. The Challenged Aspects of the NOFO Violate the APA.

A. The NOFO Constitutes Final Agency Action for Purposes of the APA.

Plaintiffs are entitled to challenge the NOFO under the APA because it constitutes final agency action. An agency's action is final for purposes of the APA—and thus reviewable by a court—when it satisfies a two-part test: first, the action must mark the consummation of the agency decision-making process, and second, the action must be one by which rights or obligations have been determined, or from which legal consequences will flow. *TSG Inc. v. U.S. EPA*, 538 F.3d 264, 267 (3d Cir. 2008) (citing *Bennett v. Spear*, 520 U.S. 154, 177–78 (1997)). The NOFO constitutes final agency action under this test.

First, the NOFO marks 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 grant awards. *See* SUF ¶¶ 69–70, 109–110; *see also* Ex. A. The NOFO, formally issued by HHS, "does not contemplate any further deliberation or subsequent iteration" as to its substance, and reflects a "settled agency position" on the criteria for assessing applications for Title X grants in this upcoming awards cycle. *Planned Parenthood of Greater N.Y. v. U.S. Dep't of Health & Hum. Servs.*, No. CV 25-2453, 2025 WL 2840318, at *18 (D.D.C. Oct. 7, 2025); *see also City of Philadelphia v. Sessions*, 280 F. Supp. 3d 579, 615 (E.D. Pa. 2017)

(holding agency's decision to impose certain challenged conditions on applicants for grant funds constituted final agency action); SUF ¶¶ 69–70, 109–10.

Second, Defendants' action is "one by which rights or obligations have been determined, [and] from which legal consequences will flow." *Bennett*, 520 U.S. at 177–78 (cleaned up). The NOFO directs all "applicants to review [the] . . . information in this funding announcement to ensure that their application complies with all requirements and instructions." SUF ¶ 71. The NOFO makes clear that all Title X grant recipients "*must* align program design and activities with agency priorities" and "*must* demonstrate ongoing compliance with these priorities . . . through program design, implementation, reporting, and evaluation." *Id.* ¶¶ 73, 108 (emphases added); *see also id.* ¶¶ 81, 93, 96, 104–05. If a grantee does not so align, or does not demonstrate ongoing compliance, the NOFO confirms that such failure "may result in corrective action" including, *inter alia*, grant termination "for no longer effectuating . . . agency priorities." *Id.* ¶ 108.

The NOFO thus firmly establishes that adherence to the Agency's Priorities is an "obligation" incumbent upon any entity that hopes to become and remain a Title X grantee, and that "legal consequences" flow from the failure to satisfy that obligation. *Bennett*, 520 U.S. at 177. That is, absent demonstrated alignment with the Agency's Priorities, an applicant will face the legal consequence of being "effectively barred from applying for and receiving funds which they are legally

entitled to seek." *R.I. Coal. Against Domestic Violence v. Bondi*, 794 F. Supp. 3d 58, 68 (D.R.I. 2025); *see also City of Philadelphia*, 280 F. Supp. 3d at 615 (holding agency's decision to impose certain challenged conditions on applicants for grant funds was "one from which legal consequences will flow"); *Freedom Network USA v. Trump*, No. 25 C 12419, 2026 WL 800392, at *19 (N.D. Ill. Mar. 23, 2026) (finding the second prong of the *Bennett* test to be satisfied where, *inter alia*, "[b]ased on the evaluation of its grant application under the [challenged] NOFO conditions, [the plaintiff] may not receive funding").

Even if an applicant is awarded a grant under the NOFO, it will "face looming uncertainty regarding whether [it must] modify [its] activities" in ways that conflict with Title X regulations and guidance, *see infra* 13–17, or risk the legal consequence of "termination of [any awarded] funding." *Freedom Network USA*, 2026 WL 800392, at *19; *R.I. Coal. Against Domestic Violence*, 794 F. Supp. 3d at 68 (finding second prong of the *Bennett* test satisfied where "challenged conditions will potentially change the lawful scope of activities permitted with grant funds, [and] lead to the termination of grant awards").

In sum, "the agency [has] publicly articulate[d] an unequivocal position" in the NOFO that, first, will be used to determine which applicants should be awarded Title X funding, and that, second, will serve as a tool to evaluate grantee compliance. *Ciba-Geigy Corp. v. U.S. EPA*, 801 F.2d 430, 436 (D.C. Cir. 1986). Because the

Agency expects prospective Title X grantees "to alter their primary conduct to conform to [its priorities], the agency has voluntarily relinquished the benefit of postponed judicial review," and the NOFO constitutes reviewable, final agency action. *Id.*

B. Aspects of the NOFO Are Contrary to the Title X Regulations.

A plaintiff is entitled to relief under the APA when an agency acts contrary to or in violation of the Agency's own "existing valid regulations." *United States ex rel. Accardi v. Shaughnessy*, 347 U.S. 260, 268 (1954); *Frisby v. U.S. Dep't of Hous. & Urb. Dev.*, 755 F.2d 1052, 1055 (3d Cir. 1985) (noting that "the agency is bound by its own regulations" and failure to act in compliance with its own regulations "is fatal to such action"); *see* 5 U.S.C. § 706(2)(A). As detailed below, the NOFO's requirement that grantees align themselves with the Anti-DEI and Anti-Gender Ideology Priorities is contrary to and in violation of the Title X regulations.

i. The NOFO's Requirement That Prospective Grantees Align Their Programs with Defendants' Anti-DEI Priority Is Contrary to the Title X Regulations.

The NOFO requires applicants to align with the Agency's Anti-DEI Priority. *See* SUF ¶¶ 74–77, 96–97, 104–05; *see also* Exs. A, B, & C. But this priority conflicts with the Title X regulations, which say that "[e]ach program supported under this part must . . . provide services in a manner that is . . . *inclusive* . . . and ensures *equitable* and quality service delivery." 42 C.F.R. § 59.5(a)(3) (emphases

added). Similarly, the regulations state that Title X projects must "[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) (emphases added). The regulations define "inclusive" as:

> [W]hen 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, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities, persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequity.

Id. § 59.2. An applicant cannot simultaneously align with the Agency's Anti-DEI Priority *and* adhere to the Title X regulations that require the provision of services in a manner that is inclusive, equitable and serves a diverse population.

Furthermore, the regulations require the Agency to take into account "[t]he ability of the applicant to advance health equity," when awarding grants. 42 C.F.R. § 59.7(a)(3). Health equity is defined as 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." *Id.* § 59.2. Again, an applicant cannot align with the Anti-DEI Priority's demand that it *reject* "health equity," *see, e.g.*, SUF ¶¶ 75–76, *and* adhere to the regulations'

requirement to "*advance* health equity," 42 C.F.R. § 59.7(a)(3) (emphasis added); *see also id.* § 59.5(a)(3) (requiring Title X projects to provide services in a manner that "ensures equitable and quality service delivery"). Accordingly, Defendants should be permanently, or preliminarily, enjoined from basing any decision to award or withhold points at the Merit Review stage, or award or deny a Title X grant more generally, in whole or in part on alignment with the Anti-DEI Priority, and, if this Court grants summary judgment, it should vacate the NOFO's requirement to align with OASH's and HHS's Anti-DEI Priority.

ii. The NOFO's Requirement That Prospective Grantees Align Their Programs with Defendants' Anti-Gender Ideology Priority Is Contrary to the Title X Regulations.

The NOFO directs prospective grantees to align with Defendants' Anti-Gender Ideology Priority. *See* SUF ¶¶ 74, 78–79, 83, 89, 96, 98, 104–05; *see also* Exs. A, B & C. But this priority is in direct conflict with the Title X regulations, which provide that Title X projects "must" provide services in a manner that is "client centered, culturally and linguistically appropriate, inclusive, and trauma informed; and ensures equitable and quality service delivery with nationally recognized standards of care." 42 C.F.R. § 59.5(a)(3). The regulations further define "inclusive" care as "when all people are fully included and can actively participate in and benefit from family planning, including but not limited to . . . *lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons*." *Id.* § 59.2 (emphases added).

Moreover, the regulations require Title X projects to "[p]rovide services in a manner that does not discriminate against any client based on . . . sexual orientation, *gender identity* [or] *sex characteristics*." *Id.* § 59.5(a)(4) (emphases added). Accordingly, a prospective grantee cannot both align with Defendants' priority of "ending support" for the concept that "there is a vast spectrum of genders that are disconnected from one's sex," in favor of a view that "the biological reality that a person's sex, as either male or female, is unchangeable and determined by objective biology," SUF ¶¶ 78–80, while simultaneously ensuring that the care they provide to a transgender or queer person whose gender does not align with their sex assigned at birth is "client-centered," "fully inclu[sive]" and does not discriminate against them based on their "gender identity" or "sex characteristics," 42 C.F.R. § 59.5(a)(3); *id*. § 59.2; *id*. § 59.5(a)(4). For example, although it is unclear, alignment with the Anti-Gender Ideology Priority may require a Title X grantee to refuse to respect and use a Title X patient's pronouns when the patient's gender identity (and pronouns) diverges from their sex assigned at birth. But to do so would be to defy the regulatory requirement to provide inclusive, "client-centered" care that does not discriminate on the basis of gender identity. In short, the NOFO's requirement of alignment with the Agency's Anti-Gender Ideology Priority and the regulations' requirement to provide inclusive, client-centered, and non-discriminatory care cannot be reconciled. Accordingly, Defendants should be permanently, or preliminarily, enjoined from

basing any decision to award or withhold points at the Merit Review stage, or to award or deny a Title X grant more generally, in whole or in part on alignment with the Anti-Gender Ideology Priority, and, if this Court grants summary judgment, it should vacate the NOFO's requirement to align with Defendants' Anti-Gender Ideology Priority.

C. Defendants Issued the NOFO's Anti-DEI and Anti-Gender Ideology Priorities Without Undertaking Notice and Comment, Even Though Those Priorities Adopt a New Position Inconsistent with the Title X Regulations.

The APA proscribes agency action that is "without observance of procedure required by law." 5 U.S.C. § 706(2)(D). An agency action that adopts a new position inconsistent with existing regulations is a legislative rule and the procedure demanded by law is the APA's requirement of public notice and comment. *SBC Inc., v. FCC*, 414 F.3d 486, 498 (3d Cir. 2005) ("[I]f an agency's present interpretation of a regulation is a fundamental modification of a previous interpretation, the modification can only be made in accordance with the notice and comment requirements of the APA").

As established *supra* 13–17, the NOFO's requirement that grantees align their programs with the Agency's Anti-DEI and Anti-Gender Ideology Priorities conflict with the Title X regulations. *See* SUF ¶¶ 74–79, 83, 89, 96–98, 104–05; 42 C.F.R. § 59.3, 42 C.F.R. §§ 59.2, 59.5(a)(3), (a)(4), (b)(3)(iii), 59.7(a)(3). Those regulations are legislative rules that were promulgated through notice and comment. *See*

Ensuring Access to Equitable, Affordable, Client-Centered, Quality Fam. Plan. Servs., 86 Fed. Reg. 56144-01 (Oct. 7, 2021). The law is clear: agencies must "use the same procedures when they amend or repeal a rule as they used to issue the rule in the first instance." *Perez v. Mortg. Bankers Ass'n*, 575 U.S. 92, 101 (2015). Thus, to the extent that the NOFO's requirement of alignment with the Agency's Anti-DEI and Anti-Gender Ideology Priorities is a backdoor attempt to amend or repeal the regulatory mandates that these priorities contravene, it fails to follow the APA's notice and comment procedures and is therefore unlawful.

D. The NOFO Is Arbitrary and Capricious on Multiple Fronts.

The APA also requires courts to hold unlawful and set aside agency action that is arbitrary and capricious. 5 U.S.C. § 706(2)(A). Agency action is arbitrary and capricious when the agency "relied on factors which Congress has not intended it to consider, entirely failed to consider an important aspect of the problem, offered an explanation for its decision that runs counter to the evidence before the agency, or is so implausible that it could not be ascribed to a difference in view or the product of agency expertise." *Motor Vehicle Mfrs. Ass'n v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983); *see also Trenton Threatened Skies, Inc. v. Fed. Aviation Admin.*, 90 F.4th 122, 130 (3d Cir. 2024) ("[A]n agency action must 'be reasonable and reasonably explained'" (quoting *FCC v. Prometheus Radio Project*, 592 U.S. 414, 423 (2021)). In other words, the APA requires agencies to engage in "reasoned

decisionmaking" which must be "logical and rational." *Allentown Mack Sales & Servs., Inc. v. NLRB*, 522 U.S. 359, 374 (1998).

On this front, one "principle so fundamental to reasoned decision-making that [it] is only rarely articulated," is that any agency requirements must "give entities fair notice of what is required of them." *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *9, *16, *22, *23 ("[A]s long ago as 1968, we recognized this 'fair notice' requirement in the civil administrative context." (citing *Gen. Elec. Co. v. EPA*, 53 F.3d 1324, 1329 (D.C. Cir. 1995)); *Nissan Chem. Corp. v. FDA*, 744 F. Supp. 3d 1, 9 (D.D.C. 2024) (explaining, in context of arbitrary and capricious analysis, the rule that agency requirements must permit those subject to them "to identify, with ascertainable certainty, the standards with which the agency expects parties to conform" (internal quotation marks and citation omitted)); *U.S. Postal Serv. v. Postal Regul. Comm'n*, 785 F.3d 740, 753 (D.C. Cir. 2015) (finding agency's order arbitrary and capricious "because it fails to articulate a comprehensible standard," and "offers no meaningful guidance").

Further, when an agency action changes or reverses a prior policy, the agency must "display awareness that it *is* changing position" and must also provide a "more detailed justification than what would suffice for a new policy created on a blank slate" if the new policy "rests upon factual findings that contradict those which underlay its prior policy" or where the "prior policy has engendered serious reliance

interests." *FCC v. Fox Television Stations, Inc.*, 556 U.S. 502, 514–15 (2009). For the reasons set forth below, the challenged provisions of the NOFO constitute classic arbitrary and capricious agency action.

i. The NOFO's Requirement to Align with the Anti-DEI Priority Is Arbitrary and Capricious.

The NOFO's requirement to align with the Anti-DEI Priority is arbitrary and capricious for at least three reasons. First, as discussed *supra* 13–15, the Anti-DEI Priority directly conflicts with the Title X regulations. Demanding an applicant satisfy requirements that are in direct conflict with each other, without actually explaining how to reconcile them, *see infra* 34, is arbitrary and capricious agency action.

Second, given the conflict, the NOFO appears to amount to a reversal of the Agency's prior position within the Title X program, found both in the Title X regulations and guidance, without any "display [of] awareness that it *is* changing position," *FCC*, 556 U.S. at 515, or explanation for the change, let alone a reasoned one. On top of the Title X regulations, additional evidence demonstrates that Defendants have departed from their prior position on DEI and health equity. For example, *Providing Quality Family Planning Services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024)* (the "2024 QFP")—"a nationally recognized standard of care when implementing the Title X

requirements"[3] —focuses on inclusivity and health equity throughout. *See, e.g.*, *id.* ¶ 48 (the 2024 QFP adopts a "health equity lens and recognize[s] 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 also id.* ¶ 50 (defining inclusive care as "culturally and linguistically affirming, meaning that services respond to diverse cultural health beliefs and practices, preferred language, health literacy, and other communication needs of patients."). The Title X Handbook—a guidance document produced by OPA that "provides information critical to managing a Title X project" intended to "help recipients and subrecipients be successful as they implement their Title X projects, *id.* ¶ 36—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," *id.* ¶ 37. Yet the NOFO contains no explanation for the Agency's about-face from the Title X regulations and this program guidance. *Id.* ¶ 112. This stark and sudden change in the Agency's position on DEI, including health equity, within Title X, without any demonstrated awareness

[3] The Title X regulations require Title X services to be provided "consistent with nationally recognized standards of care." 42 C.F.R. § 59.5(a)(3). The OPA, on its website, states that the 2024 QFP "is a nationally recognized standard of care when implementing the Title X requirements." SUF ¶ 42.

of the shift, let alone any explanation for it (much less a reasoned one), violates the APA. *See FCC*, 556 U.S. at 515 (APA prohibits an agency from "depart[ing] from a prior policy *sub silentio*"); *see also Encino Motorcars, LLC v. Navarro*, 579 U.S. 211, 222 (2016) (holding that "an '[u]nexplained inconsistency' in agency policy is 'a reason for holding an interpretation to be an arbitrary and capricious change from agency practice'") (citation omitted).

Finally, even if the Court does not find a conflict between the Title X regulations and Defendants' Anti-DEI Priority, the Court should nevertheless find that this priority is arbitrary and capricious because it leaves Plaintiff NFPRHA's members, including Plaintiff FHCCP, with no "fair notice of what is required of them." *Planned Parenthood of Greater N.Y.*, 2025 WL 2840318, at *23. To start, it is unclear how grantees can align their applications with this priority, especially when much of the language seems to apply to federal agencies rather than prospective grantees. SUF ¶¶ 76–77, 97, 111. For example, the OASH priority says "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 other legitimate basis." *Id.* ¶ 77. Similarly, the HHS priority says 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*. ¶ 97. The NOFO does not explain whether or how prospective grantees are supposed to align themselves with these priorities that seemingly refer only to actions taken by the Agency. *Id*. ¶ 111. Moreover, it is not clear how applicants would even be capable of realizing the strategies listed under the Anti-DEI Priority, such as "focus[ing] on solution-oriented approaches," "includ[ing] testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes." *Id.* ¶ 76. It is similarly unclear what "efforts" the Agency expects grantees to take that would "go beyond the use of ideologically laden concepts" like health equity, or how Title X grantees are expected to "implement . . . interventions" that address the "root causes of Americans' chronic disease epidemic." *Id*. The NOFO's failure to provide any comprehensible notice as to how the Agency expects grantees to align with its Anti-DEI Priority further reinforces the arbitrariness and capriciousness of this requirement.

ii. The NOFO's Requirement to Align with the Anti-Gender Ideology Priority Is Arbitrary and Capricious.

The NOFO's Requirement to align with the Anti-Gender Ideology Priority is arbitrary and capricious for much the same reasons. First, just like the Anti-DEI Priority, the Anti-Gender Ideology Priority conflicts with the Title X regulations, *see supra* 15–17, and the NOFO provides no actual explanation of how to reconcile the conflict, *see infra* 34, rendering it arbitrary and capricious.

Second, the NOFO appears to reflect a reversal of the Agency's position on transgender inclusion found both in the Title X regulations and program guidance, without any recognition of that change within the Title X program and with no reasoned explanation for it. Again, the switch in position is evinced not just through the regulations, but through the 2024 QFP. *See* SUF ¶ 49 (2024 QFP lists "inclusivity," including for LGBTQI people, as one of the "guiding principles" of sexual and reproductive health care delivery); *id*. ¶ 51 (2024 QFP explains that "[p]roviders should support the sexual and reproductive health care needs of all people regardless of their gender identity by providing gender-inclusive and affirming care."); *see also id*. ¶ 52 (2024 QFP states that: "This includes ensuring that patient information in medical records and portals accurately reflects their identity. Rather than making assumptions, healthcare providers should ask patients about their sex assigned at birth, current anatomy, preferred name, gender identity, and pronouns."). The 2024 QFP is an update to the 2014 QFP, which says that health care providers should take a "client-centered approach" to meet the needs of all clients, including those who are lesbian, gay, bisexual, transgender, or questioning their sexual identity (LGBTQ). *Id*. ¶¶ 43–45. Again, the Agency has offered no attempt to explain or justify its seeming reversal of course via the Anti-Gender Ideology Priority. *Id*. ¶ 114.

Finally, even if the Court does not find a conflict between the Title X regulations and the Anti-Gender Ideology Priority, there is another basis to find it arbitrary and capricious: it is vague and, as a result, it fails to provide fair notice to applicants. For example, it is unclear how a potential grantee should 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." *Id.* ¶ 78–79, 89. Does this mean that applicants and eventual Title X grantees are prohibited from respecting patients' pronouns? The NOFO does not clearly answer this question, nor provide any real guidance as to how to align with this priority. *Id.* ¶ 113. This failure condemns it under the APA.

iii. The NOFO's Requirement to Align with the "Safeguard[ing] Life-affirming Program Delivery" Priority Is Arbitrary and Capricious.

The NOFO's requirement that Title X applicants and grantees align with the Agency's Priority to "safeguard life-affirming program delivery," *see id.* ¶ 91, also fails to provide applicants fair notice as to what is required of them, and is thus arbitrary and capricious. The NOFO says that "[t]o 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." *Id.* ¶ 90. The NOFO then indicates that the agency "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.* ¶ 91. But it is unclear what is required of applicants for alignment with the priority of "safeguard[ing] life-affirming . . . program delivery."

To start, it is unclear what the term "life-affirming" even means as it is not defined in the NOFO, *id.* ¶ 92, though given that this phrase is used under the Agency's "Enforcing the Hyde Amendment" priority, which relates to restrictions on the use of certain federal funds to pay for abortions, Plaintiffs presume the phrase reflects an anti-abortion position. But all Title X grantees *already* must comply with the governing statute that says 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. On top of this, Title X projects are *already* 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). At the same time, however, the Title X regulations *require* Title X projects to offer pregnant clients the opportunity to be provided information and counseling on the range of pregnancy options, including "pregnancy termination," and to make referrals to such care, upon request. 42 C.F.R. § 59.5(a)(5). Moreover, the annual rider passed by Congress similarly *requires* all pregnancy counseling in the Title X program to be "nondirective," meaning such counseling must be neutral and not

biased towards a particular outcome. *See* Consolidated Appropriations Act, 2026, Pub. L. No. 119-75, 140 Stat. 173, 262 (Feb. 3, 2026). The NOFO does not explain how a prospective grantee is meant to align with this priority given these existing parameters regarding counseling and abortion provision with federal funds. SUF ¶ 115. Accordingly, applicants are left without any guidance as to how to align themselves with the Agency Priority of "safeguarding life-affirming care," and it is therefore arbitrary and capricious.

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

The NOFO requires applicants to align with the Agency's Reducing Overmedicalization in Health Care Priority. *Id.* ¶¶ 74, 83. Under this heading, 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" with "the most common reason women reported 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.* ¶ 84. The NOFO also states:

> 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.

Id. ¶ 86. 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.* ¶ 87, *i.e.*, non-medical forms of contraception. But Congress created the Title X program primarily to "offer a *broad range* of acceptable and effective family planning methods and services." 42 U.S.C. § 300(a) (emphasis added). While the statute says that natural family planning methods shall be included in the "broad range" of "family planning methods," those methods cannot be elevated over medically approved methods. *See, e.g.*, 42 C.F.R. § 59.5(a)(2) (directing Title X projects to "[p]rovide services without subjecting individuals to any coercion . . . to employ or not to employ any particular methods of family planning."). Indeed, the explicit congressional purpose of Title X is to develop "*comprehensive* programs of family planning services." *See supra* 4; *see also* SUF ¶ 28 (quoting Pub. L. No. 91-572, § 2(1) (1970) (emphasis added)). Furthermore, the Title X regulations require projects to provide "a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products." 42 C.F.R. §§ 59.2; 59.5(a)(1).

The tension that the NOFO creates between the Title X statute's and regulations' emphases on a "broad range" of "family planning methods," including—specifically—contraception, and the provisions of the NOFO that

deprioritize contraception, renders those provisions arbitrary and capricious for two main reasons.

First, reading the NOFO with the Title X statute and regulations—as one must—applicants have no fair notice as to whether they are being asked to downplay the provision of contraception in their applications and, subsequently, programs. Although the NOFO appropriately says that "successful proposals" shall include a description of "the broad range of acceptable and effective medically approved family planning methods (including natural family planning)," SUF ¶ 94, the NOFO does not clarify how an applicant should simultaneously address strategies for "reducing overmedicalization," *id.* ¶ 116. Furthermore, applicants are left to guess how to reconcile this priority with the Agency's own guidance, which recognizes that contraception is important not just for pregnancy prevention but also for treating a range of medical conditions and symptoms. *Id.* ¶¶ 42, 55. In addition, the NOFO includes only one (disparaging) use of the word "contraception," incorrectly claiming that there has been a decrease in contraception use due to side effects, *id.* ¶ 88; *see infra* 31–33, further raising the question of whether the NOFO is asking applicants to say that they will deprioritize the provision of contraception in the Title X program.

Moreover, in the Merit Review process, the portion of an application describing how a potential grantee will provide family planning services is given

substantially less weight than is given to alignment with the Agency Priorities. SUF ¶¶ 96, 101–03. Indeed, the merits criterion that asks applicants to demonstrate "the 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.* ¶ 101. Likewise, the merits criterion that asks whether the project plan "adequately provides for the requirements set forth in the Title X statute, regulations, and legislative mandates"—including, presumably, the requirement to provide a "broad range of . . . methods," 42 U.S.C. § 300(a); 42 C.F.R. § 59.5(a)(1)—is worth only 15 points in the Merit Review. SUF ¶ 101. However, the criterion that asks applicants to demonstrate "the extent to which the applicant proposes strategies that meaningfully advance OPA's program priorities . . . and HHS priorities" is worth 35 points. *Id.* ¶ 96. Again, this signals to applicants that the provision of contraception is less important than alignment with the Agency's Priorities. Accordingly, an applicant cannot "identify, with ascertainable certainty, the standards with which the agency expects parties to conform," *Nissan Chem. Corp.*, 744 F. Supp. 3d at 9, with respect to contraception, and is left to guess at how to reconcile the tension between the NOFO's emphasis on Agency Priorities and what is required under the statute and the regulations.

Second, to the extent the NOFO reflects an intent to prioritize grant applicants that primarily or exclusively provide natural family planning over applicants that

provide the full range of family planning, it would be a reversal of agency position within the Title X program, without any "display[ed] awareness" of the change and lacking a reasonable, "detailed justification" for it, particularly one that takes into account the reliance interests that have been engendered over decades. *FCC*, 556 U.S. at 515. Indeed, the provision of a broad range of family planning methods, guided by patient preference, is a hallmark of the Title X program, as mandated by Congress, the regulations, and decades of prior practice, and critical to the clients served by the program. *See* 42 U.S.C. § 300(a); 42 C.F.R. § 59.5(a)(1); SUF ¶¶ 32–33.

If the NOFO signals that the Title X program is shifting away from the provision of a broad range of family planning methods, it provides no acknowledgment of the shift, let alone a "reasoned" explanation for it. SUF ¶ 117. Although the NOFO implies that fewer women used contraception in 2022-2023 compared to 2017-2019 *because* of dissatisfaction with side effects from contraception, *id.* ¶¶ 84–85, the cited studies do not support this conclusion. Rather, two of those studies show that the percent of women actively using contraception decreased between 2017-2019 and 2022-2023, *not* because of dissatisfaction with a contraceptive method's side effects (which is never mentioned in these studies), but because there was an increase in the number of women who were not using contraception because they were not having intercourse or were pregnant, post-

partum, or seeking pregnancy.[4] The other study cited in the NOFO found that some women discontinue certain types of contraception, specifically oral contraception, condoms, or intrauterine devices, due to dissatisfaction based a range of reasons, such as side effects, difficulty using the method, difficulty in obtaining the method, and worry about its efficacy.[5] But there is no indication that these women stopped using contraception altogether, rather than just switching to a different method or even to a different brand of the same method. Indeed, the report acknowledges the importance of contraception, noting that "virtually all women of reproductive age who had ever had sexual intercourse with a male partner [have] us[ed] at least one contraceptive method at some point in their life up to the time of interview (99.2%...)."[6] Accordingly, to the extent that Defendants are relying on these studies as justification for their about-face, the only reason that they have offered actually "runs counter to the evidence before the agency," *Motor Vehicle Mfrs. Ass'n*, 463

[4] Daniels, Kimberly, et al., *Current Contraceptive Status Among Women Aged 15-49: United States, 2017-2019*, National Center for Health Statistics Data Brief, No. 388, at 1–2 (Oct. 2020); Daniels, Kimberly, et al., *Current Contraceptive Status Among Women Aged 15-49: United States, 2022-2023*, National Center for Health Statistics Data Brief, No. 539, at 1–2 (Aug. 2025) (cited in Ex. A, NOFO at n.1).

[5] Daniels, Kimberly, et al., *Contraceptive Methods Women Have Ever Used: United States, 2015-2019*, National Health Statistics Reports, No. 195, at 7, Table 6 (Dec. 14, 2023) (cited in Ex. A, NOFO at n.2)

[6] *Id*. at 1.

U.S. at 43, and they have thus failed to demonstrate that their decision to deprioritize contraception in the NOFO is "reasoned."

v. The Requirement to Align With Priorities That Are Irrelevant to the Title X Program Is Arbitrary and Capricious.

It is unclear whether grant applicants are required to align with Agency Priorities that have nothing to do with the Title X program. For instance, the NOFO indicates that the largest component of an application's score in the Merit Review process will be the "extent to which the applicant proposes strategies that meaningfully advance OPA's program priorities . . . *and HHS priorities*," without limiting that expectation of alignment with the latter of those priorities to those that are within the scope of the program. SUF ¶ 96 (emphasis added). The absence of even an attempted limitation, *infra* 34, is particularly problematic, given that several HHS Priorities, attached as Exhibit C, appear entirely unrelated to Title X and the provision of family planning services, including the priorities of "[f]urther[ing] our understanding of autism," "[i]nvestigat[ing] and car[ing] for those with Long COVID," "[a]dvanc[ing] the scientific understanding of the aging process," and "[e]nd[ing] crime and disorder on America's streets." *Id.* ¶ 99; *see also* Ex. C. Does the Agency expect grantees to demonstrate alignment with *all* of those priorities? And, if the answer to that question is yes, exactly *how* does the Agency expect a grantee to demonstrate alignment with "[e]nd[ing] crime and disorder on America's

streets" in the context of providing family planning services within Title X? And does the Agency expect grantees to divert Title X grant funds away from providing family planning care towards furthering this goal? The NOFO does not answer these questions. *Id.* ¶ 100.

E. The NOFO's Savings Clauses, Standing Alone, Do Not Cure Defendants' Unlawful Actions.

In some places, the NOFO says that applicants must align with the HHS, OASH, and OPA priorities only "when authorized by law according to the Title X statute, regulations, legislative mandates, and additional program guidance," or "to the extent authorized by law," or "where authorized by law," and only where "consistent with program authority and the scope of the award" or "within the scope of the program." SUF ¶¶ 73, 81, 105, 108. To the extent these "savings clauses" constitute the Agency's attempt to resolve the NOFO's failings, they do nothing of the sort. Indeed, they only increase confusion and exacerbate the arbitrariness and capriciousness of the Agency's action.

To begin, the savings clauses are not included in all places where alignment with the Agency's Priorities is required by the NOFO. For example, in detailing the requirements for an application's project narrative, the NOFO instructs applicants to "describe plans and strategies for providing family planning services that address OPA program priorities," including the "[r]educing overmedicalization," "[e]nforcing Hyde," and "[p]romoting evidence-based care" priorities, without

specifying that such descriptions should not include "plans and strategies" that would conflict or be in tension with the law. *Id.* ¶ 93. Furthermore, particularly concerning is the absence of a savings clause in the Merit Review criterion, that instructs that 35% of an applicant's total points will be based on the extent to which they propose strategies that meaningfully advance OPA's and HHS's priorities, full stop. *Id.* ¶ 96. The presence of savings clauses in *some but not all* places where alignment with Agency Priorities is mentioned leaves prospective grantees unclear as to whether the Agency intends its attempted "caveats" or "carve outs" to apply to its review of applications for alignment with the Agency's Priorities writ large, or only where specified.

Further, even where they do appear, the NOFO's savings clauses do not provide any clear guidance to a Title X applicant as to where Defendants will draw the line when there is conflict or tension between the Agency's Priorities and the Title X regulations, as discussed *supra* 13–17, 25–33. Indeed, the savings clauses only *add* to the NOFO's ambiguity. For example, the savings clauses suggest that there is *some* lawful means of reconciling, for instance, the Anti-DEI Priority with the regulation's requirement to advance health equity—but the two are in direct and unavoidable conflict. *See supra* 13–15. It is simply not possible to comply with both given that one prohibits something that the other commands. And yet the savings clauses imply that there nevertheless is a way to do both, without shedding any light

on how to do so. Similarly, although the NOFO attempts to limit alignment with Agency Priorities that are within the "scope" of the Title X program or award, *see* SUF ¶¶ 73, 81, 105, applicants are left to guess which priorities the Agency considers to be "within the scope." As detailed above, the absence of any explication here is particularly problematic for the HHS priorities given the patent irrelevance of some of those priorities to the Title X program. *See supra* 33–34; SUF ¶ 99 (citing HHS priorities as including, *inter alia*, "[e]nd[ing] crime and disorder on America's streets"). Without any guidance from Defendants, applicants can only sift through all three sets of priorities, take their best guess as to what to address, and prepare themselves for the consequences of guessing wrong—namely, loss of up to 35 points in the Merit Review, or a senior appointee's recommendation that their applications should not be awarded. *See supra* 7–8. Moreover, given that these are new Agency Priorities, Title X applicants do not have any historical basis to inform how they should weed through the various priorities to decide which ones to address in their applications. SUF ¶ 118. Accordingly, the NOFO's savings clauses do not remedy Defendants' unlawful actions.

II. Plaintiff NFPRHA's Members, Including Plaintiff FHCCP, Face Irreparable Harm if the Requested Relief Is Denied.

To demonstrate irreparable harm, Plaintiffs "must demonstrate potential harm which cannot be redressed by a legal or an equitable remedy following a trial." *Drenth v. Boockvar*, No. 1:20-cv-00829, 2020 WL 2745729, at *5 (M.D. Pa. May

27, 2020) (quoting *Instant Air Freight Co. v. C.F. Air Freight, Inc.*, 882 F.2d 797, 801 (3d Cir. 1989)). Plaintiffs satisfy the standard here.

First, the challenged components of the NOFO irreparably harm Plaintiff NFPRHA's members, including Plaintiff FHCCP, by requiring alignment with the Agency's Priorities in order to be competitive for a Title X grant—including those that conflict with the Title X regulations—and thereby placing many at a competitive disadvantage in the FY 2027 Title X grant cycle. *See* SUF ¶¶ 96, 105; Decl. of Clare Coleman in Supp. of Pls.' Mot. for Summ. J. or Prelim. Inj. ("Coleman Decl.") ¶¶ 76–78, attached as Ex. D; Decl. of Patricia Fonzi in Supp. of Pls.' Mot. for Summ. J. or Prelim. Inj. ("Fonzi Decl.") ¶¶ 5, 62–66, attached as Ex. E; *Int'l Franchise Ass'n, Inc. v. City of Seattle*, 803 F.3d 389, 411 (9th Cir. 2015) (recognizing that "putting plaintiffs at a competitive disadvantage constitutes irreparable harm"); *see also e.g.*, *City of Los Angeles v. Barr*, No. 2:18-cv-07347-JLS-JC, 2020 WL 11272648, at *8 (C.D. Cal. June 17, 2020) (holding plaintiff suffers irreparable harm where failure to comply with challenged conditions imposed during grant application process would "jeopardize its ability to compete for future funding"); *Planned Parenthood of N.Y.C., Inc. v. U.S. Dep't of Health & Hum. Servs.*, 337 F. Supp. 3d 308, 343 (S.D.N.Y. 2018) (plaintiff irreparably injured based on its inability to "compete for funding on a level (and legal) playing field" under challenged funding opportunity announcement, since once the competition was over, there

could be "no do over and no redress") (internal quotations and citation omitted); *cf. CPG Int'l LLC v. Georgelis*, No. 3:15cv176, 2015 WL 1786287, at *11 (M.D. Pa. Apr. 20, 2015) (plaintiff irreparably injured from being placed at a competitive disadvantage that would not later be remediable because it would have "no way of proving that any particular loss [] was attributable to []unfair competition").

Second, the NOFO's challenged provisions force many of Plaintiff NFPRHA's members, including Plaintiff FHCCP, to confront a "Hobson's Choice." On the one hand, they can try to align with the Agency's Priorities, even if it means that they must divert limited resources away from providing core Title X services, and risk undermining their ability to provide the same access to services in their community, resulting in harm to their missions. *See* Fonzi Decl. ¶¶ 67–70; Coleman Decl. ¶ 75; *League of Women Voters of U.S. v. Newby*, 838 F.3d 1, 9 (D.C. Cir. 2016) (holding that increased difficulty for plaintiff to accomplish their "primary mission" is adequate to show irreparable harm); *Elev8 Baltimore, Inc. v. Corp. for Nat'l & Cmty. Serv.*, 804 F. Supp. 3d 524, 566 (D. Md. 2025) (finding irreparable harm where nonprofits had been forced to "divert resources away from core activities and mission-driven work") (citing *HIAS, Inc. v. Trump*, 985 F.3d 309, 326 (4th Cir. 2021)). On the other hand, they can decide to not align with the Agency's Priorities, and instead align with Title X regulations but, in doing so, they jeopardize their ability to obtain a grant, and, if awarded a grant, expose themselves to

significant penalties for failure to align, including termination. *See* SUF ¶¶ 96, 104–105, 108; Fonzi Decl. ¶¶ 62–66; Coleman Decl. ¶¶ 76–77. This in turn could upend their budgets and compromise their ability to provide vital services to patients in their communities. Fonzi Decl. ¶¶ 12, 66. In short, no matter which way they turn, the harm is irreparable. *See, e.g.*, *R.I. Coal. Against Domestic Violence*, 794 F. Supp. 3d at 72 (finding irreparable harm where plaintiffs faced with choice between "[a]ccepting grant funds subject to the challenged conditions" and "guess[ing] at what formerly unobjectionable activities are now proscribed," which "comes with serious risks of [penalty]" or "declining to apply for or accept grants, which they would otherwise be eligible to receive," and forgoing "hundreds of thousands of dollars" and the ability to provide "crucial programs and services for the vulnerable populations they work with").

Third, because the NOFO's requirement of alignment with the Anti-DEI and Anti-Gender Ideology Priorities appears to effectively amend the Title X regulations in a manner that harms Plaintiffs, *see supra* 17–18, Defendants' failure to permit them the ability to comment on those changes irreparably harms them too. Fonzi Decl. ¶ 54. Indeed, numerous courts have recognized that the loss of an opportunity to offer comments on a rule promulgated in violation of the APA's notice and comment requirements constitutes irreparable harm where, as here, the plaintiff has suffered some additional concrete harm. *See, e.g.*, *Am. Fed'n of Tchrs. v. Dep't of*

Educ., 779 F. Supp. 3d 584, 621 (D. Md. 2025) ("Where a Plaintiff has been deprived of notice and the opportunity 'to have their comments considered prior to the promulgation of a rule which threatens' serious harms to their interests, they have suffered 'irreparable harm.'" (internal citations omitted)); *see also California v. Health & Hum. Servs.*, 281 F. Supp. 3d 806, 830 (N.D. Cal. 2017); *League of Women Voters v. U.S. Dep't of Homeland Sec.*, No. CV 25-3501 (SLS), 2025 WL 3198970, at *6 (D.D.C. Nov. 17, 2025). Indeed, if that were not so, "section 553 [of the APA] would be a dead letter." *N. Mariana Islands v. United States*, 686 F. Supp. 2d 7, 17 (D.D.C. 2009) (quoting *Sugar Cane Growers Co-op. of Fla. v. Veneman*, 289 F.3d 89, 95 (D.C. Cir. 2002)).

Accordingly, for all of these reasons, Plaintiff NFPRHA's members, including Plaintiff FHCCP, face irreparable harm.

III. The Balancing of Harms and Public Interest Weighs in Favor of Granting Injunctive Relief.

The balancing of harms and public interest weigh heavily in favor of injunctive relief. As detailed above, Plaintiff NFPRHA's members, including Plaintiff FHCCP, will suffer irreparable harms in the form of being denied the opportunity to compete on a level playing field for grants, and being forced to choose between diverting funds from the core purpose of Title X—and thereby risking harm to their missions—or exposing themselves to penalties, including losing up to 35 points in the Merit Review, having a senior appointee possibly recommend that they

should not receive an award, and, if awarded a grant, having any awarded grant terminated. *See supra* 7–8. Conversely, a preliminary injunction "would . . . cause [Defendants]—at most—[only] a minor hardship: paying funds that Congress had appropriated for disbursement consistent with the purposes" of the Title X Program and pursuant to the Title X statute and regulations. *City of Philadelphia v. Sessions*, 280 F. Supp. 3d 579, 658 (E.D. Pa. 2017). Further, "the issuance of a preliminary injunction will not prevent the government from considering grant applications and disbursing federal funding to grant applicants"—indeed, Defendants remain "free to process the grant applications and disburse federal funding as long as [they] do[] so within the limits set by the [Title X statute and regulations] and APA." *Freedom Network USA*, 2026 WL 800392, at *22. Finally, "[t]here is generally no public interest in the perpetuation of unlawful agency action[;] . . . [t]o the contrary, there is a substantial public interest 'in having governmental agencies abide by the federal laws that govern their existence and operations'" and the regulations that they themselves promulgate. *League of Women Voters of U.S.*, 838 F.3d at 12 (quoting *Washington v. Reno*, 35 F.3d 1093, 1103 (6th Cir. 1994)). Accordingly, Plaintiffs have carried their burden, and injunctive relief is appropriate here.

CONCLUSION

For the foregoing reasons, Plaintiffs respectfully request that this Court grant their motion for summary judgment, or, in the alternative, for a preliminary injunction.

July 15, 2026

Respectfully submitted,

/s/ Brigitte Amiri

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**Special admission approved*

CERTIFICATE OF SERVICE

I hereby certify that on July 15, 2026, I filed the foregoing Motion for Summary Judgment or, in the Alternative, a Preliminary Injunction 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.	No. 1:26-cv-1684-JPW (Hon. Jennifer P. Wilson)

TABLE OF CONTENTS OF EXHIBITS CITED IN PLAINTIFFS' MEMORANDUM IN SUPPORT OF THEIR MOTION FOR SUMMARY JUDGMENT OR, IN THE ALTERNATIVE, FOR A PRELIMINARY INJUNCTION

DOCUMENT	EXHIBIT
U.S. Department of Health and Human Services, *Fiscal Year 2027 Notice of Funding Opportunity, Title X Family Planning Services Grants* (July 9, 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

Priorities of Office of the Assistant Secretary for Health, 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
HHS Priorities, U.S. Department of Health and Human Services, https://www.hhs.gov/about/priorities/index.html [https://perma.cc/S4ZU-HTE6]	C
Declaration of Clare M. Coleman in Support of Plaintiffs' Motion for Summary Judgment or, in the Alternative, for a Preliminary Injunction	D
Declaration of Patricia Fonzi in Support of Plaintiffs' Motion for Summary Judgment or, in the Alternative, for a Preliminary Injunction	E

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. Outlaying 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. Outlaying 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 (SectionF.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. 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.

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 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 multiple times for the same project from the same organization, *except* 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 (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, 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 Support

Website: 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
FAPIIS	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

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.

OASH Postal Address

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EXHIBIT C

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.

Content last reviewed September 30, 2025

EXHIBIT D

D

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.	No. 1:26-cv-1684-JPW (Hon. Jennifer P. Wilson)

DECLARATION OF CLARE M. COLEMAN IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT OR, IN THE ALTERNATIVE, FOR A PRELIMINARY INJUNCTION

I, Clare M. Coleman, declare and state as follows:

1. I am the President and CEO of the National Family Planning & Reproductive Health Association ("NFPRHA"), a Plaintiff in the above-captioned case. I submit this declaration in support of Plaintiffs' Motion for Summary Judgment or, in the Alternative, for a Preliminary Injunction, in our challenge to aspects of Defendants' fiscal year ("FY") 2027 Notice of Funding Opportunity ("NOFO") for Title X.

NFPRHA and Its Membership

2. 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.

3. I have led NFPRHA for nearly 17 years. Prior to assuming NFPRHA's leadership, I was President and CEO of Planned Parenthood Mid-Hudson Valley, a Title X provider that included 11 health centers in a four-county area. At Planned Parenthood Mid-Hudson Valley, I directed a 110-person staff, the majority of whom were dedicated to providing clinical services, and I oversaw the organization's $9 million operating budget.

4. 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.

5. The Title X program currently has 77 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). 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. Many of NFPRHA's grantee members have provided Title X services for decades.

6. NFPRHA is the leading national advocacy organization for the Title X program, and a vital component of NFPRHA's mission involves working to maintain Title X as a critical part of the public health safety net. In furtherance of its mission and purpose, NFPRHA engages in Title X advocacy, 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.

7. In my capacity as President and CEO of NFPRHA, I routinely communicate with NFPRHA member Title X grantees and subrecipients to discuss challenges they are facing. These frequent interactions inform my knowledge of and insight into the impact of the challenged 2027 NOFO, discussed below, on NFPRHA's members. I also regularly review the latest Title X data made publicly available by the Office of Population Affairs ("OPA"), including data regarding funding awards, Title X users, and service sites.

8. NFPRHA anticipates that all or nearly all of NFPRHA's grantee members will apply for a Title X grant for FY 2027. This includes NFPRHA member

and current Title X grantee Family Health Council of Central Pennsylvania ("FHCCP"), which is also a Plaintiff. 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.

9. NFPRHA brings this suit in a representative capacity on behalf of its member organizations that intend to apply for a FY 2027 Title X grant (including FHCCP), those members' subrecipient agencies, their staff (including clinicians), and the patients they serve.

The History and Purpose of the Title X Program

10. 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 same 1970 act created OPA.

11. In 1960, the Food and Drug Administration had approved the first prescription oral contraceptive pill. At that time, the pill was available only through physicians and at a high cost.

12. In the 1960s, many women, especially 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.

13. In a Special Message to Congress on the Problems of Population Growth on July 18, 1969, President Richard M. Nixon called on Congress to "establish as a national goal the provision of adequate family planning services within the next five years to all those who want them but cannot afford them." President Nixon pressed Congress to address the fact that "most of an estimated five million low income women of childbearing age in this country do not now have adequate access to family planning assistance, even though their wishes concerning family size are usually the same as those of parents of higher income groups." He also called for "additional research on birth control methods of all types." Providing assistance to low-income women who cannot afford the cost of modern family planning tools, Nixon urged, is something the federal government has "the capacity to do." He stressed that "no American woman should be denied access to family planning assistance because of her economic condition."[1]

14. With overwhelming bipartisan support (the bill passed unanimously in the Senate), Congress responded by enacting Title X.[2]

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[1] President 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.

[2] *See generally* Bailey, M.J., *Reexamining the Impact of Family Planning Programs on US Fertility: Evidence from the War on Poverty and the Early Years of Title X*, 4

15. Title X was at its inception, and remains today, the only dedicated source of federal funding for family planning services in the United States.

16. Family planning as referenced in Title X meant, first and foremost, access to clinical care—including biomedical supplies like the pill and consultation with clinical professionals—and was intended to make modern methods of contraception available to all, especially low-income women. Indeed, Congress declared the first purpose of the legislation that included Title X to be "making comprehensive voluntary family planning services readily available to all persons desiring such services."[3]

17. From the outset, the hallmarks of the Title X program have been voluntariness, responsiveness to the desires of the patient, comprehensive access to contraceptive methods, especially the currently most effective ones, confidentiality, and an effort to equalize the ability of all women to space childbearing and prevent unintended pregnancies.

18. While the new contraceptives and their cost were the impetus behind and the focus of Title X when first passed, in 1975 Congress amended the statute to permit natural family planning options to be included in the array of methods that

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Am. Econ. J.: Applied Econ. 62, 66 (2012), https://www.aeaweb.org/articles?id=10.1257/app.4.2.62.

[3] Fam. Plann. Servs. and Population Rsch. Act of 1970, Pub. L. No. 91-572, § 2(1), 84 Stat. 1504, 1504 (1970).

could be offered in the Title X program. Likewise, Title X was amended in 1978 to explicitly cover adolescent patients and to include infertility services. However, the Title X statute has consistently reinforced that all Title X family planning projects must "offer a *broad range* of acceptable and effective family planning methods and services." 42 U.S.C. § 300(a) (emphasis added).

19. Since 1970, Title X has built and sustained a national network of family planning health centers, delivered high-quality family planning in a cost-effective manner, and enabled millions to prevent unintended pregnancies, thereby allowing individuals to plan for the children they desire and to build the lives they wish to lead. The program provides high-quality family planning and sexual health care to all, with priority given to the low-income patients that the program was established to serve. Title X provides access to effective contraceptive methods, cancer screenings, testing and treatment for sexually transmitted infections ("STIs"), other preventive services, and, fundamentally, the clinical care and education needed to either achieve or prevent pregnancy—decisions made by patients according to their needs and values.

20. Further, in 2023, Title X helped fund 4.6 million tests for STIs, including 984,375 tests for human immunodeficiency virus ("HIV"), and 461,085

cervical cancer screenings.[4] These services have important impacts for the individual patients served and on public health overall. For example, Title X health centers reduce chlamydia infections through screenings and early treatment, so fewer individuals are then subject to the effects of an untreated chlamydia infection, such as infertility.

21. The CDC named family planning one of the most important achievements in public health in the 20th century, noting that the "hallmark of family planning has been the ability to achieve desired birth spacing and family size. Smaller families and longer birth intervals have contributed to the better health of infants, children, and women, and have improved the social and economic role of women. Modern contraception and reproductive health-care systems that became available later in the century further improved couples' ability to plan their families. Publicly supported family planning services prevent an estimated 1.3 million

[4] 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* 16 (2024), https://opa.hhs.gov/sites/default/files/2025-08/2023-FPAR-national-summary.pdf ("2023 FPAR").

unintended pregnancies annually."[5] Title X also saves the public millions of dollars in health care costs.[6]

The Structure and Scope of Title X Service Provision

22. Section 1001 of the Title X statute provides for the funding of competitive grants to public or private nonprofit entities to assist in the establishment and operation of voluntary family planning projects, 42 U.S.C. § 300, and those projects are Title X's means of delivering family planning services to individual patients. The NOFO that is the subject of this lawsuit governs the process for awarding those competitive services grants and supplies the means of deciding which entities receive funding to provide services.

23. 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. Title X grantees may receive one grant for a Title X project that serves one state; one grant

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[5] CDC, *Achievements in Public Health, 1990-1999: Family Planning*, 48(47) Morbidity and Mortality Wkly. Rep. 1073–80 (Dec. 3, 1999), https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4847a1.htm.

[6] *See* Frost, et al., *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program*, 92 The Milbank Q. 667, 703 (2014), https://www.guttmacher.org/sites/default/files/article_files/frost_et_al-2014-milbank_quarterly.pdf.

for a Title X project that serves multiple states; or multiple grants for Title X projects that serve multiple states. Some states may also be served by multiple Title X projects operated by different Title X grantees.

24. Every year, Title X grantees closely track and report data on their service provision, which they submit to OPA. The Agency uses this data to produce the Family Planning Annual Report ("FPAR"). The most recent FPAR was published in 2023 and compiled data on the Title X program's 88 grant awards, which funded a network of 1,614 subrecipients and 3,853 service delivery sites.

25. The 2023 FPAR states:

> The Title X program provides a broad range of medically approved services, which includes all Food and Drug Administration-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; [STI] services; and other preconception health services. Title X services are client-centered, culturally and linguistically appropriate, inclusive, trauma-informed, and provided in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care.

2023 FPAR (internal quotation and citations omitted).

26. In 2023, the Title X program served 2.8 million clients. Women made up 85% of those served, men 15%. The Title X program serves patients without regard to age or marital status. In 2023, approximately 15% of program users were younger than 20 years of age, 40% were between 20 and 29, and 45% were 30 or

older. Title X projects serve a racially and ethnically diverse population, including a disproportionately high percentage of Black and Latina clients relative to the general U.S. population. According to the 2023 FPAR, 52% of program users identified as white, 23% as Black or African-American, 36% identified as Hispanic or Latina, 2% identified as Asian, 1% identified as either Native Hawaiian or Pacific Islander, and 1% identified as either American Indian or Alaska Native. Nineteen percent of 2016 users reported having limited English proficiency. *Id.* at 13.

27. Consistent with Title X's purpose, providers in a Title X project must give priority in the provision of services to persons with limited incomes and, in fact, Title X clients are overwhelmingly poor or low-income. In 2023, 60% of Title X patients had incomes at or below the poverty level ($14,580 per year for a single-person household in that year[7]) and received services at no cost. 2023 FPAR at 12–13. Another 23% of patients had incomes between 101-250% of the federal poverty level and received services at a low cost based on a schedule of discounts. *Id.* For many Title X patients, Title X-funded health centers are their only source of medical care.

[7] Off. of the Assistant Sec'y for Plan. & Evaluation, U.S. Dep't of Health & Hum. Servs., *2023 Poverty Guidelines*, https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf (last visited June 24, 2026).

28. In 2023, 72% of all female users adopted or continued use of a contraceptive method at their last Title X health center encounter. The Department of Health and Human Services ("HHS") categorizes contraceptive methods as most, moderately, or less effective. According to the 2023 FPAR, 54% of Title X users adopted or continued use of a most or moderately effective method. Only 1% of users were using natural family planning or fertility awareness methods, which OPA categorizes as less effective methods. *Id.* at 39. Six percent exited their encounter with no method because they were pregnant or seeking pregnancy; another 9% exited with no method for other reasons.[8] Five percent of female users reported they were abstinent. *Id.* at 65.

Title X Clinical Standards and Program Guidance

29. In addition to the Title X statute, subsequent legislative mandates, and regulations promulgated by HHS, the Title X program is governed by clinical standards and program guidance that OPA periodically adopts and revises. These standards and guidance are provided to grant applicants and grantees to help ensure that Title X projects are providing evidence-based clinical care consistent with

[8] Those reasons include: either partner is sterile without having been sterilized surgically, either partner has had a non-contraceptive surgical procedure that has rendered them unable to conceive or impregnate, or the user has a sexual partner of the same sex. *Id.* at 29.

current nationally recognized standards, and are consistently and effectively accomplishing the purpose of Title X.

30. These governing guidance documents include: (1) *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*, a joint Centers for Disease Control ("CDC") and OPA publication from 2014 regarding clinical standards for providing quality family planning services ("2014 QFP"),[9] which was updated in 2024 ("2024 QFP")[10]; and (2) the Title X Handbook, a guidance document produced by OPA.[11]

31. The 2024 QFP describes nationally recognized standards of care and clinical guidance for any family planning provider, whether funded by Title X or not. Title X-funded entities have been required to adhere to QFP standards since 2014. *See* Title X Handbook at 10.

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[9] Loretta Gavin et al., *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*, MMWR Recomm. Rep. 2014 2, https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf.

[10] 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)*, 67 Am. J. Prev. Med. S41, S42 (2024), https://pubmed.ncbi.nlm.nih.gov/39570204//.

[11] Off. of Population Affs., Title X Program Handbook (2024), https://opa.hhs.gov/sites/default/files/2025-01/Title%20X%20Program%20Handbook_Dec%202024_FINAL.pdf ("Title X Handbook").

32. The Title X regulations 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). OPA considers the update of the QFP in 2024 to be "a nationally recognized standard of care when implementing the Title X requirements." *See* OPA, OPA Program Policy Notice 2024-02, https://opa.hhs.gov/node/4173.

33. The original 2014 QFP set national clinical standards for family planning services after a lengthy process involving dozens of technical experts, including myself. It drew on the CDC's "long-standing history of developing evidence-based recommendations for clinical care" and the fact that "OPA's Title X Family Planning Program has served as the national leader in direct family planning service delivery" since 1970. 2014 QFP at 2.

34. Through the QFPs, OPA recommends that family planning providers take a client-centered approach to care. For example, the 2014 QFP "encourage[s] 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. Similarly, the 2024 QFP says that one of the guiding principles of delivering quality sexual and reproductive health care is ensuring that it is person-centered, which is defined as "focus[ing] on an individual person's needs, values, and preferences." 2024 QFP at S47–48.

35. Furthermore, both QFPs recognize the need for equity and inclusivity in the provision of family planning care. For example, the 2014 QFP emphasizes that the provision of care should be "[e]quitable" and "does not vary in quality because of the personal characteristics of clients." 2014 QFP at 4. The 2024 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." 2024 QFP at S42. It also identifies "inclusivity," including for LGBTQ people, as one of the "guiding principles" of sexual and reproductive health care delivery, *id.* at S47–48, and instructs that "[p]roviders should support the sexual and reproductive health care needs of all people regardless of their gender identity by providing gender-inclusive and affirming care," *id.* at S72.

36. Furthermore, the 2014 and 2024 QFPs address the need for family planning providers to provide the full range of family planning services. For example, the 2014 QFP "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." 2014 QFP at 2. Similarly, the 2024 QFP says that "[a] broad range of Food and Drug Administration (FDA)-approved or FDA-cleared contraceptive products should be available on-site." 2024 QFP at S57.

37. 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.

38. The Title X Handbook "provides information critical to managing a Title X project" and is intended to "help [Title X grant] recipients and subrecipients be successful as they implement their Title X projects." Title X Handbook at 6. The Handbook 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." *Id*. at 12.

Title X Services Funding and Grant-Making

39. The Title X family planning program, including services projects, is funded annually through congressional appropriations to HHS.

40. The Title X grants subsidize each project's operation, from staff salaries and training, to equipment, overhead, and administrative expenses, to laboratory tests, contraceptive supplies, and other materials. Although the structure of Title X necessitates additional funding to support the project, providers must follow the Title X requirements as to how they spend all of their project dollars.

41. Title X projects are substantial undertakings, with each grantee typically responsible for millions of project dollars (often with multiple subrecipients and dozens of service sites) dedicated to providing specialized care, and each project subject to intricate regulatory, compliance, and reporting requirements. The recruitment, vetting, and training of, as well as coordination with, subrecipients are especially intense tasks when a project's network of providers is being established. Likewise, special budgeting, billing, and other administrative processes must be put in place to comply with Title X requirements. Thus, the establishment of a Title X project's service network, clinical protocols, and administrative processes typically takes many months to accomplish.

42. Over time, the pool of Title X grantees and subrecipients has been relatively stable and many now have deep expertise and decades of experience in providing family planning methods and services to their primarily low-income patients. They also typically offer night and weekend hours and have shaped their projects to best meet local needs. Many service sites are specialized family planning centers, whether run 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: for example, specialized providers are significantly more likely to provide the full range of FDA-approved contraceptives, including intrauterine devices ("IUDs") and contraceptive implants, onsite.[12]

43. 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). Successful applicants awarded grants are generally issued Notices of Award informing them of their selection as Title X grantees, award amounts, the project period of performance and initial budget period dates, and containing standard and special terms and conditions, reporting requirements, and contact information for

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[12] *See, e.g.*, Bocanegra, et al., *Onsite Provision of Specialized Contraceptive Services: Does Title X Funding Enhance Access?*, J. Women's Health (May 2014), *abstract available at* https://www.liebertpub.com/doi/full/10.1089/jwh.2013.4511; *see also* Frost, et al., *Publicly Funded Family Planning Clinics in 2015, supra* fn. 6.

relevant officials at HHS. 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.

44. OPA initiates the grant-making process by issuing a notice of funding opportunity, commonly referred to as a NOFO. Title X project grants are competitive grants, and the competitive grant NOFO tells grantees and prospective grantees, in precise detail, the requirements for any proposed Title X project and for the application describing that proposed project.

45. For more than a decade, OPA has included in the competitive NOFOs a scoring rubric, in which points are allotted for each of the statutory and regulatory criteria, to further specify the relative weight that each criterion is given in the grant award decision-making process, with the points adding up to 100. For example, in the FY 2022 NOFO, 15 points were allotted for justifying that "family planning services are needed locally within the proposed service area"; 20 points were allotted for demonstrating adequate compliance with "the requirements set forth in the Title X statute, regulations (42 C.F.R. part 59, subpart A), and legislative mandates"; and 5 points allotted based on the "relative need of the applicant"; etc.[13]

[13] Off. of Population Affs., Off. of the Assistant Sec'y for Health, U.S. Dep't of Health & Hum. Servs., Notice of Funding Opportunity: Title X Family Planning Services Grants Opportunity Number: PA-FPH-22-001 36–37 (2021),

46. A competitive NOFO sets forth the criteria for reviewing, scoring and awarding grant applications. Merit review panels are given the NOFO and required to use only the specified or referenced criteria and descriptions of the program therein to assess the applications. The review panels score and rank the applications based on the NOFO's criteria.

47. In addition to the decision-making criteria for Title X services grants, competitive NOFOs for Title X have often included a number of "program priorities" and/or "key issues" that articulate HHS's or OPA's topical concerns in a particular year. There have traditionally functioned as "add on" ideas or matters of emphasis to be considered by the applicant and to serve as goals for further project development.

48. Based on my professional experience and conversations with NFPRHA members, I know that prospective Title X grantees often devote months to preparing a Title X services grant application. This is because applications must satisfy extensive and detailed requirements; accordingly, applicants often need a significant amount of time to gather and compile all the requisite information.

49. 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

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https://static1.squarespace.com/static/62991439185270517b7b57fb/t/63e5566f1807b308a7f9e5ad/1762481114364/NOFO+2022.pdf ("2022 NOFO").

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 provider 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 at that particular site.

50. 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.

51. 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.

52. These components of the application facilitate the making of grants to applicants that will employ qualified clinicians to effectively deliver high-quality family planning services that will meet the needs of the communities they intend to serve.

53. 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 successful—that grantee will then be expected to make good on those representations.

54. I am aware that some agencies have begun preparing their application packets, and based on my experience, I expect that those agencies that have not will begin in the fall, so that they have sufficient time to complete the application by the deadline. NFPRHA's members that are applying for a Title X grant need, at minimum, 90 days to prepare and submit their applications by the deadline. This is

because, in addition to the complexity of the application discussed above, some prospective grantees, like governmental health departments, have various layers of internal review. For example, some state health departments must have their application reviewed by several bureaus or 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. Each of these processes takes time to complete, and every day counts.

55. OPA 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.

The Current Title X Grant Cycle and the 2027 NOFO

56. 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. These grants are slated to end on March 31, 2027.

57. At the same time, the Agency released the 2027 NOFO, which it subsequently revised on July 9, 2026. The NOFO 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," and "solicits applications for projects to provide Title X services." NOFO at 2. While the exact amount of funding for FY 2027 will not be determined until FY 2027 federal appropriations are enacted, the NOFO states that 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." *Id*. at 2.

58. Applications for FY 2027 grants are due on January 11, 2027. *Id*.at 1. In advance of this deadline, the Agency intends to provide a Technical Assistance Webinar for applicants on November 9, 2026, and expects applicants to have "review[ed] the entire [NOFO] prior to attending." *Id*. at 35. Following the webinar, the Agency typically will post a document addressing frequently asked questions regarding the grant application process. *Id.*

59. I have no indication that this NOFO is interim or that the Agency intends to amend, adjust, or replace it; accordingly, I expect NFPRHA's members will be preparing and submitting their applications under this NOFO.

60. The NOFO gives the anticipated start date for grants awarded under it as April 1, 2027. The NOFO states that HHS "intend[s] to award funds as much in advance of the anticipated project state date . . . as practicable, with a goal of 10-15 days. Note that 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." *Id*. at 43.

61. According to the NOFO, all award decisions under it "are final and you may not appeal." *Id*. at 42.

62. The NOFO contains a number of significant changes that pose considerable threats to the integrity of the Title X grant application process, as well as the program as a whole.

63. Indeed, I have heard from many NFPRHA members expressing serious concerns about aspects of the NOFO, including Plaintiff FHCCP. Specifically, NFPRHA members have expressed confusion about how to comply with the requirement that they demonstrate alignment with several of the priorities, because they are vague and appear to be in tension (and at times in direct conflict) with the governing Title X regulations and guidance. Moreover, some of the priorities have no discernable connection to family planning services at all.

64. The members' confusion makes sense. In my experience as NFPRHA's CEO for almost 17 years, I have become well acquainted with the requirements that govern the Title X program and the Agency's approach to grantmaking; based on that experience, these priorities are a stark departure from the Agency's previous positions.

65. For instance, a hallmark of the Title X program has long been its focus on providing care in a manner that is client-centered, meaning that the care is voluntary and responsive to the specific needs of the diverse patient populations

seeking care from the Title X project. *See, e.g.*, *supra* ¶¶ 34–35 (discussing 2014 and 2024 QFPs). In the 2014 QFP, for example, OPA and the CDC "encourage[d] taking a client-centered approach" in the delivery of Title X services by, for instance, "reinforcing the need to deliver services in a culturally competent manner so as to meet the needs of all clients, including . . . those who are [LGBTQ]." 2014 QFP at 2. Similarly, the 2014 QFP asserted that a component of "quality health care" was "[e]quity," meaning "deliver[ing] high-quality care to all clients, including . . . LGBTQ persons [and] racial and ethnic minorities." *Id.* at 3. One of OPA's recommendations in 2014 was that "the needs of diverse clients, such as LGBTQ persons . . . should be consulted and integrated" into program delivery, by, for example, having providers "avoid making assumptions about a client's gender identity [and] sexual orientation" and treating "all requests for services . . . without regard to these characteristics." *Id.* at 7.

66. This position was consistent throughout the intervening decade, with the 2024 QFP update similarly recommending "the incorporation of . . . equity principles" in the delivery of Title X family planning services. 2024 QFP at S44. The 2024 QFP update recognizes that a person's biology may not be concordant with their gender identity. *See id.* ("The term 'assigned female at birth' (AFAB) is used to describe particular considerations for people who were born with and may or may not currently have a uterus, ovaries, fallopian tubes, vagina, and vulva without

connecting this anatomy to the experience of gender identity."). In order to provide inclusive care to LGBTQ clients, OPA recommended that, "[r]ather than making assumptions, healthcare providers should ask patients about their sex assigned at birth, current anatomy, preferred name, gender identity, and pronouns." *Id.* at S48. Providers are instructed to provide family planning services that are "gender-inclusive and affirming" and to "[c]reate inclusive and inviting clinical environments" sensitive to "the health care needs of transgender patients." *Id.* at S72.

67. But the NOFO appears to constitute a dramatic reversal of the Agency's previous position on inclusive, client-centered care. For example, the Agency's priorities include "[e]nd[ing] diversity, equity, and inclusion (DEI) policies and practices" by jettisoning the "ideologically laden" concept of "health equity." *See* Priorities of Off. Of the Assistant Sec'y for Health, attached as Ex. B to Pls.' Mot. ("OASH Priorities"). This priority, however, appears to contradict both the Title X regulations, which instruct Title X projects to "*advance* health equity," 42 C.F.R. § 59.7(a)(3) (emphasis added), as well as the QFP, which stresses the importance of "equity principles" in the provision of family planning services. 2024 QFP at S44. There is nothing in the NOFO that addresses this contradiction, but prospective grantees will nevertheless have to navigate this ambiguity when drafting their applications.

68. While the NOFO states that applicants must align with OASH and OPA priorities only "where consistent with program authority and the scope of the award" and "when authorized by law," *see, e.g.*, NOFO at 7 & 41, it does not explain which priorities the Agency considers to be consistent with, or within scope of, the Title X program, nor does it describe actions grantees could take to advance these priorities that would be authorized by law. Applicants are merely left to guess at what the Agency means by these ostensible caveats. And guessing is especially difficult here, where the very core of certain priorities directly conflicts with Title X regulations. In light of such a conflict—between, for example, the Anti-DEI Priority, in which the Agency directs applicants to *abandon* concepts like health equity, and the regulation, which requires them to *advance* health equity—what exactly are grantees expected to do? The Agency seems to believe that there is *something* left of this priority that, despite it is conflict with the regulations, is "authorized by law" and "consistent with program authority," but it is entirely unclear what that could possibly be.

69. Furthermore, the Agency states that one of its priorities is "combat[ing] gender ideology," *see* HHS Priorities (attached as Ex. C to Pls.' Mot.), which this administration has defined 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," *see* Exec. Order. No. 14168, 90 Fed. Reg. 8615

(Jan. 20, 2025). This priority, which applicants must "align" with to be deemed eligible for Title X grant funding, appears directly at odds with the positions that OPA previously advocated for in the guidance documents like the QFP. But those guidance documents, which constitute nationally recognized standards of care that Title X projects must adhere to, have never been withdrawn or repudiated. The NOFO provides no explanation for the Agency's new position on the role of diversity, equity, and inclusion—including with regards to transgender individuals—within the Title X program, and never indicates how applicants are to reconcile this tension.

70. For example, under the regulations and the 2024 QFP, projects must respect a transgender client's pronouns as a component of providing inclusive, client-centered care; however, under the NOFO, would OPA now consider that to be misaligned with the Agency's new view that sex is immutable? The NOFO does not say, and NFPRHA's members are thus left in the dark as to the answer to this question. Similarly, members are generally uncertain as to what exactly the Agency will be looking for in terms of "alignment" with the "gender ideology" priority, and how they are to demonstrate it in their applications.

71. In short, the conflict between the Agency's prior positions and its current priorities leaves NFPRHA's members at a loss as to how to draft competitive applications for FY 2027 funding that both align with regulations and nationally

recognized standards of care, and the requirement of "alignment" with these priorities under the NOFO.

72. Furthermore, a defining feature of the Title X program since its inception—and reflected in both the Title X statute and regulations—has been the provision of a broad range of high-quality, effective contraceptive methods (which projects offer both to prevent pregnancy and to treat a number of other medical conditions). Title X projects, including those run by NFPRHA's members, have developed decades of expertise providing a broad range of effective family planning methods, including FDA-approved contraceptives, based on their familiarity with national standards of care and evidence-based medicine. Indeed, as I explained, *supra* ¶¶ 11–14, the Title X program came into being because Congress wanted to ensure that no American was denied access to the most effective forms of birth control because of their inability to pay.

73. But the NOFO demonstrates a disturbing pivot away from the Agency's longstanding emphasis on contraception. Indeed, the word "contraception" appears only once in the entirety of the NOFO—when the Agency falsely suggests that women are abandoning contraceptives as a result of deleterious side effects. NOFO at 11. The NOFO states applicants will have to demonstrate alignment with the Agency's priority to "reduc[e] overmedicalization in health care," noting that the Agency "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," including by, *e.g.*, "expanding access to fertility-awareness-based methods (often referred to as natural family planning)." *Id.* at 11–12.

74. NFPRHA members are justifiably confused by this priority, which seems to mark a departure from the central focus of the Title X program: providing effective methods of family planning to low-income individuals. On the one hand, prospective grantees must comply with the statute and regulations' emphasis on providing a "broad range" of family planning methods, including medical contraceptives and contraceptive devices; on the other, they must somehow demonstrate that they are in alignment with what seems to be a shift *away* from medical methods in favor of methods that the Agency itself has said are less effective. *See* 2023 FPAR at 39. The QFP, moreover, makes clear that evidence-based practice and patient needs warrant the provision of contraception to treat a wide range of medical conditions and symptoms beyond the prevention of pregnancy—a reality that the NOFO does not recognize.

75. The NOFO also seemingly requires alignment with priorities that have nothing to do with the provision of family planning services, including, for instance, HHS's priorities to "End crime and disorder on America's streets," "Investigate and care for those with Long COVID," and "Further our understanding of autism." *See*

HHS Priorities; NOFO at 40. NFPRHA members have expressed confusion as to how they could even begin to align with these priorities, given that the express purpose of Title X funding is the delivery of effective family planning methods services—*not* to fight crime, investigate COVID, or research autism. Members are particularly concerned about whether the Agency is expecting them to divert limited grant funds away from Title X service provision and toward the furtherance of these entirely unrelated priorities. Given the limited funding available to support family planning services, any requirement that grantees redirect critical funds towards furthering irrelevant Agency priorities would undermine the availability of Title X services, thereby risking harm to the patients who rely on the Title X network to access health care.

Impact of the 2027 NOFO on NFPRHA's Members

76. The significant changes evident in the NOFO pose serious threats to the integrity of the Title X grant application process. For example, allocating 35 points in the Merit Review to alignment with Agency Priorities—significantly more than compliance with the Title X regulations, statute, and core goals—means that applicants that are exceptionally qualified based on Title X's statute, regulations, and guidance, as well as the factors Congress mandated be considered in awarding grants, are at risk of losing the competition—including those agencies that have

developed significant expertise in providing Title X family planning services to countless patients over several decades.

77. Further, the NOFO's prioritization of ideological alignment with the Agency's priorities over the statutory and regulatory requirement to provide a broad range of family planning methods—including medically approved contraceptives—creates a real possibility that Title X grants will be awarded to the Agency's political favorites, including entities that prioritize the provision of non-medical family planning methods over more effective medical contraceptives, regardless of the needs and values of the communities they are intended to serve.

78. In sum, by subverting the integrity of the Title X grant competition and demanding that prospective grantees demonstrate that they will act in ways that contradict both applicable legal requirements and nationally recognized standards of care for family planning services, the NOFO threatens serious harms, not only to NFPRHA members' grant prospects but to the Title X network overall. This, in turn, risks harming the health and wellbeing of the individuals and communities that network serves.

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

Executed this 14th day of July 2026.

Clare M. Coleman

EXHIBIT E

E

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

NATIONAL FAMILY PLANNING & REPRODUCTIVE HEALTH ASSOCIATION, *et al.*,	)	
Plaintiffs,	)	No. 1:26-cv-1684-JPW
v.	)	(Hon. Jennifer P. Wilson)
ROBERT F. KENNEDY, JR., *et al.*,	)	
Defendants.	)	

DECLARATION OF PATRICIA FONZI IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT OR, IN THE ALTERNATIVE, FOR A PRELIMINARY INJUNCTION

I, Patricia Fonzi, declare and state as follows:

1. I am the President/CEO of Family Health Council of Central Pennsylvania ("FHCCP"), a plaintiff in the above-captioned case. I first joined the organization nearly 30 years ago in 1997. I served in a variety of positions before taking on my current role leading the organization in 2015. My educational background includes a Bachelor's degree in English and education and a Master's degree in counseling.

2. As President/CEO of FHCCP, I am the organization's chief spokesperson and am responsible for the strategic direction, project development,

funding strategies, and financial and operational administration of the organization, including compliance with contracts and grant requirements, all with the goal of ensuring the overall success of the organization and its staff. This declaration is based upon my personal knowledge, my review of FHCCP's business records, and the knowledge I have acquired in the course of my duties with the organization.

3. FHCCP is a member of the National Family Planning & Reproductive Health Association ("NFPRHA"), which is also a plaintiff in this case. I provide this declaration on behalf of FHCCP and in support of the Plaintiffs' Motion for Summary Judgment or, in the alternative, for a Preliminary Injunction in their challenge to aspects of the fiscal year ("FY") 2027 Revised Notice of Funding Opportunity for the Title X family planning program ("NOFO").

4. The NOFO includes a number of criteria and provisions that are contrary to Title X's central tenets and requirements, and risk undermining Title X service provision by pushing qualified, experienced providers out of the program. Specifically, the NOFO requires prospective grantees like FHCCP to align with Department of Health and Human Services ("HHS" or the "Agency") political priorities, some of which are directly contrary to Title X regulations and guidance, and others of which are confusing, vague, or entirely irrelevant to Title X service provision.

5. I am deeply concerned that the requirement of alignment with Agency political priorities that are out-of-step with Title X regulations and national standards of care will put FHCCP at a competitive disadvantage in seeking Title X funding, will risk pushing the organization out of the Title X family planning program that it has participated in for decades, and—even if FHCCP is awarded funding—will force it to divert resources away from direct family planning services toward implementing the Agency's priorities. Most importantly, if FHCCP loses out on a Title X grant as a result of unlawful criteria set forth in the NOFO, thousands of low-income patients in central Pennsylvania who rely upon our network for high-quality family planning care face risk of serious harm.

FHCCP's Provision of Health Care and Social Services

6. Founded in 1973, FHCCP is a private, not-for-profit organization with a mission of building and supporting community-based health networks through partnership, education, advocacy, and effective resource provision to help individuals and families build healthier, more stable lives.

7. Working across 28 counties in central Pennsylvania, FHCCP collaborates with hospitals, community health centers, local governments, and grassroots organizations to implement programs that improve health, prevent disease, and promote wellness.

8. Through this network, FHCCP oversees and supports the provision of a range of vital services and medical care, including adolescent health services, such as teen pregnancy prevention programming; reproductive health services for adults and adolescents, including access to the full-range of contraceptive methods and STI testing and treatment; preventive health services, such as gynecological care and screening for breast and cervical cancer; nutrition services for pregnant and postpartum people and their children, such as breastfeeding support and healthy food access; services for individuals at risk of or living with HIV/AIDS, including prevention, case management, and housing services; and assistance for individuals with substance use disorders, including counseling, case management, and housing support. All services are confidential and delivered as part of a patient-centered model of care.

9. The organization focuses on people and communities experiencing health inequities, economic hardship, or limited access to affordable, client-centered care, with its various programs aimed at bridging the gaps that geography, income, insurance status, race/ethnicity, language and other factors create.

10. The organization's team of more than 75 employees offers these different programs by meeting people directly where they are—in clinics, in communities, and across neighborhoods, including through the use of telemedicine and mobile health units.

11. In 2024, FHCCP provided services to more than 67,000 individuals. That year, across programs, nearly 9 in 10 FHCCP clients lived on incomes below 200% of the Federal Poverty Level ("FPL") — $30,120 per year for a single person or $62,400 per year for a family of four in 2024. FHCCP reaches a population that is nearly double the region's racial diversity, with 30.2% of clients in 2024 identifying as people of color versus 16.2% regionwide. FHCCP also serves a Hispanic and Latino population more than four times the regional average – 31.2% in 2024 versus 7.3% regionwide.

12. In its over fifty years of serving central Pennsylvania, FHCCP has become a trusted steward of public funds and a proven administrator of federal, state, county, and private grants. In FY 2025, FHCCP's total revenue was $29,246,037, with 99% of those funds coming from state or federal appropriations, including state grants like Pennsylvania's Women's Health Services Program and federal grants like the Teen Pregnancy Prevention Program and Title X. Indeed, in FY 2025, approximately $2,639,793, or 9% of the organization's total revenue, came from the Title X program alone.

FHCCP & Title X Family Planning Services

13. Family planning is a cornerstone of FHCCP's services. Since the organization's founding in 1973, the Title X program—the nation's only federal program dedicated solely to family planning—has financially supported FHCCP's

delivery of low or no-cost family planning services, helping to ensure that everyone can access high-quality reproductive health care regardless of income, insurance status, or background.

14. For more than half a century, each grant cycle, FHCCP has applied for and been awarded Title X funding to provide family planning services in central Pennsylvania. The care that FHCCP provides through Title X includes a broad range of contraceptive services; natural family planning; pregnancy testing and counseling; screening for breast and cervical cancer; testing and treatment for sexually transmitted infections; basic infertility services; screening for intimate partner violence, mental health concerns, obesity, and substance use; health education; and referrals for other health and social services.

15. FHCCP subgrants Title X funding to local partners throughout central Pennsylvania. The organization's diverse Title X subrecipient network of 19 service providers at approximately 48 service sites in a 24-county region in central Pennsylvania includes Federally Qualified Health Centers (FQHCs), hospitals, colleges and universities, faith-based organizations, community-based organizations, and physician offices. Some of FHCCP's Title X providers offer telehealth appointments and/or serve the community through pop-up clinics, helping facilitate access to family planning services for those who, for whatever reason, cannot come into one of the service sites.

16. Our Title X network supports the delivery of confidential, high-quality family planning services to approximately 30,000 low-income Pennsylvanians each year. In calendar year 2025, FHCCP's Title X project provided a range of family planning services to 31,311 individuals at 51,585 separate clinical encounters.

17. FHCCP serves all clients, regardless of their sex, sexual orientation, or gender identity, including clients who identify as transgender or gender non-conforming. The FHCCP Title X network's patients are approximately 81.4% female and 18.6% male, with the majority (53.5%) of all patients being under 30 years old. Some of FHCCP's Title X family planning patients identify as transgender or gender non-conforming.

18. Of FHCCP's Title X family planning patients who reported their race, 71% identified as white, 24.4% as Black, 2.5% as Asian, 1.2% as Native Hawaiian, American Indian, or Alaska native, and 0.7% as more than one race. Of all of FHCCP's Title X family planning users, about 36% identified as Hispanic or Latino. Additionally, approximately 18% of FHCCP's family planning users have limited English proficiency.

19. FHCCP's Title X patients are overwhelmingly poor or low-income. In calendar year 2025, 73.1% of the clients the FHCCP network served had household incomes at or below 100% of the FPL ($16,749 for an individual or

$32,649 for a family of four in 2025). Another 18.4% were between 101-200% of the FPL, 3.3% were between 201-250%, and 5.3% were over 250%. In other words, approximately 95% of FHCCP's Title X family planning clients are classified as poor or low-income.

20. FHCCP's Title X patients are also largely uninsured or under-insured. In calendar year 2025, 41.4% of FHCCP's Title X patients had public health insurance coverage, 20.7% had private health insurance, and 38.0% were entirely uninsured.

21. Through the Title X program, FHCCP offers access to a broad range of free or low-cost contraceptive options. These include, as categorized by the Agency,[1] the most effective methods for preventing pregnancy, such as male or female sterilization, implants, and intrauterine devices (IUDs); moderately effective methods for preventing pregnancy, such as hormonal injectables, oral contraceptives, contraceptive patches, and vaginal rings; and less effective options for preventing pregnancy, such as barrier methods and fertility awareness-based methods.

[1] *See* 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* 16 (2024), https://opa.hhs.gov/sites/default/files/2025-08/2023-FPAR-national-summary.pdf.

22. At FHCCP, Title X patients seeking contraceptive services receive patient-centered counseling on their contraceptive options and then choose the method(s) that are right for their individual needs and circumstances. Patients may opt for one method over another or switch methods at different points in their lives for a variety of reasons, including shifting priorities, personal beliefs, partner preferences, or health needs.

23. In calendar year 2025, the most popular primary methods of contraception among all of FHCCP's female Title X patients were oral contraceptives (11.2%), male condoms (9.5%), female sterilization (8.5%), three-month hormonal injections (7.2%), hormonal implants (6.4%), IUDs (5.2%), and abstinence (4.8%). Fewer than one percent elected for certain other options as their primary method, including the contraceptive patch (0.74%), fertility-awareness or lactational amenorrhea methods (0.59%), and the vaginal ring (0.55%). Approximately 4% of FHCCP's Title X family planning patients were not using any contraceptive method because they were either pregnant or seeking pregnancy.

24. Other essential family planning services that FHCCP offers through the Title X program include clinical breast exams, cervical cancer screenings, and STI testing and treatment, as well as education and counseling. In calendar year 2025, FHCCP provided Pap tests to 2,791 patients, with approximately 600 tests identifying pre-cancerous changes on the cervix, allowing those patients to take

action before development into cervical cancer. That same year, FHCCP provided nearly 10,000 tests for chlamydia and gonorrhea, nearly 4,000 tests for syphilis, and nearly 5,700 tests for HIV, allowing patients to access treatment, protect their sexual partners, and potentially avoid other negative health consequences such as infertility.

25. Title X funding allows FHCCP to offer these contraceptive options and other essential family planning services at low or no cost, removing barriers to health care, promoting reproductive autonomy, and helping lower-income Pennsylvanians make informed decisions about their health.

The FY 2027 Notice of Funding Opportunity for Title X Funds

26. FHCCP's current, multi-million dollar Title X grant is scheduled to end on March 31, 2027.

27. In April of 2026, the Office of Population Affairs ("OPA"), the government entity that runs the Title X grant-making process, released a notice of funding opportunity, which was originally challenged in this case. Following the filing of this lawsuit, in July 2026, the OPA issued the revised NOFO now challenged in the Amended Complaint.

28. Under this NOFO, it is anticipated that a five-year Title X award will be issued in the first quarter of 2027. Defendants will host a technical assistance

webinar on November 9, 2026; applications are due by January 11, 2027; and the selected projects are expected to begin on April 1, 2027.

29. As it has for the entirety of the organization's history, FHCCP intends to apply for Title X funding to provide uninterrupted low or no-cost family planning services to thousands of low-income Pennsylvanians at dozens of service sites across a vast stretch of central Pennsylvania.

30. Based on my review of this NOFO, there are significant differences from prior Title X funding opportunities that FHCCP has applied for and received. As detailed below, many of these differences relate to new criteria that conflict with the Title X statute and regulations and/or are confusing and vague.

31. I am deeply concerned that the Agency may utilize these new components of the NOFO to try to push FHCCP out of the Title X program for reasons that have nothing to do with the need for family planning services in central Pennsylvania or FHCCP's ability to effectively provide those needed services, to the detriment of the patients that FHCCP serves.

Title X Applications' Merit Review

32. FHCCP has decades of experience with applying for federal grants, including Title X funding. Based on this experience, I know that, historically, federal grant applications—including applications for Title X funding—have been

judged by a merit panel comprised of independent experts that assess the qualifications of the applicant to fulfill the purpose of the grant.

33. FHCCP's applications are consistently well-received in competitive review processes, with objective review committee feedback indicating strong alignment, clear strengths, and only minimal areas needing refinement. FHCCP's success in Title X and other grant applications is likely due, at least in part, to the fact that we work hard to be responsive to the guidance and requirements set out in funding opportunity announcements.

34. This funding cycle, the NOFO instructs the merit review panel to allocate the most points to the degree to which the applicant demonstrates alignment with OPA and HHS priorities, including those that conflict or are in tension with the Title X program's statutory and regulatory requirements, and those that are irrelevant to the provision of family planning services.

35. The extent to which an applicant has demonstrated alignment with the political priorities is worth 35 points (out of 100 total). By contrast, the extent to which the applicant has demonstrated that it is able to provide a broad range of family planning methods and services to primarily low-income clients is worth only 10 points in the scoring process. Indeed, no other portion of the merit review even comes close to these 35 points available for alignment with Agency

priorities—for example, demonstrating compliance with the Title X statute, regulations, and legislative mandates is worth only 15 points.

36. The assignment of over one-third of the possible 100 points to alignment with Agency priorities unfairly stacks the deck against prospective grantees who otherwise satisfy all the criteria mandated by the Title X statute and regulations for obtaining a grant and that—like FHCCP—have proven track records of providing high-quality family planning care, but that are unable or unwilling to align themselves with political positions that are contrary to the Title X regulations, their organizational missions, and national standards of care.

37. For FHCCP, this means that we could receive a low score and be denied Title X funding for the first time in our 50 year history, based on perceived insufficient alignment with political priorities, some of which conflict or are in tension with the Title X statute, regulations, and guidance, and others of which have nothing to do with family planning care. In other words, we could be eliminated from the Title X program despite addressing all of the statutorily mandated criteria for a Title X grant, such as demonstrating the ongoing need for family planning services in central Pennsylvania and documenting FHCCP's proven track record of using the grant funding to provide these services in an efficient manner.

Alignment with Agency Priorities Within Title X

38. The NOFO's mandate that prospective applicants—and future grantees—align themselves with the Agency priorities while simultaneously complying with the Title X statute and regulations is confusing, given that several of the Agency priorities appear to directly conflict with the Title X regulations and/or are in tension with the underlying purpose of the Title X program.

39. For example, FHCCP does not know how to reconcile the NOFO's instruction to align with the priority to "[e]nd diversity, equity, and inclusion (DEI) policies and practices," including to end "health equity," Mot. S.J. Ex. A at 7 & Ex. B, while also demonstrating compliance with the Title X regulations requiring the program to "advance health equity" including by providing family planning services to "diverse" persons in an "inclusive" and "equitable" manner. 42 C.F.R. § 59.7(a)(3); *id.* § 59.5(a)(3), (b)(3)(iii).

40. Under this priority, would it be appropriate for providers to abide by a Title X patient's request for a referral to a health care provider who speaks their native tongue—something some patients prefer based on a variety of reasons, including to ease anxiety or improve communication? What about a survivor of sexual assault's request for a referral to a female OB/GYN? Would Title X providers be reprimanded for explaining to a Black patient that Black women have a higher baseline risk for blood clots and that certain forms of contraceptives could

further increase that risk? Would it be permissible for Title X projects to offer STI testing and treatment at a pop-up clinic at an LGBT community center? The Title X regulations support these efforts while the NOFO's demand to align with the Agency's priority of ending DEI, including health equity, would seem to preclude them. The tension between these conflicting requirements is causing confusion and chaos at FHCCP, including in our grant writing and program planning.

41. Similarly, FHCCP does not know how to reconcile the NOFO's instruction to align with the Agency's priority to "combat gender ideology,"[2] Mot. S.J. Ex. A at 7, 13, & 41; Ex. B; Ex. C, while also complying with the Title X regulation forbidding grantees from discriminating on the bases of "gender identity" or "sex characteristics" and requiring grantees' family planning projects to "fully include[]" "transgender… persons" and make sure that they "actively participate in and benefit from family planning." 42 C.F.R. § 59.5(a)(3)–(4); *id.* § 59.2.

42. As noted above, FHCCP provides care to transgender and gender non-conforming patients, including within the Title X program. This encompasses

[2] "Gender ideology" is defined in an Executive Order 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).

providing family planning care, including access to contraception and STI testing and treatment, and making referrals for other types of health care. Would aligning with the Agency's priority to "combat gender ideology" require FHCCP staff to treat these patients differently than other patients by not respecting their name and pronouns? Would alignment with this priority restrict our ability to provide information to our transgender patients about where they could access gender-affirming medical or mental health care upon request? Would it impede open communication and counseling regarding sex and pregnancy prevention with our transgender patients or patients who have transgender partners? The conflict between the Agency's priority to "combat gender ideology" and the Title X regulation's inclusivity and non-discrimination requirements leaves FHCCP at a loss for how to shape its Title X project and write its Title X application in a way that satisfies all of the NOFO's requirements.

43. Additional Agency priorities in the NOFO are confusing and vague for other reasons.

44. For example, there is an Agency priority entitled "Enforcing the Hyde Amendment," under which the NOFO states that applicants are expected to "contribute to broader HHS efforts to safeguard life-affirming, lawful, and ethical program delivery." Mot. S.J. Ex. A at 13–14. To start, it is unclear exactly what the undefined term "life-affirming" means, though given that it is used in the context

of discussing a priority that relates to restrictions on the use of federal funds for abortions, I presume it has to do with abortion, and reflects an anti-abortion sentiment. But even still, FHCCP does not understand what this means in the context of the Title X program because the requirements regarding abortion provision and referrals are already established by the Title X statute, congressional rider, and regulations. For example, we are already prohibited from providing abortion services in the Title X program. And we must provide non-directive options counseling and referrals to Title X clients who are pregnant and seek information about their options.

45. It is entirely unclear how the Agency expects prospective grantees like FHCCP to "contribute to broader HHS efforts to safeguard life-affirming . . . program delivery" beyond what we already do—namely, complying with the existing restrictions on use of funds for abortion—and without flouting the legislative and regulatory requirements to support patients in making decisions regarding their pregnancy, including via all-options counseling and referrals for abortion upon request.

46. Another area of confusion is the NOFO's requirement that applicants align with the Agency's new priority to "reduc[e] overmedicalization in health care," with a call to focus on "behavioral and lifestyle factors of health" rather than medical interventions and to increase access to "fertility-awareness-based methods

(often referred to as natural family planning).” Mot. S.J. Ex. A at 11–12. It is unclear whether this priority is calling for a reduction in the provision of medical contraception, but the disparaging discussion of contraception under this priority—the only place where it is mentioned in the entire NOFO—gives me serious concern.

47. To the extent this priority is directing prospective grantees to deprioritize the provision of medical contraception and elevate natural family planning methods above other medical options, that is deeply problematic, not client-centered, and contrary to the core purpose of the Title X program.

48. The cornerstone of Title X family planning services is access to the *full range* of contraceptive options that patients can voluntarily choose from based on their individual circumstances and preferences. In fact, OPA’s 2024 Quality Family Planning Recommendations,[3] “a nationally recognized standard of care when implementing the Title X requirements,”[4] states that “providers should offer information about and access to a full range of hormonal and nonhormonal contraceptive options, including permanent and reversible methods, either on-site

[3] 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)*, 67 Am. J. Prev. Med., Dec. 2024, at S41–S86, https://www.ajpmonline.org/article/S0749-3797(24)00310-6/fulltext (“2024 QFP”).

[4] *See* Off. of Population Affs., *OPA Program Policy Notice 2024-02* (Nov. 19, 2024), https://opa.hhs.gov/node/4173.

or by referral, *but not prioritize one method over the other*." 2024 QFP at S55 (emphasis added). In accordance with this, FHCCP offers Title X patients the full range of options, including natural family planning, though only a small percentage of patients opt for this method, which is less effective at preventing pregnancy compared to others.

49. The QFPs also contemplate patient "interest[] in contraception for reasons other than pregnancy prevention," *id.* at S54, and many of FHCCP's Title X patients opt for medical methods of contraception for reasons beyond avoiding pregnancy, including for regulation of painful or irregular periods and treating chronic reproductive conditions like endometriosis or polyendocrine metabolic ovarian syndrome, previously referred to as polycystic ovarian syndrome.

50. The NOFO fails to explain how prospective grantees are expected to align with the Agency's "reducing overmedicalization" priority in the context of Title X's requirement that projects provide the full range of contraceptive services, and the import of providing medical contraceptives for non-pregnancy-prevention purposes, and FHCCP remains confused on how to do so. For instance, would provision of the birth control pill to a Title X patient who has come to FHCCP for contraceptive care and requested this method constitute a failure to align with the "reducing overmedicalization" priority? Would the Agency expect FHCCP to suggest natural family planning as a preferred method to all patients, or only

provide medical options when specifically requested by an individual patient? Would provision of medical contraception to help treat a patient's endometriosis conflict with the priority to "reduce overmedicalization"? The NOFO does not answer these questions.

51. Furthermore, FHCCP is unclear about how to address in its application the priorities that lack any relevance to the provision of family planning services. For example, the NOFO appears to require applicants for Title X funding to demonstrate alignment with Agency priorities that have nothing to do with Title X, including HHS's priorities to "[f]urther our understanding of autism," "[i]nvestigate and care for those with Long COVID," "[a]dvance the scientific understanding of the aging process," and "[e]nd crime and disorder on America's streets." Mot. S.J. Ex. C. FHCCP is unsure about whether it could or should address these seemingly irrelevant priorities. If FHCCP were required to do so, it would take away limited space in the application that would otherwise be used to address relevant and statutorily required factors, such as FHCCP's "capacity to make rapid and effective use of [Title X] assistance," 42 U.S.C. § 300(b), and, in implementing the grant, divert the limited funding away from the provision of family planning services.

52. Indeed, while the NOFO contains language stating that there need only be alignment with priorities "where consistent with program authority and the

scope of the award" and "when authorized by law," *see, e.g.*, Mot. S.J. Ex. A at 7, it leaves applicants to guess—risking loss of points and potentially millions of dollars—which stated priorities the Agency considers to be inconsistent with the program authority, outside the scope of the award, and/or in conflict with law. For example, the NOFO does not clarify whether the Agency considers its Anti-DEI Priority's direction to abandon the concept of "health equity" to be "inconsistent with the program authority" or not "authorized" by the Title regulations, such that grantees need not demonstrate alignment with it. As another example, the NOFO does not address whether the Agency considers the HHS priorities of "[a]dvanc[ing] the scientific understanding of the aging process" and "[e]nd[ing] crime and disorder on America's streets" to be outside the "scope" of the award—while FHCCP views those priorities as outside the scope, it has no guarantee that the Agency shares this view and will not penalize FHCCP for not addressing them in its application. In the end, the caveat does not provide clarity on what the Agency believes applicants should and should not address nor does the NOFO provide clarity on how applicants should do so.

53. FHCCP's confusion around all the vague and irrelevant priorities is compounded by the fact that Title X applicants do not have any historical basis to inform how they can or should appropriately address each priority.

54. In fact, because the NOFO's abrupt changes were not even subject to notice and comment rulemaking, or any other public considerations, FHCCP, other interested organizations with deep expertise in family planning care, and impacted communities were denied the chance to be presented with the Agency's justification for any changes to the Title X program and to offer any input on such changes. At a minimum, new family planning priorities—particularly ones that are prioritized over applicants' ability to provide quality care to people in need—should not have been adopted without extensive public input and full consideration of different views. FHCCP has expertise to contribute to such a process and certainly would have participated in it.

Effects of the NOFO on FHCCP, Its Network, and Title X Patients

FHCCP's Grant Writing is Thrown into Chaos and Confusion

55. An application for Title X funding includes up to 50 pages about the project plus approximately 50 pages of supporting documentation. FHCCP's project plan generally includes a needs assessment section, a detailed budget, and a comprehensive work plan that charts the goals and objectives of the project over the life of the grant. The supporting documentation can include things like letters of support and maps or infographics.

56. Putting together a competitive application for Title X funding takes months, as it includes time-consuming actions like data collection and analysis,

outreach, budgeting, and strategic planning. In a typical Title X funding cycle, FHCCP's staff grant writers would generally start no later than this month—July—for an application due the following January. In prior years, FHCCP has started compiling its Title X grant application even before an official funding opportunity was announced, due to our knowledge of what is generally expected in such applications. This can include collecting data to do an assessment of patients' family planning needs, convening partners in our network of sub-grantees to understand provider changes and needs, and filling out certain paperwork that is expected each cycle.

57. This year, however, FHCCP does not know how to proceed with its grant writing process given that the NOFO's new Agency priorities, as outlined above, seemingly conflict with the Title X regulations and/or are unclear and seriously confusing. This confusion is stymying FHCCP from being able to program plan and compile our application.

58. FHCCP will do everything it can to prepare a competitive application so that it can obtain a FY 2027 Title X grant and continue providing care to the community it has served for decades. But the NOFO has made it difficult for FHCCP to reconcile Title X's current emphasis on providing the full range of evidence-based family planning clinical services to poor or low-income individuals

in a manner that is inclusive and client-centered with the Agency priorities that applicants are now required to address and align themselves with.

59. Faced with the NOFO's requirement to demonstrate alignment with vague and confusing priorities—including some that contradict or are in tension with the requirements of the Title X statute and regulations—FHCCP is struggling with how to write a competitive application. How are we supposed to demonstrate in an application that we are aligned with priorities that we don't even understand the meaning, let alone the scope, of? How are we expected to attest to our compliance with Title X regulations while, at the same time, attesting to our alignment with priorities that are directly at odds with those regulations?

60. My staff have many questions, including related to potential budget items and program structure, that we simply cannot answer or finalize until we get clarity on what is actually expected of Title X applicants and grantees under the terms of the NOFO.

61. Given the effort that goes into compiling a competitive grant application, FHCCP needs clarity on the NOFO as soon as possible. Although we typically submit our Title X application early—in December rather than January to allow time to amend the final application in the online portal—a ruling from this Court by October 13, which is 90 days before the January 11 deadline, should allow FHCCP to put together its application.

Failure to Sufficiently Align with the Agency's Priorities—Including Those That Conflict with the Regulations—Places FHCPP At A Competitive Disadvantage and Risks Loss of Vital Title X Funding

62. As already explained, the NOFO effectively leaves us to guess at what the Agency is expecting of prospective grantees, and—given the point allocation—guessing wrong carries serious consequences.

63. As discussed above, the NOFO implements a lopsided scoring rubric, under which a hefty 35 of a total 100 points hinges on whether we "guessed right" and have sufficiently shown alignment with the Agency's political priorities. Given our confusion over whether and how to document alignment with many of the Agency priorities—including those that directly conflict with the regulations— I am concerned that FHCCP will risk jeopardizing our ability to garner sufficient points and, in turn, to obtain a grant even if we fully align with Title X regulations and national standards of care.

64. Moreover, the NOFO makes clear that the Agency expects grant recipients to align program design and activities with its priorities, and signals that if they fail to do so, they will be terminated. Accordingly, I am worried that even if we were to be awarded a grant, we would face risk of termination if we, for example, followed the Title X regulations and guidance that conflict with the Agency's priorities, or otherwise provided services in line with our values and

standards of care, should the government determine that doing so is in conflict with the Agency priorities.

65. Given all this, I am deeply worried that FHCCP is at serious risk of being pushed out of the Title X program, despite our well-documented, decades-long history of providing high-quality, community-based family planning care to patients in Pennsylvania.

66. If FHCCP were denied Title X funding for the first time in the organization's history, there would be serious consequences. For FHCCP, the loss of Title X funding could threaten the financial stability of the organization and its relationships with the large network of providers it has partnered with for many years as Title X subgrantees. But most significantly, the approximately 30,000 annual Title X patients that are seen in FHCCP's network, most of whom are low income and could not easily access these services elsewhere, will be at risk of losing access to vital family planning services. The elimination of this safety net could lead to increased unplanned pregnancies, higher rates of sexually transmitted infections, and a decrease in early-stage cancer detection, among other public health consequences.

Aligning With Agency Priorities Would Cause Diversion of Limited Family Planning Resources and Risk Harm to FHCCP Mission and Values

67. Alternatively, if FHCCP were to attempt to actually align with all the Agency's priorities under this NOFO—including those that conflict with the

regulations, national standards of care, and/or are irrelevant to family planning—the organization, its staff, and the patients it serves would be seriously harmed.

68. For example, alignment with some of the Agency's priorities detailed above risks forcing FHCCP to forgo providing certain services in the Title X program that (as a result of said alignment) we could no longer provide in a client-centered manner and in accordance with national standards of care. Alignment with all of the Agency's priorities would also force FHCCP to divert limited time and resources towards activities that are irrelevant to Title X, and away from the effective and efficient family planning services we have provided for decades.

69. Diverting resources and time to address the Agency's political priorities—again, some of which are not relevant to family planning—will necessarily reduce the number of overall clients the FHCCP network can serve with a limited grant of Title X funds. This is especially true because the government has not increased available funding to offset the additional requirements laid out in the Agency priorities. Title X has been flat funded by Congress since 2014. Accordingly, FHCCP will have to make cuts to its existing family planning programming to accommodate implementing the Agency priorities.

70. If not for the NOFO, FHCCP would proceed differently and make different, values-aligned choices in pursuing our mission to help central Pennsylvanians build healthier, more stable lives.

71. In sum, the NOFO is creating a rigged competition with vague, contradictory, and conflicting requirements that put at risk FHCCP's ability to continue providing client-centered family planning services as part of the Title X program, as it has throughout the organization's entire history, to tens of thousands of low-income individuals each year.

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

Executed on this 14th day of July 2026.

Patricia Fonzi