**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 9, 2027

**Technical Assistance Webinar Date**
September 15, 2026

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| BASIC INFORMATION | |
|---|---|
| **Opportunity Title**<br>Title X Family Planning Services | |
| | |
| **Program Office**<br>Office of Population Affairs | **Application Submission and Format**<br>Electronic application submitted via Grants.gov ONLY. |
| **Opportunity Number**<br>PA-FPH-27-001 | |
| **Award Type**<br>Grant | **Application Deadline**<br>January 9, 2027 |
| **Announcement Type**<br>Initial | **Technical Assistance Webinar Date**<br>September 15, 2026 |
| **Assistance Listing**<br>93.217 (Family Planning) | **Technical Assistance Webinar Details**<br>visit the OPA website at https://opa.hhs.gov/about/news/grant-award-announcements for details |
| **Eligible Applicants (see Section A.1 for full details)**<br>_____ | |
| **Executive Order 12372 does apply to this NOFO (see section F.3.D)** | |
| | |
| **Estimated Total Funding Available**<br>Up to $ 257,000,000 | **Estimated Period of Performance (months)**<br>60 |
| **Estimated Number of Awards**<br>up to 90 | **Anticipated Award Date**<br>April 1, 2027 |
| **Anticipated Award Funding Range**<br>$200,000 - $22M | **Anticipated Project Start Date**<br>April 1, 2027 |
| | |
| **QUESTIONS?**<br>OASH_Grants@hhs.gov<br>**Additional contact information in Section G** | |

## 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**

The recipients of this award must implement any funds awarded under this NOFO to effectuate program goals and agency priorities in accordance with the Priorities of the Office of the Assistant Secretary for Health 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.

Consistent with OASH's mission, in carrying out any project that is funded under this NOFO, recipients must align program design and activities with the following agency priorities, where consistent with the authority and scope of the award:

1) Address the chronic disease epidemic
2) End diversity, equity, and inclusion (DEI) policies and practices across OASH's programs
3) Reduce overmedicalization in health care and increase focus on optimal health and addressing underlying root causes
4) Provide medically accurate and reliable information necessary for informed consent
5) Promoting evidence-based care through the delivery of Title X services
6) Enforce the Hyde Amendment
7) Ensure gold standard science, curtail corporate capture and prevent conflicts of interest
8) 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 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
9) Ensure adolescent program materials are age-appropriate

10) Protect parental rights to direct the religious upbringing of their children

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:

11) Promote body and health literacy
12) Advance reproductive goals counseling
13) 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 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.

[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.

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 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.

[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

(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:

OASH Grants and Acquisitions Management Division

1101 Wootton Parkway. Plaza Level

Rockville, MD 20852

Phone: 240-453-8822

Email: OASH_Grants@hhs.gov

Email will often result in the fastest response.

**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.

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| **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)<br>• Microsoft Word (.doc or .docx)<br>• Image formats (.jpg, .gif, .tif, or .bmp only) |
| **Unacceptable File Formats (extension)** |
| • Microsoft Excel files (.xls) or other similar spreadsheet files<br>• Any compressed file formats (e.g., .zip, .rar, or Adobe Portfolio)<br>• 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 at OASH_Grants@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 9, 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 I).

**c. NOFO Technical Assistance Webinar**

We will provide a technical assistance webinar for applicants on September 15, 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 I).

**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 designed to ensure compliance with statutory and regulatory requirements, alignment with agency priorities, and responsible stewardship of Federal funds, consistent with Executive Order 14332, "Improving Oversight of Federal Grantmaking" (available at https://www.whitehouse.gov/presidential-actions/2025/08/improving-oversight-of-federal-grantmaking/), which aims to "strengthen

oversight and coordination of, and to streamline, agency grantmaking to address […] problems, prevent them from recurring, and ensure greater accountability for use of public funds more broadly."

**a. Application Qualification and Alignment Review**

Applications will first undergo an initial qualification and alignment review conducted by HHS GAM personnel in coordination with Federal program staff, including senior Department officials or other designated Presidential appointees, consistent with the Executive Order on "Improving Oversight of Federal Grantmaking."

This review includes the following components:

- **Eligibility Review** to determine whether you are an eligible applicant as described in Section A.
- **Responsiveness Review** to determine whether the application meets the responsiveness criteria described in Section F.1. and aligns with the purpose and objectives of the funding opportunity.
- **Formatting Review** to determine whether your application meets the formatting requirements described in Section D.1.
- Consistent with the Executive Order on "Improving Oversight of Federal Grantmaking," applications will be reviewed by a senior appointee or appointee's designee to assess alignment with:
    - HHS, OASH, and OPA priorities;
    - Principles of accountability, transparency, and effective Federal grant stewardship

The Grants Management Officer will coordinate with Federal staff, including a senior appointee or senior appointee's designee to relay to you a final determination of eligibility based on this initial 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:

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| • 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:<br>  ○ Above the Award Ceiling of $5,000,000; or<br>  ○ 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:<br>  ○ not submitted in the English language and U.S. dollars (2 C.F.R. § 200.111(a))<br>  ○ not submitted with<br>  ▪ an 8 ½ ” x 11” page size<br>  ▪ 1” margins on all sides (top, bottom, left and right)<br>  ▪ a font size of not less than 12 points<br>  ▪ a Project Narrative that is double-spaced<br>  ○ exceeding the 50-page limit for the Project Narrative<br>  ○ 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 2(a)(4)(b), "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."

## 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 FAPIIS, 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. HHS awards are subject to the 2 C.F.R. part 200 effective October 1, 2025.

## 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 for any of the conditions in 2 C.F.R. § 200.340.

## 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. FFATA and FSRS Reporting***

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System for all sub-awards and sub-contracts issued for $30,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

**e.** ***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.

***f. 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
Rockville, MD 20852
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
Rockville, MD 20852
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.<br>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

**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

## Table of Contents

| BASIC INFORMATION | |
|---|---|
| **Opportunity Title**<br>Title X Family Planning Services | |
| | |
| **Program Office**<br>Office of Population Affairs | **Application Submission and Format**<br>Electronic application submitted via Grants.gov ONLY. |
| **Opportunity Number**<br>PA-FPH-27-001 | |
| **Award Type**<br>Grant | **Application Deadline**<br>January 11, 2027 |
| **Announcement Type**<br>Initial | **Technical Assistance Webinar Date**<br>November 9, 2026 |
| **Assistance Listing**<br>93.217 (Family Planning) | **Technical Assistance Webinar Details**<br>visit the OPA website at https://opa.hhs.gov/grant-programs/funding-opportunities for details |
| **Eligible Applicants (see Section A.1 for full details)**<br>_____ | |
| **Executive Order 12372 does apply to this NOFO (see section F.3.D)** | |
| | |
| **Estimated Total Funding Available**<br>Up to $ 257,000,000 | **Estimated Period of Performance (months)**<br>60 |
| **Estimated Number of Awards**<br>up to 90 | **Anticipated Award Date**<br>April 1, 2027 |
| **Anticipated Award Funding Range**<br>$200,000 - $22M | **Anticipated Project Start Date**<br>April 1, 2027 |
| | |
| **QUESTIONS?**<br>**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)<br>• Microsoft Word (.doc or .docx)<br>• Image formats (.jpg, .gif, .tif, or .bmp only) |
| **Unacceptable File Formats (extension)** |
| • Microsoft Excel files (.xls) or other similar spreadsheet files<br>• Any compressed file formats (e.g., .zip, .rar, or Adobe Portfolio)<br>• 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:<br>  ○ Above the Award Ceiling of $5,000,000; or<br>  ○ 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:<br>o not submitted in the English language and U.S. dollars (2 C.F.R. § 200.111(a))<br>o not submitted with<br>▪ an 8 ½ ” x 11” page size<br>▪ 1” margins on all sides (top, bottom, left and right)<br>▪ a font size of not less than 12 points<br>▪ a Project Narrative that is double-spaced<br>o exceeding the 50-page limit for the Project Narrative<br>o 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.<br><br>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

# 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.


**Office of the Assistant Secretary for Health**

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES



# 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.

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Content last reviewed September 30, 2025

**From:** Bell, Dale (HHS/ASFR)
**To:** OS - OG CGMO
**Cc:** Chiarello, Gustav (ASFR); White, Colleen (HHS/ASFR)
**Subject:** ACTION: Review - Revised FY26 Notice of Funding Opportunity (NOFO) Content and Clearance Guidance
**Date:** Thursday, April 2, 2026 5:35:00 PM
**Attachments:** OG AT 2023-02_Revised NOFO Clearance Guidance.pdf
REVISED_2026 NOFO Clearance Guidance_FINAL.pdf

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Good evening CGMOs,

Attached is the Action Transmittal (AT), OG AT 2026-02 and the Revised *FY26 Notice of Funding Opportunity (NOFO) Content and Clearance Guidance*. Please review the attached documents and share them with the appropriate staff within your divisions.

This AT includes several updates to the *FY 2026 NOFO Content and Clearance Guidance*, including incorporation of the review process outlined in the February 20, 2026 ASFR memorandum. Key changes include:

- Removal of senior-level IOS clearance after Counselor review
- A new requirement for all HHS NOFOs to be submitted to OMB for review
- Updated required language in Attachment 3 addressing alignment with agency priorities (please consult OGC with any questions)

As part of our ongoing efforts to strengthen our communication of grants policy, we will also distribute this AT to the broader grants workforce through our distribution list. This new step will occur shortly after you receive ATs to allow time for internal awareness and coordination. We will provide a brief overview of this distribution approach at the April CGMO meeting.

These updates are effective immediately and will be published to the relevant HHS webpages shortly. Please contact Office of Grant Policy Office at at HHSGrantsPolicy@hhs.gov if you have any questions. Thank you,

-Dale

**Dale Bell | Deputy Assistant Secretary**
**HHS | OS | ASFR | Office of Grants**
**Office:** 202.763.5792| **dale.bell@hhs.gov**

**DEPARTMENT OF HEALTH & HUMAN SERVICES** Office of the Secretary
Washington, D.C. 20201

**ACTION TRANSMITTAL – INTERNAL**

**Transmittal No.:** OG AT 2026-02

**Issuance Date:** April 03, 2026

**TO:** HHS Grant Awarding Divisions

**FROM:** Dale Bell
Deputy Assistant Secretary
Office of Grants (OG)
Office of the Assistant Secretary for Financial Resources (ASFR)
U.S. Department of Health and Human Services (HHS)

**SUBJECT:** Revised Notice of Funding Opportunity (NOFO) Content and Clearance Guidance

**APPLICABILITY:** HHS Divisions making discretionary and non-discretionary grant or cooperative agreement awards (collectively grants).

**EFFECTIVE DATE:** Effective immediately.

## PURPOSE AND BACKGROUND:

This Action Transmittal informs HHS Awarding Divisions of changes to the Fiscal Year (FY) 2026 NOFO Content and Clearance Guidance. The update incorporates information from the HHS review process for NOFOs and Notices of Award (NoAs) as detailed in the ASFR Memorandum Clarification on Departmental Review of Grants and Contracts (February 20, 2026). It also now requires all HHS NOFOs be submitted to the Office of Management and Budget (OMB) for review. Senior level IOS clearance for NOFOs is no longer required following appropriate IOS Counselor review.

Additionally, Attachment 3 of the guidance, titled *Review Criteria for the Approval of Discretionary NOFOs and NoAs,* is updated to be titled *Required Language for Discretionary NOFOs and NoAs.* The attachment provides more information about the HHS NOFO and NoA review processes and includes a required award term, consistent with *Executive Order 14332 Improving Oversight of Federal Grantmaking* (August 7 2025).

## ACTION:

**OFFICE OF GRANTS ACTION TRANSMITTAL**
**U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Updates to the NOFO Clearance Process**

This update to the NOFO Content and Clearance Guidance includes the following updated requirement in Attachment 1: Notice of Funding Opportunity Clearance Process. (*New language in italics.)*

Clearance Policy/Process

*HHS awarding agencies may consider, where practicable, posting NOFOs at least four months before the expiration of funds.*

HHS awarding agencies must send all NOFOs through HHS *and OMB* review. Once your agency goes through its internal approval process and receives Political Appointee Clearance, all NOFOs must be sent as a Word document to your assigned ASFR Office of Budget (OB) Officer (see 10). The ASFR/OB will facilitate the steps of the HHS review to include: ASFR, then the appropriate Immediate Office of the Secretary IOS Counselor. Once the appropriate IOS Counselor provides final clearance, the ASFR/OB Officer will facilitate OMB review and clearance.

**Updates to Required Language for Discretionary NOFOs and NoAs**

This update also includes the following new content in Attachment 3: *Required Language for Discretionary NOFOs and NoAs*.

**NOFO Term for Applicants:**

In addition to the procedures in the ASFR Memorandum Clarification on Departmental Review of Grants and Contracts (February 20, 2026), divisions must include language that discloses how the division will review applications, along with any review criteria. Agencies should integrate any applicable Agency priorities in the merit review scoring criteria and provide program-specific examples of activities, as feasible.

Agencies must include language in the funding preference section of the NOFO regarding alignment with agency priorities, regardless of how the agency has decided to review applications for alignment, including a hyperlink to those agency priorities. Divisions may develop their own specific language to address this requirement, or may use the following template

*Funding* [*Preference/Priority*] *for Alignment with Agency Priorities.*

*Before final funding decisions are made, division leadership will review awards for consistency with applicable laws and alignment with agency priorities [**insert hyperlink to agency priorities**]. To the extent permitted by law and applicable court orders, award applications which are aligned with agency priorities will receive a [funding preference OR funding priority of XX points]. For example, applications that [do XYZ OR do not do XYZ] will be eligible for a [funding preference OR funding priority].*

**NoA Term for Recipients:**

To the extent permitted by applicable court orders, divisions must include in each discretionary Notice of Award (NoA) a term and condition requiring alignment with agency priorities. This requirement may be incorporated by reference through the division's standard terms and conditions or through the program's Notice of Funding Opportunity (NOFO). Programs should consult with OGC on any legal questions.

Divisions may use their own specific term and condition, which can hyperlink to respective agency priorities. If agencies have not developed one, they can use the following:

> *"The recipient of this award must implement any funds awarded under this NOFO to advance program goals or agency priorities in alignment with the agency priorities at [**insert hyperlink to agency priorities**] when authorized by the program statute."*

**DEPARTMENT OF HEALTH & HUMAN SERVICES** Office of the Secretary

Washington, D.C. 20201

**TO:** HHS Divisions

**FROM:** Dale Bell
Deputy Assistant Secretary
Office of Grants (OG)
Office of the Assistant Secretary for Financial Resources (ASFR)
U.S. Department of Health and Human Services

**DATE:** ***REVISED*** **April 3, 2026**

**SUBJECT:** Revision to Departmental Notice of Funding Opportunity Content and Clearance Guidance, Fiscal Year 2026 - **Effective Immediately**

This memo and its attachments describe the required content and overarching clearance process for HHS Notices of Funding Opportunity (NOFOs). The following updates are included in this FY26 revision:

- Attachment 1: *Notice of Funding Opportunity Clearance Process* is updated to require all HHS NOFOs be submitted to the Office of Management and Budget (OMB) for review. Senior level IOS clearance is no longer required following appropriate IOS Counselor review. In addition, the monthly NOFO Forecast requirement is reinforced and the OG resource inbox is updated.
- Attachment 3: *Review Criteria for the Approval of Discretionary NOFOs and NoAs* is updated and is now titled, *Required Language for Discretionary NOFOs and NoAs.*
- Attachment 9: *Administrative Considerations and Best Practices for Tribes and Tribal Organizations* has been updated to reflect ACL's current Tribal Liaison contact.

As of October 1, 2025, HHS adopted 2 CFR part 200 along with the HHS-specific provisions at 2 CFR part 300. This NOFO Content and Clearance Guidance outlines key expectations from 2 CFR part 200, including the requirements for NOFOs in 2 CFR 200.204. NOFOs should be simple, concise, accessible to potential applicants, and written in plain language. For assistance with simplifying NOFOs, email SimplerNOFOs@hhs.gov.

This guidance also includes review criteria used to approve NOFOs and associated Notices of Awards (NoAs), consistent with Executive Order 14332 *Improving Oversight of Federal Grantmaking* (August 7 2025).

Please note that all NOFOs must comply with Executive Orders signed by the President, to the extent permitted by law, including:

- *Protecting the American People Against Invasion* (Jan. 20, 2025)
- *Reevaluating and Realigning United States Foreign Aid* (Jan. 20, 2025)
- *Putting America First in International Environmental Agreements* (Jan. 20, 2025)
- *Unleashing American Energy* (Jan. 20, 2025)
- *Ending Radical and Wasteful Government DEI Programs and Preferencing* (Jan. 20, 2025)
- *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* (Jan. 20, 2025)

Attachments:

# Attachment 1: Notice of Funding Opportunity Clearance Process

***Scope:*** *This attachment applies to all NOFOs.*

## Clearance Policy/Process

HHS awarding agencies may consider, where practicable, posting NOFOs at least four months before the expiration of funds.

HHS awarding agencies must send **all NOFOs** through HHS and OMB review. Once your agency goes through its internal approval process and receives Political Appointee Clearance, all NOFOs must be sent as a Word document to your assigned ASFR Office of Budget (OB) Officer (see 10). The ASFR/OB will facilitate the steps of the HHS review to include: ASFR, and the appropriate Immediate Office of the Secretary IOS Counselor. Once IOS provides clearance, the ASFR/OB Officer will facilitate OMB review and clearance.

***In total, the HHS/OMB review should take approximately 14 days.***

If your agency needs to request expedited review, please see the below section titled Expedited Review.

**PLEASE NOTE**:

If the NOFO has been issued in previous years, you must include in the submission email to ASFR/OB a summary of what changes have been made from the prior year's version to align with the Administration's priorities:

- If no changes were required, please state that "No edits were required to align this NOFO with the Administration's priorities," or "Not applicable as this NOFO has not been issued in prior years."
- If changes were required, briefly describe any edits made to align with Administration priorities (*Ex., "Removed activities related to DEI and gender in alignment with Administration Priorities"*).

ASFR/OB will facilitate ASFR Leadership, IOS Counselor, and OMB reviews. Your agency will have 2 days post-receipt of HHS or OMB comments to resolve those comments.

- Once ASFR Leadership and HHS Counselor / Senior Advisor clear a NOFO, ASFR/OB will facilitate IOS Review and will cc' your NOFO contact person on the submission.
- If IOS has any questions or comments on a NOFO, it will be sent back to your agency to address any questions/ comments directly with IOS and revise the NOFO, as appropriate. If IOS provides written clearance of the NOFO following any needed adjudication of questions/comments and any needed revisions, OB informs your NOFO contact person the NOFO will proceed to OMB for review.
- If IOS provides written clearance for the NOFO without questions or comments, the NOFO will proceed to OMB for review.
- Once approved by OMB, your NOFO can be posted to Grants.gov. ASFR/OB will request your agency POC who will be given temporary authority in Grants.gov to post the cleared NOFO.

## NOFO Forecast

As a reminder, all known grant forecasts **must** be published on Grants.gov and kept updated by the **1st of the month** throughout the fiscal year per HHS Grants Policy Administration Manual Chapter 4.1 Public Notice Requirements. The forecast is used to generate a monthly report for HHS and other leadership.

The forecast should provide the public with up to 12 months of notice on potential funding opportunities for the fiscal year. You must post the forecast for unanticipated NOFOs arising throughout the fiscal year **as early as possible** to maximize public notification. Agencies should immediately remove a forecast from the forecasting module or cancel the forecast if a decision is made to not fund a NOFO when that decision is publicly shareable.

Agencies can find additional information and instructions for posting forecasts to Grants.gov at:

- Create a Forecast or
- Modify a Forecast.

Please note that awarding agencies **must** not post a forecast indicating a limited competition or other feature requiring a policy exception from the ASFR Office of Grants without first having that exception approved. The exception approval **must** be included with the NOFO submission.

Awarding agencies are **required** to enter the following fields for each forecasted NOFO:

- Opportunity Number
- Opportunity Title (Please see below)
- Agency Code
- Agency Name
- Estimated Funding
- Expected Number of Awards
- Agency Contact Name
- Agency Contact Phone
- Agency Contact Email
- Estimated Post Date
- Estimated Application Due Date

**Opportunity Title Guidance**:

Please choose a title that is short, in plain language, captures the purpose of your NOFO, and is appealing to potential applicants.

- Summary of NOFO - include program description, funding source, number of anticipated awards, estimated total funding available, posting and award dates, and the relevant Secretary's Priority Area (if applicable)
- Detailed summary of changes table (if applicable)

### Expedited Review

In special circumstances, awarding agencies may request an expedited clearance process. The Department will require a minimum of 5 business days to clear, not including the time it takes for an awarding agency to adjudicate HHS and OMB comments. This timeline may be longer depending on concurrent requests from the awarding agency for NOFO reviews or other circumstances.

When submitting a request for an expedited clearance process, the awarding agencies must provide a detailed justification for the request in their submission email. The following are examples of reasons to request an expedited review:

- Presidential event or announcement
- Secretarial/Deputy Secretarial event or announcement
- Congress appropriates unexpected funding late in the fiscal year

When requesting an expedited clearance, the awarding agency **must**:

- Explicitly state the justification for the request, including the specific date of the event or announcement that is the driver of the request, and whether the NOFO needs to be posted or only cleared by that date.
- Provide a prioritization among this request and any pending NOFO clearances. Approving an expedited clearance for a specific NOFO may result in a longer clearance timeline for NOFOs currently in the clearance queue or for other NOFOs submitted within the expedited clearance timeframe.

Expedited clearance is a tool that should be used sparingly and will be granted at the discretion of ASFR and OMB. Awarding agencies should not assume that a request for expedited clearance will be granted and should plan accordingly.

## Important NOFO Posting Reminders

**PLEASE NOTE:** As discussed above in the clearance process, once a NOFO is completely cleared for posting, ASFR/OB will request your agency Point of Contact (POC) who will be given temporary authority in Grants.gov. Agencies should simultaneously provide ASFR/OB with a PDF version of the cleared NOFO.

The Office of Grants will also run regular reports from the Grants.gov forecasting module to provide ASFR and IOS updates to planned posting dates and other information as needed. Per OG AT 2021-06, all HHS awarding agencies **must** post the full text of NOFOs for competitive grants or cooperative agreements to Grants.gov as an attachment in the "Full Announcement" folder on the "Related Documents" tab in addition to completing the synopsis. If applicable, awarding agencies are responsible for coordinating a rollout plan with the HHS Office of the Assistant Secretary for Public Affairs (ASPA) and others in the IOS who provide relevant updates to the White House. ASFR will also share a copy of the NOFO with OMB.

# Attachment 2: Ensuring Broad Access to Federal Financial Assistance

***Scope**: This attachment applies to all NOFOs.*

As HHS adopts and implements 2 CFR part 200, this attachment highlights expectations for Notices of Funding Opportunities (NOFOs).

HHS agencies should write NOFOs in plain language to reduce complexity and improve accessibility. The OMB guidance calls for agencies to prioritize simplifying NOFOs for programs where the eligible applicants may have limited organizational capacity, such as those from underserved communities. When simplifying NOFOs, consider:

- **Reducing applicant burden** by simplifying the grants process in a variety of ways.
- **Program planning and design** to guide NOFO development.

Therefore, agencies should ensure their NOFOs:

- Are as clear and concise as possible by limiting the length and complexity of the grant announcement.
- Only include information necessary for the effective communication of program objectives.
- Use plain language that is accessible to eligible applicants with a special focus on reaching underserved communities.
- Clearly identify all types of eligible applicant organizations.

**Reminder:** Consult with your OGC program attorneys for guidance and questions about the implementation of all aspects of the grant lifecycle and to ensure NOFO language aligns with applicable legal authorities.

## NOFO Burden Reduction and Fund Accessibility

### Changes to Guidance and Expectations

There have been changes to guidance related to NOFOs. They include updates to 2 CFR 200.204 and 2 CFR 200 Appendix I. The revised 2 CFR 200.204 contains various updates and directs agencies to make their grant announcements (NOFOs):

- simple,
- as short as possible,
- accessible to potential applicants, and
- written in plain language.

These changes are intended to increase the accessibility of Federal grants, particularly for organizations with limited capacity and underserved communities.

## NOFO components

Agencies **must** post competitive Federal financial assistance NOFOs on Grants.gov[1]. Additionally, posting a link to or posting the full NOFO on a website helps a broader range of eligible applicants, including those located in or serving underserved communities, know about and understand funding opportunities.

Please see the required information HHS awarding agencies **must** include in NOFOs at 2 CFR 200.204(a).

## Improving NOFO Accessibility

To make NOFOs more accessible and reduce the administrative burden on applicants, the 2024 revisions to Appendix I to 2 CFR part 200 includes requirements on developing NOFO content. Below are some highlighted sections.

### *Plain Language*

In developing a NOFO, agencies **must** be concise and use plain language per the guidance at *PlainLanguage.gov* wherever possible. Additional HHS plain language resources and training videos are available.[2] The resources also include examples of simple, plain language content for common NOFO elements.[3]

Selected examples for applying plain language principles to critical sections of the NOFO:

- Eligibility: Use simple language to clearly describe eligibility.
- Cost Sharing: Provide clear and simple explanations of the calculation for required cost sharing using plain language principles. Agencies may provide examples for how to calculate cost-sharing requirements. If cost sharing is not required, the announcement **must** say so.
- Merit Review: Use plain and simple language to describe the criteria and process for review.

Use of plain language reduces the complexity of NOFOs and improves accessibility. To that end, agencies should ensure NOFOs are written at a reading level that is accessible to potential applicants of the relevant award. As a general guideline, agencies should aim to reduce the NOFO's word count by 25 percent over the previously issued version.[4]

### *Limiting complexity*

Agencies also should make efforts to limit the length and complexity of the announcement and only include essential information necessary for the effective communication of program objectives and legal requirements. For example:

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[1] In cases where Agencies are otherwise required by law to submit to the Federal Register, include a link to the URL for the simplified NOFO on grants.gov and/or the Agency website.

[2] HHS Plain Language resources include: SimplerNOFO Plain Language Tip Sheet, Writing for Busy Readers: Six Principles

[3] Plain & Simple NOFO Content: Options and Ideas for creating simpler, plain language NOFO content

[4] OMB Memo M-24-11, *Reducing Burden in the Administration of Federal Financial Assistance* (April 2, 2024).

- Eliminate unnecessary provisions and move content that is not directly related to the core activities to be performed under the Federal award to linked webpages while highlighting the need for applicants to review those pages.
- Include links to relevant regulations and other sources.
- Use cross-references between the sections, including hyperlinks in electronic versions, where possible.

*Content strategy*

To enhance accessibility, agencies should apply design principles, including content strategy, when developing and issuing NOFOs to increase the readability and accessibility to the widest possible audience. These include:

- Placing like content together
- Leading with the most important content in a section
- Using subheadings to help the reader navigate the section
- Using links between sections rather than repeating content.

*508 Compliance*

Agencies **must** make electronic NOFOs and related information accessible to all applicants, by complying with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d).

- For all outreach and technical assistance efforts, agencies **must** follow all guidance and regulations regarding 508 compliance,[5] the use of plain language,[6] and Limited English Proficiency.[7]

## Considering the Applicant Community in HHS Program Design

Agencies should consider the broadest possible applicant pool consistent with the underlying grant authority when planning and designing programs. Programs **must** be designed with clear goals and objectives that provide meaningful results, consistent with the Federal authorizing legislation of the program.

To do so, agencies should consider the applicant community by:

- Addressing the needs of potential applicants with limited organizational capacity
- Reaching applicants located in and serving populations and communities affected by health disparities
- Including them, as appropriate, in program planning

Whenever possible, agencies should consider potential applicants and their communities and engage

[5] www.hhs.gov/web/governance/digital-strategy/it-policy-archive/hhs-policy-section-508-compliance-accessibility-information- communications-technology.html

[6] www.plainlanguage.gov/law/

[7] https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html

them in the overall program planning. Agencies should not share advance copies of NOFOs for review and comment but can seek general guidance and input from potential applicants. To do so:

- encourage applicants to engage, when practicable, during the design phase,
- develop programs in consultation with communities benefiting from or impacted by the program, and
- consider available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.

**Resources:**

- Email: SimplerNOFOs@HHS.gov
- Website: https://simpler.grants.gov/

## Attachment 3: Required Language for Discretionary NOFOs and NoAs

**Scope**: This attachment applies to all discretionary NOFOs and NoAs.

**Review Process:**

HHS has established a review process for NOFOs and NoAs to help ensure alignment with Agency priorities. For more information about how these reviews work for new and continuing grants, please refer to the ASFR Memorandum, Clarification on Departmental Review of Grants and Contracts (February 20, 2026).

**Term for Applicants:**

In addition to the procedures in the memorandum noted above, agencies **must include** language that discloses how the agency will review applications, along with any review criteria. Agencies should integrate any applicable Agency priorities in the merit review scoring criteria and provide program-specific examples of activities, as feasible.

Agencies **must include** language in the funding preference section of the NOFO regarding alignment with agency priorities, regardless of how the agency has decided to review applications for alignment, including a hyperlink to those agency priorities. Divisions may develop their own specific language to address this requirement, or may use the following template:

> *Funding* [*Preference/Priority*] *for Alignment with Agency Priorities*
>
> Before final funding decisions are made, agency leadership will review awards for consistency with applicable laws and alignment with agency priorities ***[insert hyperlink to agency priorities]***. To the extent permitted by law and applicable court orders, award applications which are aligned with agency priorities will receive a [funding preference OR funding priority of XX points]. For example, applications that [do XYZ OR do not do XYZ] will be eligible for a [funding preference OR funding priority].

As relevant and to the extent consistent with applicable law and applicable court orders, senior appointees[8] will review discretionary NOFOs and NoAs and apply the following principles, including in any scoring rubrics used to assess grant proposals. If any of these principles will be utilized in review of applications for discretionary programs, agencies must also describe them in the text of the NOFO alongside the review criteria

- Discretionary awards must, where applicable, demonstrably advance the President's policy priorities.
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:

[8] Senior Appointee, as defined in Executive Order 14332, means an individual appointed by the President, a non-career member of the Senior Executive Service, or an employee encumbering a Senior Level, Scientific and Professional, or Grade 15 position in Schedule C of the excepted service.

- racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation.
- denial by the recipient of the sex binary in humans or the notion that sex is a chosen or mutable characteristic.
- illegal immigration; or
- any other initiatives that compromise public safety or promote anti-American values.

- All else being equal, preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Research grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term, breakthrough results, in a manner consistent with the funding opportunity announcement.
- Applicants should commit to complying with administration policies, procedures, and guidance respecting Gold Standard Science.
- Discretionary awards should include clear benchmarks for measuring success and progress towards relevant goals and, as relevant for awards pertaining to scientific research, a commitment to achieving Gold Standard Science.
- To the extent institutional affiliation is considered in making discretionary awards, agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

**Term for Recipients:**

To the extent permitted by applicable court orders, agencies **must also include** a term and condition in each discretionary NoA (which can be incorporated by reference) through each respective agency's Terms and Conditions or through the program NOFO requiring alignment with agency priorities. Programs should consult with OGC on any legal questions. Agencies may use their own agency-specific term and condition, which can hyperlink to respective agency priorities. If agencies have not developed one, they can use the following:

> "The recipient of this award must implement any funds awarded under this NOFO to advance program goals or agency priorities in alignment with the agency priorities at [*insert hyperlink to agency priorities*], when authorized by the program statute."

## Attachment 4: Template - Notice of Funding Opportunity Summary

***Scope**: This attachment applies to all NOFOs.*

### Notice of Funding Opportunity Summary

Attached is the FY 20 [ ] Awarding Agency Program Notice of Funding Opportunity for clearance. Awarding agency leadership and the awarding agency Senior Advisor (if applicable) have cleared the announcement.

**Program A supports:** (brief description of what the program does)

**Awarding agency will use the following type of funding:**
(e.g., mandatory, discretionary, carryover balances)

**To award amount:** (dollar amount)

**Through the following funding mechanism** (e.g., grant or cooperative agreement):

**To:** (eligible applicants)

**The awards will:** (brief description of key policy/priority areas, activities, or focus populations)

**The period of performance for these awards is:** (MMDD) **to:** (MMDD)

**Significant changes from the prior announcement include:**
(include a high-level summary of the changes)

**Awarding agency plans to release this announcement in:** (MMDD)
**and the anticipated award date is:** (MMDD)

**The anticipated project start date is** (MMDD):

**This announcement supports the:** (if applicable, insert Secretary's Priority Area)

## Attachment 5: Template - Notice of Funding Opportunity Detailed Summary of Changes Table

***Scope**: This attachment applies to all NOFOs.*

| FY 2026 Awarding Agency Program X NOFO: Summary of Changes Table | | | |
|---|---|---|---|
| | **Page #** | **FY 2025** | **FY 2026 (estimates)** |
| Project Period | | | |
| Overall Funding Amount | | | |
| # of Awards | | | |
| Funding Restrictions | | | |
| Program Phases | | | |
| Eligibility Requirements | | | |
| Award Amount per Applicant | | | |
| Funding/Ceiling Amounts | | | |
| Application and Submission Requirements | | | |
| Program Required Activities | | | |
| Cost Sharing /Matching Funds Requirements | | | |
| Maintenance of Effort | | | |
| Target Populations or Areas of Focus | | | |

# Attachment 6: Award Description Data Quality Guidance for Financial Assistance Awards

***Scope**: This attachment applies to all NOFOs.*

HHS awarding agencies **must** establish detailed and accurate award descriptions at the time they make a federal financial assistance award. Award descriptions are:

- critical to ensuring accountability and transparency and
- a primary means to inform the public of the purpose of the federal funding that is distinct from the programmatic level information in the Assistance Listings.[9]

Agencies **must** consider how to use NOFOs as part of their required controls and processes to validate that the award descriptions reported to USAspending.gov are complete and accurate.

NOFO instructions should provide guidance and require applicants to provide an acceptable award description as part of their application. Some options include:

- Require it as part of their Project Description or as a separate part of the application narrative.
- Use the Descriptive Title of Applicant's Project data field (item #15) on the Application for Federal Assistance SF-424.

As agencies develop guidance, they may consider the following elements and characteristics of strong award descriptions.

## Elements of a Strong Award Description

Robust award descriptions provide an understanding of the award's purpose and include a description of award-specific activities and purpose. A strong award description will have all the following elements:

- Specifics about the award purpose
- Activities to be performed
- Expected deliverables and outcomes
- Intended beneficiary(ies) or recipients
- Subrecipient activities, (if known)

## Characteristics of a Strong Award Description

A strong award description will have the following characteristics:

- Uses plain language an average reader can fully understand

[9] OMB Memoranda M-18-16, Appendix A to OMB Circular No. A-123, *Management of Reporting and Data Integrity Risk* (June 6, 2018); M- 18- 24, *Strategies to Reduce Grant Recipient Reporting Burden* (Sept. 5, 2018); and M-20-21, *Implementation Guidance For Supplemental Funding Provided in Response to the Coronavirus Disease* 2019 (COVID-19) (Apr. 10, 2020); and M-21-03, *Improvements in Federal Spending Transparency for Financial Assistance* (Nov. 12, 2020).

- Is brief and succinct
- Is unique on USA Spending
- Does not use or limits abbreviations or acronyms
- Does not include federal or agency-specific terminology

HHS Awarding Agencies are discouraged from including general programmatic level information, like that in the Assistance Listings, in the award description.

## Examples of Strong Award Descriptions

The Council of Inspectors General on Integrity and Efficiency's Pandemic Response Accountability Committee (PRAC) shared the following examples of effective award descriptions. These, or other agency-specific examples, can be shared with applicants to assist them in developing their award descriptions.

- **Example One:** Construction of pedestrian & bicycle facilities on the Broadway corridor. Broadway @ St. James St- Foxhall Ave. Streetscape improvements & enhancements include sidewalks, curbing, bike lanes, ped bump-outs, and lighting.
- **Example Two:** We are developing a better way to time gamma-ray pulsars using individual photons leveraging new timing software (PINT) and MCMC, our "beta" code can time LAT pulsars that were previously impossible. Using each photon allows us to detect short-term effects (like orbital Shapiro delay) which traditional methods average out. We propose to develop and extend these techniques and make the code available to the community. This work will improve gamma-ray detections for pulsars with short radio timing baselines or significant timing noise. It will measure new proper motions and may allow us to incorporate the best maps into gravitational wave searches. We will update our existing LAT timing pipeline (doubling the number of timed pulsars) and provide updated timing models to the community.
- **Example Three:** Exploring cognitive and foundational processes underlying pre-algebra among students with and without mathematics learning difficulties.

## Attachment 7: HHS Required NOFO Health Information Technology (IT) Interoperability Language

***Scope**: This attachment applies to all NOFOs that include health IT activities.*

**During the drafting of NOFOs, HHS awarding agencies must identify whether award funding involves implementing**, acquiring, or upgrading health IT.[10]

**If award funding involves the above, the following language must be included in the NOFO**:

Successful applicants under this NOFO agree that:

| Where award funding involves: | Recipients and subrecipients are required to: |
|---|---|
| Implementing, acquiring, or upgrading health IT for activities funded by any entity | Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.<br><br>Visit to 45 CFR 170, Subpart B learn more. |
| Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act | Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.<br><br>Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more. |

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to use 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/isp/.

**Please Note:** Beginning on January 20, 2025, President Trump issued several Executive Orders (EOs) which have an impact on HHS grants and cooperative agreements.

Consistent with President Trump's priorities and agenda, to the extent permitted by law, ASTP/ONC has exercised enforcement discretion as to certain requirements in the ONC Health IT Certification Program.

Therefore, HHS is providing the following exceptions to the requirements for funded entities which may otherwise apply under this guidance:[11]

(1) Health IT acquired or obtained for activities by a funded entity:

(a) Is not required to have the capability to categorize data on individuals using the *sexual*

[10] Health information technology is defined in Section 3000 of the PHSA. 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.

[11] As required by sec. 13112 of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Pub. L. 111-5) (Feb. 2009), this does not apply to entities that are health care providers, health plans, or health insurance issuers.

*orientation* and *gender identity* data elements found in the United States Core Data for Interoperability (USCDI) version 3; and

(b) May have the capability to only categorize data on individuals for the sex data element in accordance with the *248152002 |Female (finding)|*; and *248153007 |Male (finding)|* SNOMED CT® codes.

(2) Health IT acquired or upgraded by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act, certified under the ONC Health IT Certification Program to the "patient demographics and observations" certification criterion (45 CFR 170.315(a)(5)):

(a) Is not required to demonstrate conformance with any or all of the following data and observations in paragraph (a)(5)(i): sex parameter for clinical use, sexual orientation, gender identity, name to use, and pronouns;

(b) Is not required to demonstrate conformance with the following paragraphs of (a)(5)(i): (D) ("sexual orientation"), (E) ("gender identity"), (F) ("sex parameter for clinical use"), (G) ("name to use"), and (H) ("pronouns"); and

(c) May demonstrate, for conformance with paragraph (a)(5)(i)(C) ("sex"), that it can record sex solely in accordance with the standard specified in § 170.207(n)(1) for the period up to and including December 31, 2025, or the following SNOMED CT® codes found in the standard specified in § 170.207(n)(2):

- 248152002 |Female (finding)|; and
- 248153007 |Male (finding)|.

## Attachment 8: HHS Required NOFO Cybersecurity Language

***Scope**: This attachment applies to all NOFOs.*

Pursuant to the Cybersecurity Act of 2015, Div. N, § 405, Pub. Law 114-113, 6 USC § 1533(d), the Secretary has established a common set of voluntary, consensus-based, and industry-led guidelines, best practices, methodologies, procedures, and processes. These:

- serve as a resource for cost-effectively reducing cybersecurity risks for a range of health care organizations.
- support voluntary adoption and implementation efforts to improve safeguards to address cybersecurity threats.
- are consistent with—
    - the standards, guidelines, best practices, methodologies, procedures, and processes developed by the National Institute of Standards and Technology.
    - the security and privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and
    - the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act.
- are updated on a regular basis and applicable to a range of health care organizations.

During the drafting of NOFOs, HHS awarding agencies **shall** identify whether the award funding necessitates that:

- Recipients, subrecipients, or third-party entities have ongoing and consistent access to HHS owned or operated information or operational technology systems; and
- Recipients, subrecipients, or third-party entities receive, maintain, transmit, store, access, exchange, process, or utilize personal identifiable information (PII) or personal health information (PHI) obtained from the awarding HHS agency for the purposes of executing the award.

If award funding involves both of the above, recipients shall develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. Recipient cybersecurity plans and procedures **must** at minimum include the following:

- **Develop cybersecurity plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data:**
    - **Identify:**
        - Develop an inventory of all assets and accounts with access to HHS owned and operated information or operational technology systems or which obtain PII or PHI for the purposes of the award.
    - **Protect:**
        - Limit access to HHS owned and operated systems to only those in need of access to complete reward activities.
        - Require all staff to complete annual cybersecurity and privacy awareness training. Visit 405(d): Knowledge on Demand (hhs.gov) to obtain free trainings, if needed.

- Enable multifactor authentication for all employees, subrecipients, and third-party entities to access HHS owned and operated information or operational technology systems.
- Regularly backup sensitive data and test backups.

- **Detect:**
  - Install anti-virus or anti-malware software on all devices, servers, and accounts used to connect to HHS owned and operated systems.
    - **Respond:**
  - Develop an incident response plan. See Incident-Response-Plan-Basics_508c.pdf (cisa.gov) to learn about developing incident response plans.
  - Have cybersecurity incident reporting procedures that ensure the relevant HHS awarding agencies are notified of a cybersecurity incident within 48 hours of discovery. A cybersecurity incident is defined as an unplanned interruption to a technology service or reduction in the quality of a technology service, or an occurrence that actually or potentially jeopardizes the confidentiality, integrity, or availability of an information system or the information the system processes, stores, or transmits.
- **Recover:**
  - Investigate incidents and plug any security gaps identified.

# Attachment 9: Administrative Considerations and Best Practices for Tribes and Tribal Organizations

***Scope:*** *This attachment applies to all NOFOs where tribes and tribal organizations are eligible.*

This attachment describes what your agency should consider when tribes and tribal organizations are eligible for a NOFO. It also includes some best practices shared by HHS agencies related to Tribal Nations. These considerations are responsive to long-standing recommendations Tribal leaders have shared in consultation with HHS and are aligned with the requirements of Executive Order 14112. Tribal Nations are eligible for most HHS NOFOs unless otherwise stated in statute or program regulation.

## Administrative Considerations for NOFOs

| NOFO Element | Administrative Considerations |
|---|---|
| Reporting Requirements | Are the reporting requirements described clearly in the NOFO?<br>Is there room to improve the descriptions to make clear the administrative burden associated with reporting requirements?<br>Is there a link to a reporting requirement form, an explanation of the kind of report required, and the frequency of reporting?<br>Are there administrative or reporting requirements that go beyond the standard ones required in the GPAM?<br>• If so, is it possible to remove those requirements in general, or specifically for tribes?<br>• How are these requirements necessary for the success of the program? |
| Cost Sharing | Is cost sharing required?<br>• If so, is there flexibility to waive cost sharing for tribes? |
| Cost Limitations | Are there limitations on administrative costs?<br>• If so, are they necessary for the success of the program?<br>• Is there flexibility to waive them for tribes? |
| Scoring Criteria | Is there flexibility to incorporate priority preference points for tribal nations? |

## Best Practices

This section describes best practices related to Tribal Nations for your agency to consider. We encourage your agency to:

- Evaluate whether a program's statutory authority allows for targeted funding set-aside for tribes or a targeted NOFO where tribes are the only eligible applicant when considering program implementation and NOFO design.
- Communicate with your agency's tribal liaison (points of contact listed below) often. Consult

them in your NOFO review process, especially for programs targeted to Tribal Nations.

- Consider communications strategies to improve Tribal Nation engagement, such as having an agency tribal affairs webpage, a newsletter, learning sessions and webinars, and workshops tailored to tribal nations.
- Highlight funding opportunities that tribes are eligible for on your webpage and share them with the HHS Office of Intergovernmental and External Affairs (IEA) for inclusion in the HHS Tribal Affairs Newsletter.
- Consider whether Tribal Consultation is appropriate based on the HHS Tribal Consultation Policy when developing a new NOFO targeted to tribes. Your agency tribal liaison is a helpful resource in determining whether consultation is appropriate.

## HHS agency tribal liaison contacts

| Awarding Agency | Tribal Liaison Contact | E-Mail |
|---|---|---|
| ACF | Martha Keller | Martha.Keller@acf.hhs.gov |
| ACL | Kari Benson | Kari.Benson@acl.hhs.gov |
| ASL | Jonathan Osborne | Jonathan.Osborne@hhs.gov |
| CDC | Damion Killsback | Nja5@cdc.gov |
| CMS | Susan Karol | Susan.karol@hhs.gov |
| FDA | Paul Allis | Paul.Allis@fda.hhs.gov |
| HRSA | Sharyl Trail | STrail@hrsa.gov |
| IHS | Brittainy Cortilet | Brittainy.Cortilet@ihs.gov |
| NIH | Karina Walters | Karina.walters@nih.gov |
| OASH | Kinbo Lee | Kinbo.Lee@hhs.gov |
| OIG | Melinda Golub | Melinda.golub@oig.hs.gov |
| SAMHSA | Karen “Kari” Hearod | Karen.Hearod@samhsa.hhs.gov |
| OGC | Julia Pierce, Angela Garcia | Julia.pierce@hhs.gov, Angela.garcia@hhs.gov |

## Attachment 10: ASFR/Office of Budget Agency Contacts

| HHS Awarding Agency | ASFR/OB Contact | E-Mail |
|---|---|---|
| ACF | Lyndsay Brooks | lyndsay.brooks@hhs.gov |
| ACL | Lyndsay Brooks | lyndsay.brooks@hhs.gov |
| AHRQ | Meghan McQuillen | meghan.mcquillen@hhs.gov |
| ARPA-H | Shaina Johnson | shaina.johnson@hhs.gov |
| ASPR | Connor Williams | connor.williams@hhs.gov |
| CDC | Angela Falisi,<br>Shaina Johnson | angela.falisi@hhs.gov<br>shaina.johnson@hhs.gov |
| CMS | Michael Bernier | michael.bernier@hhs.gov |
| FDA | Michael Bernier | michael.bernier@hhs.gov |
| HRSA | Shakye Jones,<br>Abigail Hughes | shakye.jones@hhs.gov<br>abigail.hughes@hhs.gov |
| IHS | Katie Hunter | katherine.hunter@hhs.gov |
| NIH | Meghan McQuillen,<br>Liz Chabkoun | meghan.mcquillen@hhs.gov<br>elizabeth.chabkoun@hhs.gov |
| SAMHSA | Katie Hunter | katherine.hunter@hhs.gov |
| OASH | Bliss Buffington | bliss.buffington@hhs.gov |
| All Others | Paul Kalinowski | paul.kalinowski@hhs.gov |

**DEPARTMENT OF HEALTH & HUMAN SERVICES** **Office of the Secretary**

**Washington, D.C. 20201**

# MEMORANDUM

**DATE:** February 20, 2026

**TO:** Leaders, Deputy Leaders, and Chiefs of Staff

**FROM:** Gustav Chiarello, Assistant Secretary for Financial Resources

**SUBJECT:** Clarification on Departmental Review of Grants and Contracts

Dear Division Leadership:

Thank you for your hard work in the last year as we developed systems to ensure that all grants and contracts are reviewed and approved by Department of Health and Human Services (HHS) leadership. This process ensures alignment with Agency priorities and goals and avoids duplication of activities across the Department. As we synthesize what we have learned in the process and hone these systems, this memo provides clarification on processes to review new and continuing awards for grants and contracts.

First, ***each mechanism has a distinct process*** which is detailed below. Department grants proceed under Notice of Funding Opportunity (NOFO) Review and Notice of Award (NOA) Review. Contracts review is established through the rules of acquisitions. For acquisitions, the Department has established a Departmental Efficiency Review (DER) process to identify contracts that are duplicative, excessive, inconsistent with administrative priorities, or otherwise wasteful.

Contract officers working on acquisitions do not prepare NOFOs or NOAs, and teams working on NOAs and NOFOs do not work on acquisitions. It bears repeating that NOAs and NOFOs are *not* subject to the DER process because the DER process is exclusively reserved for acquisition review.

## POLICY IMPLICATIONS

The purpose of the NOFO and NOA reviews is to ensure that Divisions, to the extent permitted by law, are funding only activities that align with Agency priorities and, where appropriate, ensure efficiency of programming throughout HHS. Given the volume of grants, it is critical that HHS Divisions allow adequate time for review in advance of funding deadlines (detailed below). Grants and contracts must be provided for approval in compliance with the relevant approval window to ensure timely award decisions.

The purpose of the DER review is to ensure that the Department realizes efficiencies in its procurement programs. Programs such as the Procurement and Alignment Collaboration Taskforce (PACT) will help ensure that HHS avoids wasteful acquisition spending through a centralized process that can detect duplications and excessive fees that would not otherwise be observable at the Division level.

In both grants and contracts, review of appropriate activities and organizations should start at the program level and ultimately be cleared by HHS Division leadership (also known as Presidential appointee approval (PAA)). The PAA review should ensure that, to the extent permitted by law, all workplans and program deliverables are in alignment with Agency priorities and relevant Grants Policy Statements, while also

providing a check to ensure the Department's efficiency goals are being met. If the PAA review at the division level is adequate and effective, review at the HHS level will proceed much more smoothly and quickly.

Below is a detail of the processes for both grant and acquisition approval.

***Grants Review Process***:

HHS is the largest grantmaking entity in the world. As such, it is critical that grant funding streams flowing from the Department are thoroughly reviewed, and that taxpayer resources are only funding activities that are legally available and in the best interest of the American people. Below you will find processes for grant awards at both the NOFO and NOA stages. These are distinct review processes throughout the grants cycle.

Notice of Funding Opportunity Review**:**

HHS awarding agencies must send **all NOFOs** through HHS review. Once your agency goes through the internal NOFO approval process and receives PAA clearance, all NOFOs must then be sent (as a Word document only) to your assigned ASFR Office of Budget (OB) point of contact. The ASFR/OB will facilitate the next steps of the HHS NOFO review process to include: ASFR, the appropriate Immediate Office of the Secretary (IOS) Counselor, and senior-level IOS staff. Once IOS provides final clearance, the ASFR/OB point of contact will facilitate OMB review and clearance of NOFOs.

Notice of Award Review:

The NOA review guidance first issued to HHS Divisions on May 20, 2025, is updated in this memorandum (see *Updated HHS NOA Review Guidance and Procedures*), and provides more details. Specifically, after merit review of applications by the HHS Division, this guidance requires a separate review first by the awarding HHS Division's designated leadership with PAA and then by IOS officials for all discretionary NOAs that establish new obligations, including new awards, competing continuations, non-competing continuations, and supplements. After the PAA process, agencies should send NOAs to their respective Division's grant inbox for IOS counselor review. Following IOS counselor clearance, NOAs should be sent to awardreview@hhs.gov for a final review. Both IOS steps are mandatory before final system approval by the authorized grants management officer, congressional notification, and any obligation of funds. Reviews result in either approval to proceed or elevation to agency leaders for further adjudication. Divisions must document their review outcomes in their systems and maintain all related records.

See Attachment 1 for additional details about the NOA and NOFO review processes. Updated detailed guidance will be released to agencies soon.

***Contract/Acquisition Approval Process***

HHS awards nearly $30 billion in contracts each year, making us among the highest purchasers in the federal government. Again, it is essential that all contracts and acquisitions are reviewed for efficiency, ensuring that the American people receive the highest possible value and federal tax dollars support only products and services that are necessary. Below you will find information on the PAA and DER process for contract reviews.

DER Process:

HHS Acquisition Manual (HHSAM) Note 2025-05 was issued to HHS Divisions on May 20, 2025; it provided instructions and requirements to the HHS contracts community on new review processes, including the requirement for PAA for *all* contract actions and DER for all *funded* contract actions. As it relates to DER, this guidance requires an efficiency review by Departmental leadership for all *funded* contract actions, including new awards and modifications where funding will be obligated. In addition to PAA, which confirms PAA leadership visibility and agreement on the mission need for the contract action, the DER review is mandatory prior to obligation of funds and is separate from the PAA. To operationalize the DER requirement, HHS established a centralized review process using a designated shared mailbox and standardized spreadsheet template. The Department is actively in the process of refining the DER process to include the policy and process. On January 28, 2026, ASFR issued an interim policy deviation (Acquisition Alert 2026-04) that established a $3M+ DER threshold for all submission requests after the date of the interim policy (i.e., contract actions below $3M no longer require DER while the Department refines the process). DER results in (1) approval to proceed, (2) request(s) for additional information, or (3) a recommendation to either de-scope or cancel the contract services/supplies. Agencies must document review outcomes in their contract files and maintain all related records.

Specific DER processes are fully outlined in the following:

- Original/permanent HHSAM policy (issued May 2025): HHSAM_Note_2025-05_05212025_Signed.pdf
- Interim policy (issued January 2026: AA 2026-04 Interim DER Process Deviation_FINAL_SPE Signed (002).pdf

Thank you again for your attention to this memorandum. Note, funding decisions may be subject to current court orders. If you have questions about whether a court order applies to a specific funding decision (e.g., mandating compliance with current Executive Orders, decisions to deny an award), contact your Office of the General Counsel representative. Should you have any general process questions related to the information provided in this memo or the related attachments, please do not hesitate to contact my office directly.

Sincerely,

Gustav Chiarello
Assistant Secretary for Financial Resources

**DEPARTMENT OF HEALTH & HUMAN SERVICES** Office of the Secretary
Washington, D.C. 20201

TO: HHS Chief Grants Management and Budget Officers

FROM: Dale Bell
Assistant Secretary for Grants

DATE: 8/21/2025

SUBJECT: Departmental Notice of Funding Opportunity Content and Clearance Guidance, Fiscal Year 2026

This memo and its attachments describe the required content and clearance process for HHS Notices of Funding Opportunity (NOFOs). Please note: Although this is the Fiscal Year 2026 (FY26) NOFO Content and Clearance Guidance, *it applies to any remaining NOFOs in Fiscal Year 2025 (FY25)* and NOFOs for FY26. It is effective as of the date of this memo and supersedes prior versions of NOFO guidance.

As of October 1, 2025, HHS adopts 2 CFR part 200 with 12 HHS-specific provisions at 2 CFR part 300 (89 FR 80055). This NOFO Content and Clearance Guidance highlights expectations from 2 CFR part 200, including requirements for NOFOs at 2 CFR 200.204. NOFOs should be simple, as short as possible, accessible to potential applicants, and written in plain language to the greatest extent possible. For information about simplifying NOFOs, please email SimplerNOFOs@hhs.gov. This guidance also includes new review criteria for the approval of NOFOs and associated Notices of Awards (NoAs), pursuant to Executive Order 14332 *Improving Oversight of Federal Grantmaking.*

The FY26 NOFO Content and Clearance Guidance includes the following ***updated or new*** attachments:

- Attachment 1: The HHS FY 26 NOFO Clearance Process
- Attachment 3: Review criteria for the approval of discretionary NOFOs and NoAs
- Attachment 7: Health Information Technology (IT) Interoperability Language
- Attachment 10: A list of ASFR/Office of Budget NOFO contacts

Please note, all NOFOs must be compliant with Executive Orders signed by the President (to the extent permitted by law) including, *Protecting the American People Against Invasion* (Jan. 20, 2025), *Reevaluating and Realigning United States Foreign Aid* (Jan. 20, 2025), *Putting America First in International Environmental Agreements* (Jan. 20, 2025), *Unleashing American Energy* (Jan. 20, 2025), *Ending Radical and Wasteful Government DEI Programs and Preferencing* (Jan. 20, 2025), *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* (Jan. 20, 2025), *Enforcing the Hyde Amendment* (Jan. 24, 2025), and *Improving Oversight of Federal Grantmaking* (Aug. 7, 2025).

Please circulate this Guidance internally, as appropriate to your Staff or Operating Division. Contact GrantPolicyREQ@hhs.gov with questions regarding this guidance, or any other requirements of the NOFO process from program design to publication.

Attachments:

# Attachment 1: Notice of Funding Opportunity Clearance Process

***Scope:*** *This attachment applies to all NOFOs.*

## Clearance Policy/Process

HHS awarding agencies must send **all NOFOs** through an HHS review. Once your agency goes through its internal approval process and receives Political Appointee Clearance, all NOFOs must be sent (Word document) to your assigned ASFR Office of Budget (OB) Officer (see 10). The ASFR/OB will facilitate the steps of the HHS review to include: ASFR, the OS Counselor, and the Deputy Secretary. Once the Deputy Secretary provides clearance, the OB Officer will facilitate OMB review and clearance (case-by-case basis for all agencies other than ACF).

***In total, the HHS/OMB review should take approximately 14 days.***
If your agency needs to request expedited review, please see the below section titled Expedited Review.

**PLEASE NOTE**:
If the NOFO has been issued in previous years, you must include in the submission email to ASFR/OB a summary of what changes have been made from the prior year's version to align with the Administration's priorities:

- If no changes were required, please state that "No edits were required to align this NOFO with the Administration's priorities," or "Not applicable as this NOFO has not been issued in prior years."
- If changes were required, briefly describe any edits made to align with Administration priorities (*Ex., "Removed activities related to DEI and gender in alignment with EOs"*).

ASFR/OB will facilitate ASFR Leadership and HHS Counselor / Senior Advisor review. Your agency will have 2 days to resolve any comments.

- Once ASFR Leadership and HHS Counselor / Senior Advisor clear a NOFO, ASFR/OB will submit it to the HHS Grant Review inbox (grantreview@hhs.gov) to facilitate Deputy Secretary Office Review and will cc' your NOFO contact person on the submission.
- If the Dep Sec Office has any questions or comments on a NOFO, it will be sent back to your agency to address any questions/ comments directly with the Dep Sec Office and revise the NOFO, as appropriate. If the Dep Sec Office provides written clearance of the NOFO following any needed adjudication of questions/comments and any needed revisions, OB informs your NOFO contact person the NOFO will either:
    - Proceed to OMB for review, if needed (see below); or
    - Can be posted to Grants.gov by the agency. ASFR/OB will request an agency POC who will be given temporary authority in grants.gov to post the cleared NOFO.

If the Dep Sec Office provides written clearance for the NOFO without questions or comments, the NOFO will either:

- Proceed to OMB for review, if your NOFO has been identified for OMB review; or
- Can be posted to Grants.gov by the agency. ASFR/OB will request your agency POC who will be given temporary authority in Grants.gov to post the cleared NOFO.

Please note, all NOFOs must be compliant with Executive Orders signed by the President (to the extent permitted by law) including, *Protecting the American People Against Invasion* (Jan. 20, 2025), *Reevaluating and Realigning United States Foreign Aid* (Jan. 20, 2025), *Putting America First in International Environmental Agreements* (Jan. 20, 2025), *Unleashing American Energy* (Jan. 20, 2025), *Ending Radical and Wasteful Government DEI Programs and Preferencing* (Jan. 20, 2025), *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* (Jan. 20, 2025), *Enforcing the Hyde Amendment* (Jan. 24, 2025), and *Improving Oversight of Federal Grantmaking* (Aug. 7, 2025).

## NOFO Forecast

As a reminder, all known grant forecasts **must** be published on Grants.gov and kept updated throughout the fiscal year per HHS Grants Policy Administration Manual Chapter 4.1 Public Notice Requirements.

The forecast should provide the public with up to 12 months of notice on potential funding opportunities for the fiscal year. Known forecasts for FY26 should be posted by August 1, 2025. Agencies must post the forecast for unanticipated NOFOs arising throughout the fiscal year as early as possible to maximize public notification. Agencies should immediately remove a forecast from the forecasting module or cancel the forecast if a decision is made to not fund a NOFO when that decision is publicly shareable.

Agencies can find additional information and instructions for posting forecasts to Grants.gov at:

- Create a Forecast or
- Modify a Forecast.

Please note that awarding agencies **must** not post a forecast indicating a limited competition or other feature requiring a policy exception from the ASFR Office of Grants without first having that exception approved. The exception approval **must** be included with the NOFO submission.

Awarding agencies are **required** to enter the following fields for each forecasted NOFO:

- Opportunity Number
- Opportunity Title (Please see below)
- Agency Code
- Agency Name
- Estimated Funding
- Expected Number of Awards
- Agency Contact Name
- Agency Contact Phone
- Agency Contact Email
- Estimated Post Date
- Estimated Application Due Date

**Opportunity Title Guidance**:
Please choose a title that is short, in plain language, captures the purpose of your NOFO, and is appealing to potential applicants.

- Summary of NOFO - include program description, funding source, number of anticipated awards, estimated total funding available, posting and award dates, and the relevant Secretary's Priority Area (if applicable)
- Detailed summary of changes table (if applicable)

## Expedited Review

In special circumstances, awarding agencies may request an expedited clearance process. The Department will require a minimum of 5 business days to clear, not including the time it takes for an awarding agency to adjudicate ASFR and OMB comments. This timeline may be longer depending on concurrent requests from the awarding agency for NOFO reviews or other circumstances.

When submitting a request for an expedited clearance process, the awarding agencies must provide a detailed justification for the request in their submission email. The following are examples of reasons to request an expedited review:

- Presidential event or announcement
- Secretarial/Deputy Secretarial event or announcement
- Congress appropriates unexpected funding late in the fiscal year

When requesting an expedited clearance, the awarding agency **must**:

- Explicitly state the justification for the request, including the specific date of the event or announcement that is the driver of the request, and whether the NOFO needs to be posted or only cleared by that date.
- Provide a prioritization among this request and any pending NOFO clearances. Approving an expedited clearance for a specific NOFO may result in a longer clearance timeline for NOFOs currently in the clearance queue or for other NOFOs submitted within the expedited clearance timeframe.

Expedited clearance is a tool that should be used sparingly and will be granted at the discretion of ASFR and OMB. Awarding agencies should not assume that a request for expedited clearance will be granted and should plan accordingly.

## Important NOFO Posting Reminders

**PLEASE NOTE:** As discussed above in the clearance process, once a NOFO is completely cleared for posting, ASFR/OB will request your agency Point of Contact (POC) who will be given temporary authority in Grants.gov. Agencies should simultaneously provide ASFR/OB with a PDF version of the cleared NOFO.

The Office of Grants will also run regular reports from the Grants.gov forecasting module to provide ASFR and IOS updates to planned posting dates and other information as needed. Per OG AT 2021-06, all HHS awarding agencies **must** post the full text of NOFOs for competitive grants or cooperative agreements to Grants.gov as an attachment in the "Full Announcement" folder on the "Related Documents" tab in addition to completing the synopsis. If applicable, awarding agencies are responsible for coordinating a rollout plan with the HHS Office of the Assistant Secretary for Public Affairs (ASPA) and others in the IOS who provide relevant updates to the White House. ASFR will share a copy of the NOFO with OMB (if they reviewed).

# Attachment 2: Ensuring Broad Access to Federal Financial Assistance

***Scope**: This attachment applies to all NOFOs.*

As HHS adopts and implements 2 CFR part 200, this attachment highlights expectations for Notices of Funding Opportunities (NOFOs).

HHS agencies should write NOFOs in plain language to reduce complexity and improve accessibility. The OMB guidance calls for agencies to prioritize simplifying NOFOs for programs where the eligible applicants may have limited organizational capacity, such as those from underserved communities. When simplifying NOFOs, consider:

- **Reducing applicant burden** by simplifying the grants process in a variety of ways.
- **Program planning and design** to guide NOFO development.

Therefore, agencies should ensure their NOFOs:

- Are as clear and concise as possible by limiting the length and complexity of the grant announcement.
- Only include information necessary for the effective communication of program objectives.
- Use plain language that is accessible to eligible applicants with a special focus on reaching underserved communities.
- Clearly identify all types of eligible applicant organizations.

**Reminder:** Consult with your OGC program attorneys for guidance and questions about the implementation of all aspects of the grant lifecycle and to ensure NOFO language aligns with applicable legal authorities.

## NOFO Burden Reduction and Fund Accessibility

### Changes to Guidance and Expectations

There have been changes to guidance related to NOFOs. They include updates to 2 CFR 200.204 and 2 CFR 200 Appendix I. The revised 2 CFR 200.204 contains various updates and directs agencies to make their grant announcements (NOFOs):

- simple,
- as short as possible,
- accessible to potential applicants, and
- written in plain language.

These changes are intended to increase the accessibility of Federal grants, particularly for organizations with limited capacity and underserved communities.

### NOFO components

Agencies **must** post competitive Federal financial assistance NOFOs on Grants.gov[1]. Additionally, posting a link to or posting the full NOFO on a website helps a broader range of eligible applicants, including those located in or serving underserved communities, know about and understand funding opportunities.

Please see the required information HHS awarding agencies **must** include in NOFOs at 2 CFR 200.204(a).

[1] In cases where Agencies are otherwise required by law to submit to the Federal Register, include a link to the URL for the simplified NOFO on grants.gov and/or the Agency website.

## Improving NOFO Accessibility

To make NOFOs more accessible and reduce the administrative burden on applicants, the 2024 revisions to Appendix I to 2 CFR part 200 includes requirements on developing NOFO content. Below are some highlighted sections.

### *Plain Language*

In developing a NOFO, agencies **must** be concise and use plain language per the guidance at *PlainLanguage.gov* wherever possible. Additional HHS plain language resources and training videos are available.[2] The resources also include examples of simple, plain language content for common NOFO elements.[3]

Selected examples for applying plain language principles to critical sections of the NOFO:

- Eligibility: Use simple language to clearly describe eligibility.
- Cost Sharing: Provide clear and simple explanations of the calculation for required cost sharing using plain language principles. Agencies may provide examples for how to calculate cost-sharing requirements. If cost sharing is not required, the announcement **must** say so.
- Merit Review: Use plain and simple language to describe the criteria and process for review.

Use of plain language reduces the complexity of NOFOs and improves accessibility. To that end, agencies should ensure NOFOs are written at a reading level that is accessible to potential applicants of the relevant award. As a general guideline, agencies should aim to reduce the NOFO's word count by 25 percent over the previously issued version.[4]

### *Limiting complexity*

Agencies also should make efforts to limit the length and complexity of the announcement and only include essential information necessary for the effective communication of program objectives and legal requirements. For example:

- Eliminate unnecessary provisions and move content that is not directly related to the core activities to be performed under the Federal award to linked webpages while highlighting the need for applicants to review those pages.
- Include links to relevant regulations and other sources.
- Use cross-references between the sections, including hyperlinks in electronic versions, where possible.

### *Content strategy*

To enhance accessibility, agencies should apply design principles, including content strategy, when developing and issuing NOFOs to increase the readability and accessibility to the widest possible audience. These include:

- Placing like content together
- Leading with the most important content in a section
- Using subheadings to help the reader navigate the section
- Using links between sections rather than repeating content.

### *508 Compliance*

Agencies **must** make electronic NOFOs and related information accessible to all applicants, by complying with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d).

- For all outreach and technical assistance efforts, agencies **must** follow all guidance and

[2] HHS Plain Language resources include: ETAC Tip Sheet: Equitable Communication in the HHS Context, SimplerNOFO Plain Language Tip Sheet, Writing for Busy Readers: Six Principles

[3] Plain & Simple NOFO Content: Options and Ideas for creating simpler, plain language NOFO content

[4] OMB Memo M-24-11, *Reducing Burden in the Administration of Federal Financial Assistance* (April 2, 2024).

regulations regarding 508 compliance,[5] the use of plain language,[6] and Limited English Proficiency.[7]

## Considering the Applicant Community in HHS Program Design

Agencies should consider the broadest possible applicant pool consistent with the underlying grant authority when planning and designing programs. Programs **must** be designed with clear goals and objectives that provide meaningful results, consistent with the Federal authorizing legislation of the program.

To do so, agencies should consider the applicant community by:

- Addressing the needs of potential applicants with limited organizational capacity
- Reaching applicants located in and serving populations and communities affected by health disparities
- Including them, as appropriate, in program planning

Whenever possible, agencies should consider potential applicants and their communities and engage them in the overall program planning. Agencies should not share advance copies of NOFOs for review and comment but can seek general guidance and input from potential applicants. To do so:

- encourage applicants to engage, when practicable, during the design phase,
- develop programs in consultation with communities benefiting from or impacted by the program, and
- consider available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.

**Resources:**

- Email: SimplerNOFOs@HHS.gov
- Website: https://simpler.grants.gov/

[5] www.hhs.gov/web/governance/digital-strategy/it-policy-archive/hhs-policy-section-508-compliance-accessibility-information-communications-technology.html
[6] www.plainlanguage.gov/law/
[7] https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html

## Attachment 3: Review criteria for the approval of discretionary NOFOs and NoAs

**Scope**: This attachment applies to all NOFOs.

As relevant and to the extent consistent with applicable law, senior appointees will review discretionary NOFOs and NoAs and apply the following principles, including in any scoring rubrics used to assess grant proposals. If any of these principles will be utilized in review of applications for discretionary programs, agencies must describe them in the text of the NOFO alongside any review criteria.

- Discretionary awards must, where applicable, demonstrably advance the President's policy priorities.
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:
    - racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation.
    - denial by the recipient of the sex binary in humans or the notion that sex is a chosen or mutable characteristic.
    - illegal immigration; or
    - any other initiatives that compromise public safety or promote anti-American values.
- All else being equal, preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Research grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term, breakthrough results, in a manner consistent with the funding opportunity announcement.
- Applicants should commit to complying with administration policies, procedures, and guidance respecting Gold Standard Science.
- Discretionary awards should include clear benchmarks for measuring success and progress towards relevant goals and, as relevant for awards pertaining to scientific research, a commitment to achieving Gold Standard Science.
- To the extent institutional affiliation is considered in making discretionary awards, agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

Attachment 4: Template - Notice of Funding Opportunity Summary
***Scope**: This attachment applies to all NOFOs.*

## Notice of Funding Opportunity Summary

Attached is the FY 20 Awarding Agency Program Notice of Funding Opportunity for clearance. Awarding agency leadership and the awarding agency Senior Advisor (if applicable) have cleared the announcement.

**Program A supports:** (brief description of what the program does)

**Awarding agency will use the following type of funding:**
(e.g., mandatory, discretionary, carryover balances)

**To award amount:** (dollar amount)

**Through the following funding mechanism** (e.g., grant or cooperative agreement):

**To:** (eligible applicants)

**The awards will:** (brief description of key policy/priority areas, activities, or focus populations)

**The period of performance for these awards is:** (MMDD) **to:** (MMDD)

**Significant changes from the prior announcement include:**
(include a high-level summary of the changes)

**Awarding agency plans to release this announcement in:** (MMDD)
**and the anticipated award date is:** (MMDD)

**The anticipated project start date is** (MMDD):

**This announcement supports the:** (if applicable, insert Secretary's Priority Area)

## Attachment 5: Template - Notice of Funding Opportunity Detailed Summary of Changes Table

***Scope**: This attachment applies to all NOFOs.*

| FY 2026 Awarding Agency Program X NOFO: Summary of Changes Table | | | |
|---|---|---|---|
| | **Page #** | **FY 2025** | **FY 2026 (estimates)** |
| Project Period | | | |
| Overall Funding Amount | | | |
| # of Awards | | | |
| Funding Restrictions | | | |
| Program Phases | | | |
| Eligibility Requirements | | | |
| Award Amount per Applicant | | | |
| Funding/Ceiling Amounts | | | |
| Application and Submission Requirements | | | |
| Program Required Activities | | | |
| Cost Sharing /Matching Funds Requirements | | | |
| Maintenance of Effort | | | |
| Target Populations or Areas of Focus | | | |

# Attachment 6: Award Description Data Quality Guidance for Financial Assistance Awards

***Scope**: This attachment applies to all NOFOs.*

HHS awarding agencies **must** establish detailed and accurate award descriptions at the time they make a federal financial assistance award. Award descriptions are:

- critical to ensuring accountability and transparency and
- a primary means to inform the public of the purpose of the federal funding that is distinct from the programmatic level information in the Assistance Listings.[8]

Agencies **must** consider how to use NOFOs as part of their required controls and processes to validate that the award descriptions reported to USAspending.gov are complete and accurate.

NOFO instructions should provide guidance and require applicants to provide an acceptable award description as part of their application. Some options include:

- Require it as part of their Project Description or as a separate part of the application narrative.
- Use the Descriptive Title of Applicant's Project data field (item #15) on the Application for Federal Assistance SF-424.

As agencies develop guidance, they may consider the following elements and characteristics of strong award descriptions.

## Elements of a Strong Award Description

Robust award descriptions provide an understanding of the award's purpose and include a description of award-specific activities and purpose. A strong award description will have all the following elements:

- Specifics about the award purpose
- Activities to be performed
- Expected deliverables and outcomes
- Intended beneficiary(ies) or recipients
- Subrecipient activities, (if known)

## Characteristics of a Strong Award Description

A strong award description will have the following characteristics:

- Uses plain language an average reader can fully understand
- Is brief and succinct
- Is unique on USA Spending
- Does not use or limits abbreviations or acronyms

[8] OMB Memoranda M-18-16, Appendix A to OMB Circular No. A-123, *Management of Reporting and Data Integrity Risk* (June 6, 2018); M- 18- 24, *Strategies to Reduce Grant Recipient Reporting Burden* (Sept. 5, 2018); and M-20-21, *Implementation Guidance For Supplemental Funding Provided in Response to the Coronavirus Disease* 2019 (COVID-19) (Apr. 10, 2020); and M-21-03, *Improvements in Federal Spending Transparency for Financial Assistance* (Nov. 12, 2020).

- Does not include federal or agency-specific terminology

HHS Awarding Agencies are discouraged from including general programmatic level information, like that in the Assistance Listings, in the award description.

## Examples of Strong Award Descriptions

The Council of Inspectors General on Integrity and Efficiency's Pandemic Response Accountability Committee (PRAC) shared the following examples of effective award descriptions. These, or other agency-specific examples, can be shared with applicants to assist them in developing their award descriptions.

- **Example One:** Construction of pedestrian & bicycle facilities on the Broadway corridor. Broadway @ St. James St- Foxhall Ave. Streetscape improvements & enhancements include sidewalks, curbing, bike lanes, ped bump-outs, and lighting.
- **Example Two:** We are developing a better way to time gamma-ray pulsars using individual photons leveraging new timing software (PINT) and MCMC, our "beta" code can time LAT pulsars that were previously impossible. Using each photon allows us to detect short-term effects (like orbital Shapiro delay) which traditional methods average out. We propose to develop and extend these techniques and make the code available to the community. This work will improve gamma-ray detections for pulsars with short radio timing baselines or significant timing noise. It will measure new proper motions and may allow us to incorporate the best maps into gravitational wave searches. We will update our existing LAT timing pipeline (doubling the number of timed pulsars) and provide updated timing models to the community.
- **Example Three:** Exploring cognitive and foundational processes underlying pre-algebra among students with and without mathematics learning difficulties.

## Attachment 7: HHS Required NOFO Health Information Technology (IT) Interoperability Language

***Scope**: This attachment applies to all NOFOs that include health IT activities.*

**During the drafting of NOFOs, HHS awarding agencies must identify whether award funding involves implementing**, acquiring, or upgrading health IT.[9]

**If award funding involves the above, the following language must be included in the NOFO**:

Successful applicants under this NOFO agree that:

| Where award funding involves: | Recipients and subrecipients are required to: |
|---|---|
| Implementing, acquiring, or upgrading health IT for activities funded by any entity | Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.<br>Visit to 45 CFR 170, Subpart B learn more. |
| Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act | Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.<br>Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more. |

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to use 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/isp/.

**Please Note:** Beginning on January 20, 2025, President Trump issued several Executive Orders (EOs) which have an impact on HHS grants and cooperative agreements.

Consistent with President Trump's priorities and agenda, to the extent permitted by law, ASTP/ONC has exercised enforcement discretion as to certain requirements in the ONC Health IT Certification Program.

Therefore, HHS is providing the following exceptions to the requirements for funded entities which may otherwise apply under this guidance:[10]

(1) Health IT acquired or obtained for activities by a funded entity:
   (a) Is not required to have the capability to categorize data on individuals using the *sexual orientation* and *gender identity* data elements found in the United States Core Data for Interoperability (USCDI) version 3; and
   (b) May have the capability to only categorize data on individuals for the sex data element in accordance with the *248152002 |Female (finding)|*; and *248153007 |Male (finding)|* SNOMED CT® codes.

(2) Health IT acquired or upgraded by eligible clinicians in ambulatory settings, or hospitals, eligible under

[9] Health information technology is defined in Section 3000 of the PHSA. 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.
[10] As required by sec. 13112 of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Pub. L. 111-5) (Feb. 2009), this does not apply to entities that are health care providers, health plans, or health insurance issuers.

Sections 4101, 4102, and 4201 of the HITECH Act, certified under the ONC Health IT Certification Program to the "patient demographics and observations" certification criterion (45 CFR 170.315(a)(5)):

(a) Is not required to demonstrate conformance with any or all of the following data and observations in paragraph (a)(5)(i): sex parameter for clinical use, sexual orientation, gender identity, name to use, and pronouns;

(b) Is not required to demonstrate conformance with the following paragraphs of (a)(5)(i): (D) ("sexual orientation"), (E) ("gender identity"), (F) ("sex parameter for clinical use"), (G) ("name to use"), and (H) ("pronouns"); and

(c) May demonstrate, for conformance with paragraph (a)(5)(i)(C) ("sex"), that it can record sex solely in accordance with the standard specified in § 170.207(n)(1) for the period up to and including December 31, 2025, or the following SNOMED CT® codes found in the standard specified in § 170.207(n)(2):

- 248152002 |Female (finding)|; and
- 248153007 |Male (finding)|.

## Attachment 8: HHS Required NOFO Cybersecurity Language

***Scope**: This attachment applies to all NOFOs.*

Pursuant to the Cybersecurity Act of 2015, Div. N, § 405, Pub. Law 114-113, 6 USC § 1533(d), the Secretary has established a common set of voluntary, consensus-based, and industry-led guidelines, best practices, methodologies, procedures, and processes. These:

- serve as a resource for cost-effectively reducing cybersecurity risks for a range of health care organizations.
- support voluntary adoption and implementation efforts to improve safeguards to address cybersecurity threats.
- are consistent with—
    - the standards, guidelines, best practices, methodologies, procedures, and processes developed by the National Institute of Standards and Technology.
    - the security and privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and
    - the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act.
- are updated on a regular basis and applicable to a range of health care organizations.

During the drafting of NOFOs, HHS awarding agencies **shall** identify whether the award funding necessitates that:

- Recipients, subrecipients, or third-party entities have ongoing and consistent access to HHS owned or operated information or operational technology systems; and
- Recipients, subrecipients, or third-party entities receive, maintain, transmit, store, access, exchange, process, or utilize personal identifiable information (PII) or personal health information (PHI) obtained from the awarding HHS agency for the purposes of executing the award.

If award funding involves both of the above, recipients shall develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. Recipient cybersecurity plans and procedures **must** at minimum include the following:

- **Develop cybersecurity plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data:**
    - **Identify:**
        - Develop an inventory of all assets and accounts with access to HHS owned and operated information or operational technology systems or which obtain PII or PHI for the purposes of the award.
    - **Protect:**
        - Limit access to HHS owned and operated systems to only those in need of access to complete reward activities.

- Require all staff to complete annual cybersecurity and privacy awareness training. Visit 405(d): Knowledge on Demand (hhs.gov) to obtain free trainings, if needed.
- Enable multifactor authentication for all employees, subrecipients, and third-party entities to access HHS owned and operated information or operational technology systems.
- Regularly backup sensitive data and test backups.

- **Detect:**
  - Install anti-virus or anti-malware software on all devices, servers, and accounts used to connect to HHS owned and operated systems.
    - **Respond:**
  - Develop an incident response plan. See Incident-Response-Plan-Basics_508c.pdf (cisa.gov) to learn about developing incident response plans.
  - Have cybersecurity incident reporting procedures that ensure the relevant HHS awarding agencies are notified of a cybersecurity incident within 48 hours of discovery. A cybersecurity incident is defined as an unplanned interruption to a technology service or reduction in the quality of a technology service, or an occurrence that actually or potentially jeopardizes the confidentiality, integrity, or availability of an information system or the information the system processes, stores, or transmits.
- **Recover:**
  - Investigate incidents and plug any security gaps identified.

# Attachment 9: Administrative Considerations and Best Practices for Tribes and Tribal Organizations

***Scope:*** *This attachment applies to all NOFOs where tribes and tribal organizations are eligible.*

This attachment describes what your agency should consider when tribes and tribal organizations are eligible for a NOFO. It also includes some best practices shared by HHS agencies related to Tribal Nations. These considerations are responsive to long-standing recommendations Tribal leaders have shared in consultation with HHS and are aligned with the requirements of Executive Order 14112. Tribal Nations are eligible for most HHS NOFOs unless otherwise stated in statute or program regulation.

## Administrative Considerations for NOFOs

| NOFO Element | Administrative Considerations |
|---|---|
| Reporting Requirements | Are the reporting requirements described clearly in the NOFO?<br>Is there room to improve the descriptions to make clear the administrative burden associated with reporting requirements?<br>Is there a link to a reporting requirement form, an explanation of the kind of report required, and the frequency of reporting?<br>Are there administrative or reporting requirements that go beyond the standard ones required in the GPAM?<br>• If so, is it possible to remove those requirements in general, or specifically for tribes?<br>• How are these requirements necessary for the success of the program? |
| Cost Sharing | Is cost sharing required?<br>• If so, is there flexibility to waive cost sharing for tribes? |
| Cost Limitations | Are there limitations on administrative costs?<br>• If so, are they necessary for the success of the program?<br>• Is there flexibility to waive them for tribes? |
| Scoring Criteria | Is there flexibility to incorporate priority preference points for tribal nations? |

## Best Practices

This section describes best practices related to Tribal Nations for your agency to consider. We encourage your agency to:

- Evaluate whether a program's statutory authority allows for targeted funding set-aside for tribes or a targeted NOFO where tribes are the only eligible applicant when considering program implementation and NOFO design.
- Communicate with your agency's tribal liaison (points of contact listed below) often. Consult them in your NOFO review process, especially for programs targeted to Tribal Nations.
- Consider communications strategies to improve Tribal Nation engagement, such as having an agency tribal

affairs webpage, a newsletter, learning sessions and webinars, and workshops tailored to tribal nations.

- Highlight funding opportunities that tribes are eligible for on your webpage and share them with the HHS Office of Intergovernmental and External Affairs (IEA) for inclusion in the HHS Tribal Affairs Newsletter.
- Consider whether Tribal Consultation is appropriate based on the HHS Tribal Consultation Policy when developing a new NOFO targeted to tribes. Your agency tribal liaison is a helpful resource in determining whether consultation is appropriate

## HHS agency tribal liaison contacts

| HHS Awarding Agency | Tribal Liaison Contact | E-Mail |
|---|---|---|
| ACF | Martha Keller | Martha.Keller@acf.hhs.gov |
| ACL | Cynthia LaCounte | Cynthia.LaCounte@acl.hhs.gov |
| ASL | Jonathan Osborne | Jonathan.Osborne@hhs.gov |
| CDC | Damion Killsback | Nja5@cdc.gov |
| CMS | Susan Karol | Susan.karol@hhs.gov |
| FDA | Paul Allis | Paul.Allis@fda.hhs.gov |
| HRSA | Sharyl Trail | STrail@hrsa.gov |
| IHS | Brittainy Cortilet | Brittainy.Cortilet@ihs.gov |
| NIH | Karina Walters | Karina.walters@nih.gov |
| OASH | Kinbo Lee | Kinbo.Lee@hhs.gov |
| OIG | Melinda Golub | Melinda.golub@oig.hs.gov |
| SAMHSA | Karen “Kari” Hearod | Karen.Hearod@samhsa.hhs.gov |
| OGC | Julia Pierce, Angela Garcia | Julia.pierce@hhs.gov, Angela.garcia@hhs.gov |

## Attachment 10: ASFR/Office of Budget Agency Contacts

| HHS Awarding Agency | ASFR/OB Contact | E-Mail |
|---|---|---|
| ACF | Lyndsay Brooks | lyndsay.brooks@hhs.gov |
| ACL | Lyndsay Brooks | lyndsay.brooks@hhs.gov |
| AHRQ | Meghan McQuillen | meghan.mcquillen@hhs.gov |
| ARPA-H | Shaina Johnson | shaina.johnson@hhs.gov |
| ASPR | Connor Williams | connor.williams@hhs.gov |
| CDC | Angela Falisi,<br>Shaina Johnson | angela.falisi@hhs.gov<br>shaina.johnson@hhs.gov |
| CMS | Michael Bernier | michael.bernier@hhs.gov |
| FDA | Michael Bernier | michael.bernier@hhs.gov |
| HRSA | Shakye Jones,<br>Abigail Hughes | shakye.jones@hhs.gov<br>abigail.hughes@hhs.gov |
| IHS | Katie Hunter | katherine.hunter@hhs.gov |
| NIH | Meghan McQuillen,<br>Liz Chabkoun | meghan.mcquillen@hhs.gov<br>elizabeth.chabkoun@hhs.gov |
| SAMHSA | Katie Hunter | katherine.hunter@hhs.gov |
| OASH | Bliss Buffington | bliss.buffington@hhs.gov |
| All Others | Paul Kalinowski | paul.kalinowski@hhs.gov |

UNITED STATES OF AMERICA

Department of Health and Human Services

CERTIFICATION OF TRUE COPY

**CERTIFICATION**
**OF THE ADMINISTRATIVE RECORD UPON THE 28 OF JULY 2026**

I, Natalie Dodson, Acting Deputy Assistant Secretary for Population Affairs, Office of the Assistant Secretary for Health, do hereby certify that to the best of my knowledge the materials described in the accompanying index constitute the administrative record in *National Family Planning & Reproductive Health Association, et al. v. Kennedy, Jr. et al.*, No. 1:26-cv-01684 (M.D. Pa.).

Natalie Dodson

Dated: 07/28/26

*National Family Planning & Reproductive Health Association, et al. v. Kennedy, Jr. et al.*,

No. 1:26-cv-01684 (M.D. Pa.)

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