UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.
123 William Street, 10th Floor
New York, NY 10038

Plaintiff,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 Independence Avenue SW
Washington, DC 20201

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

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

ROBERT F. KENNEDY, JR., *in his official capacity as Secretary of Health and Human Services*
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

BRIAN CHRISTINE, *in his official capacity as Assistant Secretary for Health*
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Civil Action No. 1:26-cv-02656

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

AMY L. MARGOLIS, *in her official capacity as Deputy Director of the Office of Population Affairs*
Office of Population Affairs
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Defendants.

COMPLAINT

Plaintiff Planned Parenthood Federation of America, Inc. ("PPFA"), by and through its attorneys, hereby alleges as follows:

INTRODUCTION

1. PPFA brings this challenge to stop the Department of Health and Human Services ("HHS") from misusing the Title X program for an overtly political and ideological agenda that is at odds with Title X's statutory purpose of funding comprehensive family-planning care for those who cannot afford it. HHS's funding announcement for Title X grants for fiscal year 2027 outlines priorities that require prospective grantees to "align" with political positions such as advocating for fertility tracking while disfavoring contraceptives, counseling patients towards a narrow set of reproductive choices and family structures, and ending support for what the Trump Administration calls "gender ideology," among other things. Absent judicial intervention, these funding priorities severely disadvantage PPFA's members in competing for Title X funding and risk devastating access to family-planning services for low-income patients across the country.

2. Title X of the Public Health Service Act is the only domestic federal program devoted solely to family planning for uninsured, underinsured, and low-income people. Congress enacted Title X in 1970 with broad bipartisan support in response to growing recognition of the effects of unintended childbearing on poverty levels, educational attainment, and adverse maternal

and child health outcomes—and of the fact that newly available contraceptive options like oral contraceptives (i.e., "the pill") were unaffordable for too many Americans. Congress declared that Title X's "purpose" was "making comprehensive voluntary family planning services readily available to all persons desiring such services." Family Planning Services and Population Research Act of 1970, Pub. L. No. 91-572, § 2, 84 Stat. 1504, 1504.

3. Since the program's inception, PPFA members have used Title X funds to fulfill exactly this purpose, providing reproductive and family-planning care to millions of low-income patients.

4. Notwithstanding PPFA members' critical role in providing Title X services, the White House announced that "this year will be the last that Planned Parenthood is funded by [Title X] grants."[1]

5. On July 9, 2026, Defendants issued a notice of funding opportunity for Title X grants to be awarded for fiscal year 2027 that no longer supports the goals of the Title X program. U.S. Dep't of Health & Human Servs., Off. of Population Affs., Notice of Funding Opportunity: Title X Family Planning Services Grants, No. PA-FPH-27-001 (July 9, 2026), attached as Exhibit 1 ("NOFO"). According to the NOFO, in evaluating and awarding Title X grants, Defendants will consider the extent to which applicants "advance" and "align with" a series of political priorities. Those priorities include mandates such as "[r]educing overmedicalization in health care" by promoting natural family-planning methods, contributing to agency efforts to "safeguard life-affirming … program delivery," counseling patients about "marriage prior to childbearing," and "respecting biological reality" (collectively, the "Challenged Priorities"). NOFO at 11-14. The

[1] Mary Margaret Olahan, *Citing Legal Challenges, Trump Admin Extends Biden Era Planned Parenthood Awards Another Year*, Daily Wire (Mar. 31, 2026), https://perma.cc/J25M-SF3T.

Challenged Priorities are each contrary to law and/or arbitrary and capricious. By requiring alignment with these Challenged Priorities in order to be competitive for a Title X grant—including priorities that conflict with Title X regulations—the NOFO places PPFA's members at a competitive disadvantage in the FY 2027 Title X grant cycle. The Challenged Priorities are also so vague that applicants are left to guess at how to demonstrate "alignment" with many of them, both in their proposals and should they be selected as grantees.

6. Compounding the confusion for applicants, in addition to the Challenged Priorities, the NOFO references two other sets of priorities: (1) "HHS priorities"; and (2) priorities of the Office of the Assistant Secretary for Health ("OASH"), *see, e.g.*, NOFO at 7, 40-41, without clear guidance as to *which* of them apply to Title X applicants or how applicants can be expected to align with them. The NOFO therefore further fails to give applicants fair notice of what is required of them either at the application stage or in performing Title X services upon receipt of funding.

7. PPFA members' inability to compete on a fair footing for Title X funding due to the unlawful NOFO provisions, which is likely to result in the denial of Title X funds, would cause serious harm not only to their organizations but also to low-income patients nationally, including loss of necessary services like access to birth control, cancer screenings, and sexually transmitted infection ("STI") testing, ultimately translating to grave health consequences for patients who lose access to care.

8. The NOFO's requirements violate the Administrative Procedure Act (the "APA") several times over and attempt to impose conditions inconsistent with the Spending Clause of the United States Constitution. Accordingly, PPFA, on behalf of its members who intend to apply for grants for the 2027-2031 Title X funding cycle, respectfully requests that the Court set aside the NOFO's requirements that applicants align with the Challenged Priorities as well as with the HHS

and OASH priorities and enjoin Defendants from considering those priorities during the 2027 Title X funding competition and grant cycle.

PARTIES

9. PPFA is a 501(c)(3) not-for-profit corporation organized under the laws of New York. PPFA is a membership organization whose members are 46 separately incorporated 501(c)(3) charitable organizations that provide essential reproductive health care services. PPFA and its members share a mission of ensuring that people can receive high-quality, inclusive, and comprehensive sexual and reproductive health care regardless of income, insurance, gender identity, sexual orientation, or race. PPFA's members have played a central role in fulfilling Title X's mission since the inception of Title X over half a century ago.

10. PPFA does not itself provide health care but instead provides support to its member organizations, which collectively operate approximately 550 health centers across 46 states and the District of Columbia and serve over two million patients each year.

11. Title X provides funding for grantees who either offer direct services to low-income Americans or contract with subgrantees to offer those services, or both. Currently, 32 PPFA members participate in Title X, seven as direct grantees and others as subgrantees. Over 240 health centers operated by PPFA members across 29 states participate in the Title X program.

12. PPFA brings this lawsuit on behalf of its members that intend to apply for the next cycle of Title X funding, including members that are currently direct grantees of Title X. The current direct grantees are Planned Parenthood of Southern New England ("PPSNE"), Planned Parenthood of Northern New England ("PPNNE"), Virginia League for Planned Parenthood ("VLPP"), Planned Parenthood North Central States ("PPNCS"), Planned Parenthood South Atlantic ("PPSAT"), Planned Parenthood of Greater Ohio ("PPGOH"), and Planned Parenthood Association of Utah ("PPAU").

13. The direct grantees and other PPFA members that receive Title X funds as subgrantees provide services such as comprehensive birth-control options, cancer screenings, and testing for STIs. They have spent years developing clinical best practices, building an unparalleled group of health centers dedicated specifically to reproductive health, and establishing a reputation for high-quality, accessible, and nonjudgmental care. PPFA's members routinely offer weekend, after-work hours, and same-day appointments, and other measures to make their services broadly accessible.

14. HHS is an agency under the definition provided in the Administrative Procedure Act. 5 U.S.C. § 551(1). HHS is the agency responsible for implementing Title X.

15. Defendant Robert F. Kennedy, Jr. is the United States Secretary of Health and Human Services. He is sued in his official capacity. Secretary Kennedy is responsible for all operations within HHS, including overseeing the offices within HHS that manage the Title X funding process.

16. OASH is an office within HHS that administers the competitive review of applications for Title X funding.

17. Defendant Brian Christine is the Assistant Secretary for Health and heads OASH. He is sued in his official capacity.

18. The Office of Population Affairs ("OPA") is the office within OASH that administers the Title X program. OPA is the entity that announced the release of the NOFO and administers the Title X application process.

19. Defendant Amy L. Margolis is the Deputy Director of OPA. She is sued in her official capacity.

JURISDICTION AND VENUE

20. The Court has subject-matter jurisdiction over this action under 28 U.S.C. §§ 1331 and 1346(a)(2) because PPFA's claims arise under federal law, including the U.S. Constitution and the Administrative Procedure Act, and because Defendants are the United States Secretary of Health and Human Services and two offices within that agency, the Assistant Secretary for Health, and the Deputy Director of OPA, who are all sued in their official capacities. The Court is authorized to issue the relief sought here under the APA, 5 U.S.C. §§ 702, 705, and 706, the Declaratory Judgment Act, 28 U.S.C. §§ 2201 and 2202, and the Court's inherent equitable powers.

21. Venue is proper under 28 U.S.C. § 1391(e) because the individual Defendants, who are sued in their official capacities, reside in Washington, D.C.

FACTUAL ALLEGATIONS

I. TITLE X PROVIDES CONGRESSIONAL FUNDING FOR COMPREHENSIVE AND EFFECTIVE FAMILY-PLANNING CARE

A. Title X's Purpose And Impact

22. Enacted in 1970, the Family Planning Program established by Title X of the Public Health Service Act makes family-planning services available to low-income individuals for free or at low cost. *See* 42 U.S.C. §§ 300 *et seq.*

23. The original impetus for the law arose when the Food and Drug Administration (the "FDA") first approved the oral-contraceptive pill in 1960. The pill was available only with a physician's prescription and often at a high cost. As a result, it was inaccessible to many low-income women. Research conducted at the time established that low-income women often had more children than they wanted because of inequitable access to oral contraceptives, with

significant effects on poverty levels. This led lawmakers to undertake an effort to make all types of family-planning services available more broadly.

24. The result was Title X, which was enacted with broad bipartisan support. The basic purpose of Title X is to fund family-planning services for people unable to afford them. The Senate Report explains that it was intended to help Americans who were "forced to do without, or to rely heavily on the least effective nonmedical techniques for fertility control unless they happen to reside in an area where family planning services are made readily available by public health services or voluntary agencies." S. Rep. No. 91-1004, at 9 (1970). And President Richard Nixon, who later signed the bill, explained that it sought to fulfill the promise that "no American woman should be denied access to family planning assistance because of her economic condition." Richard Nixon, *Special Message to the Congress on Problems of Population Growth* (July 18, 1969), in Public Papers of the Presidents of the United States: Richard M. Nixon 528 (1971).

25. Today, Title X provides grants to fund family-planning services, making them accessible for free or at low cost to patients in almost every state. It funds a broad range of services, including contraceptive methods and services, information, and education; education about natural family-planning methods; infertility services; services to adolescents; testing and referral for STIs and HIV; basic preventive care such as well-woman visits and breast and cervical-cancer screenings; pregnancy testing and counseling; and training for providers and clinic personnel.

26. Many Title X-funded organizations have been providing care for decades—indeed, from the inception of the Title X program in 1971. Several PPFA members are among this group.

27. The Title X program has benefited millions of people. In a single year, Title X providers serve almost three million patients. In 2023, Title X health centers provided contraceptives to 1.9 million people, and Title X funds helped provide 4.6 million STI tests,

including nearly one million confidential HIV tests, as well as over 460,000 Pap tests. Patients who receive this care largely do not have the financial resources to pay for it: More than 60 percent of people receiving preventive care through the Title X program live in poverty, and 83 percent have incomes that are at or below 250 percent of the federal poverty level.[2]

28. Title X's impact on public health has been significant. For instance, as compared to clinics that do not receive Title X funds, Title X-funded clinics "provide[] 52 percent more of the most effective contraceptives"—i.e., long-acting reversible-contraception methods ("LARCs") such as intrauterine devices ("IUDs") and contraceptive implants—"to women at risk for pregnancy."[3] As another example, Title X providers play a critical role in efforts to identify and treat STIs by screening for chlamydia and treating it early to help prevent infertility. Title X sites are more likely than other public non-Title X providers and private providers to follow chlamydia-screening guidelines for testing those most at risk for chlamydia.[4] In addition to STI testing, Title X providers also perform hundreds of thousands of screenings for breast, cervical, and other forms of cancer each year.[5]

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[2] Phil Killewald et al., Off. of Population Affs., Off. of Assistant Sec'y for Health, U.S. Dep't of Health & Hum. Servs., *Family Planning Annual Report: 2023 National Summary* 9-16 (2024) ("*Family Planning Annual Report*"), https://perma.cc/LR95-JQMJ.

[3] Blair G. Darney et al., *Title X Improved Access To Most Effective And Moderately Effective Contraception In US Safety-Net Clinics, 2016–18*, 41 Health Affs. 497, 497-498, 502 (2022), https://perma.cc/9AKH-3K2D.

[4] Joan M. Chow et al., *Comparison of Adherence to Chlamydia Screening Guidelines Among Title X Providers and Non-Title X Providers in the California Family Planning, Access, Care, and Treatment Program*, 21 J. Women's Health 837 (2012), https://perma.cc/PF74-4W7Z; Daniel Teixeira da Silva et al., *Chlamydia Trachomatis/Neisseria Gonorrhea Retesting Among Adolescents and Young Adults in a Primary Care Network*, 71 J. Adolescent Health 545 (2022), https://perma.cc/L3WV-BC53 (finding significantly greater guideline-recommended retesting rates at Title X clinics compared to non-Title X clinics).

[5] *Family Planning Annual Report*, *supra* note 2, at 16.

29. Title X's role is particularly important because Title X projects provide services to many people who otherwise would be unlikely to receive the relevant care. According to survey data, 60 percent of people who received Title X services reported that a Title X clinic was their only source of health care in the previous year.[6] Because healthy women of child-bearing age may not otherwise seek out care, Title X health centers facilitate a crucial "touch" with medical personnel that might otherwise not have happened (and create the potential for referrals for other health care).

30. The Title X program's impact is particularly significant in rural areas and for communities of color. In rural areas, Title X health centers are often the only providers of reproductive and family-planning care for low-income individuals. In many communities, a Title X-backed health center is the only comprehensive family-planning option for people without the means to seek other care.[7] And of the 2.8 million patients served by Title X health centers in 2023, almost half were people of color.[8]

B. Title X's Statutory And Regulatory Scheme

31. Under the Title X statute, "[t]he Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities 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)." 42 U.S.C. § 300(a).

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[6] *Features and Benefits of the Title X Program*, Guttmacher Inst. (Feb. 2025), https://perma.cc/Z7PN-PX96.
[7] *What Are Title X Family Planning Clinics?*, Off. of Population Affs., U.S. Dep't of Health & Hum. Servs. (July 2024), https://perma.cc/5QL7-7P3V.
[8] *Family Planning Annual Report*, *supra* note 2, at 13-14.

32. As this statutory language reflects, the program's fundamental mission is to make "comprehensive voluntary family planning services readily available to all persons desiring such services." Pub. L. No. 91-572, § 2, 84 Stat. 1504, 1504 (1970).

33. The Title X statute enumerates four factors that HHS "shall take into account" in making grants: (1) "the number of patients to be served" by the applicant; (2) "the extent to which family planning services are needed locally"; (3) "the relative need of the applicant"; and (4) the applicant's "capacity to make rapid and effective use of such assistance." 42 U.S.C. § 300(b).

34. The regulations for the Title X program provide additional program requirements. They specify the criteria the Agency must "tak[e] into account" in deciding which family-planning projects to fund, which includes all of the criteria mandated by statute. *See* 42 C.F.R. § 59.7(a). The regulations further direct the Secretary to take into account "[t]he ability of the applicant to advance health equity" in assessing Title X grant applications. *Id.* § 59.7(a)(3). The regulations define "health equity" as a state of affairs "when all persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances." *Id.* § 59.2. The regulations further define "[q]uality healthcare" as health care that is not only safe and effective but also "equitable." *Id.*

35. The regulations also mandate that Title X projects "must" "[p]rovide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed." 42 C.F.R. § 59.5(a)(3). "Culturally and linguistically appropriate services" are defined to include health care that is "respectful of and responsive to the health beliefs, practices and needs of diverse patients." 42 C.F.R. § 59.2. "[C]lient-centered care" is defined as care that "is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions." *Id.*

36. The term "[i]nclusive" is defined to mean that "all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities." 42 C.F.R. § 59.2. The regulations specify that "transgender … persons" must be able to receive Title X services. *Id.*

37. The regulations also require projects to provide services in a non-discriminatory manner and incorporate explicit protections from discrimination on the basis of "gender identity" and "sex characteristics," among other traits. 42 C.F.R. § 59.5(a)(4).

38. Elaborating on the objectives of equity and non-discrimination in Title X programs, OPA's Title X Handbook—guidance intended to "help recipients and subrecipients be successful as they implement their Title X projects"—instructs as follows: "Advancing equity for all, including people from low-income families, people of color, and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality, is a priority for HHS, OPA, and Title X." OASH, *Title X Program Handbook* 12 (Dec. 2024), https://perma.cc/CYX6-3Z2F.

39. Title X regulations elaborate that "voluntary family planning projects … shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children." 42 C.F.R. § 59.1. The regulations provide that family-planning services "include a broad range of medically approved services, which includes [FDA-approved] contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services." *Id.* §§ 59.2, 59.5(a)(1); *see also id.* § 59.5(b)(1) (each project must provide "for medical services related to family planning (including …

contraceptive supplies) … and provide for the effective usage of contraceptive devices and practices").

40. Although the Title X statute prohibits using Title X funds "in programs where abortion is a method of family planning," 42 U.S.C. § 300a-6, since 1996 Congress has mandated in annual Title X appropriations riders that all pregnancy counseling be "nondirective," *see, e.g.*, Department of Health and Human Services Appropriations Act, 2019, Pub. L. No. 115-245, 132 Stat. 2981, 3070–3071 (2018); Department of Health and Human Services Appropriations Act, 1996, Pub. L. No. 104-134, 110 Stat. 1321–221 (1996). Nondirective counseling focuses on a patient's preferences and desires, ensures a patient has support to make informed choices concerning their options, and does not guide or instruct a patient towards any particular option. *See* Romer et al., *Providing Quality Family Planning Services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024)*, 67 Am. J. Prevention Med. S41, S79 (2024), https://perma.cc/KF7M-7PGC ("2024 QFP").

41. The regulations further specify that projects must "[o]ffer pregnant clients the opportunity to be provided information and counseling regarding … [p]renatal care and delivery"; "[i]nfant care, foster care, or adoption"; and "[p]regnancy termination." 42 C.F.R. § 59.5(a)(5)(i)(A)-(C). In response to a patient's request, a Title X-funded provider must "provide neutral, factual information and nondirective counseling on each of the options, and, referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling." *Id.* § 59.5(a)(5)(ii).

42. All Title X program participants must offer services "consistent with nationally recognized standards of care." 42 C.F.R. § 59.5(a)(3). Since 2014, Title X projects have been required to adhere to the Office of Population Affairs' Quality Family Planning ("QFP")

publication. *See Title X Program Handbook* at 10. The OPA recognizes that the QFP is "a nationally recognized standard of care when implementing the Title X requirements." *See* Off. of Population Affs., OPA Program Policy Notice 2024-02, https://perma.cc/8X5B-W7YJ (last accessed July 28, 2026).

43. The 2014 QFP "support[s] offering a full range of Food and Drug Administration (FDA)-approved contraceptive methods as well as counseling that highlights the effectiveness of contraceptive methods" so that "clients can make a selection based on their individual needs and preferences." CDC, *Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs* 2 (Apr. 25, 2014), https://perma.cc/DU99-FC5S ("2014 QFP").

44. The 2014 QFP encourages projects to take "a client-centered approach" to providing care, defining "client-centered" care as that which "is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions." 2014 QFP 4 (quoting 42 C.F.R. § 59.2). A "client-centered approach" "highlight[s] that the client's primary purpose for visiting the service site must be respected," "encourag[es] the availability of a broad range of contraceptive methods so that clients can make a selection based on their individual needs and preferences," and "reinforc[es] the need to deliver services in a culturally competent manner so as to meet the needs of all clients, including … those who are lesbian, gay, bisexual, transgender, or questioning their sexual identity (LGBTQ)." *Id.* at 2. The 2014 QFP states that projects should provide "[e]quitable," "[e]vidence-based," and "quality" care that is "consistent with current professional knowledge" and "does not vary in quality because of the personal characteristics of clients." *Id.* at 4.

45. The 2014 QFP was updated in 2024. *See* 2024 QFP.

C. The Title X Grantmaking Process

46. Title X makes clear that "public or nonprofit private entities" are eligible to receive grants. 42 U.S.C. § 300(a). Implementing regulations reaffirm that "[a]ny public or nonprofit private entity in a State may apply." 42 C.F.R. § 59.3.

47. Since at least 1990, HHS has issued notices of funding opportunities, or NOFOs, inviting applications for Title X funds. A NOFO typically outlines the funds available, describes the requirements for applications, and provides an overview of how applications will be evaluated.

48. HHS typically releases a NOFO months before the application deadline. It takes a significant amount of time for applicants to prepare the requisite in-depth application.

49. Applicants are required to propose a project to be funded. An applicant must apply on its own but may include other entities in its project as grant subrecipients. Once funded, a project is carried out at health centers or service sites run either by the grant recipient or its subrecipients.

50. An application for a Title X award defines the scope of the proposed Title X project, including the family-planning services to be provided and whether the grantee intends to make any subgrants. In the "Project Narrative" portion of the application, applicants typically make representations about how they will provide services. HHS has described the Project Narrative as "the most important part" of the application and stated that the applicant's "work plan should reflect, and be consistent with, the Project Narrative … and must cover all years of the period of performance." NOFO at 19, 23.

51. Funding is typically awarded in multi-year cycles, with funds disbursed annually upon review of additional documentation (called noncompeting continuation-grant applications). These annual submissions include a project narrative, work plan, proposed budget, and budget justification for the following year.

52. The current set of five-year grants is set to end in March 2027.

II. THE FY 2027 NOFO

53. On April 3, 2026, HHS issued notices of award to current Title X grantees for the last year of funding in the current cycle of five-year grants, including to the seven direct PPFA member-grantees. In response to anti-abortion advocates' negative reactions to this funding, a White House spokesperson announced that "this year will be the last that Planned Parenthood is funded by [Title X] grants."[9]

54. In April 2026, OPA issued a Notice of Funding Opportunity for the Title X program for fiscal year 2027, calling for applications for five-year grants to begin in the Spring of 2027. On July 9, 2026, OPA released a revised Notice of Funding Opportunity.

55. The NOFO specifies January 11, 2027 as the deadline for applications and states that a Technical Assistance Webinar will take place on November 9, 2026.

56. The NOFO outlines the requirements for applications and Defendants' process for evaluating applications and making decisions on grant issuance. A central feature of the application and evaluation process is so-called "alignment" with new political priorities. *See, e.g.*, NOFO at 7. The NOFO lists eight priorities specific to the Title X program set forth by OPA that both influence grant selection and apply as conditions for selected grantees. In addition, the NOFO at various points refers generally to alignment with HHS and OASH priorities.

57. The NOFO describes each OPA priority at a high level and, for some, provides a list of requirements or expectations for Title X participants relevant to that priority.

58. There are no "HHS priorities" set forth anywhere in the NOFO (directly or via a URL). The agency's website lists several priorities, some of which appear entirely unrelated to

[9] Olahan, *supra* note 1.

the types of services funded by Title X. *See* U.S. Dep't of Health & Human Servs., *HHS Priorities*, https://perma.cc/6YLA-FZAY (last accessed July 28, 2026) ("*HHS Priorities Statement*"). For example, the HHS priorities include "[f]urther[ing] our understanding of autism," "[a]dvanc[ing] the scientific understanding of the aging process," and "[t]oxins." *Id.* The HHS priorities also include aims such as "[a]ddress[ing] the chronic disease epidemic," "[e]mpower[ing] patients to make informed decisions about health care," "[f]oster[ing] marriage and family formation," "[e]nd[ing] illegal race discrimination," "and [c]ombat[ting] gender ideology and protect[ing] children." *Id.* The NOFO does not specify which of the HHS priorities the agency considers relevant to applications for Title X grants.

59. As with HHS priorities, the NOFO does not set out the OASH priorities that should apply. *See* NOFO at 7, 14. OASH's priorities, along with a brief description, are listed on the OASH website. *See* Office of the Assistant Secretary for Health, *Priorities of Office of the Assistant Secretary for Health*, https://perma.cc/3UZS-FUNY (last accessed July 28, 2026) ("*OASH Priorities Statement*"). The OASH priorities include goals such as "[a]ddressing the chronic disease epidemic," "[e]nding diversity, equity, and inclusion (DEI) policies and practices across OASH's programs," "[e]nding support for gender ideology," and "[e]nsuring adolescent program materials are age-appropriate." *Id.*

60. According to the NOFO, eligible applications will be assessed by federal staff in two steps: (1) an independent merit review panel (the "merit review") and (2) a "Federal Staff Review." NOFO at 41.

A. Merit Review

61. The merit review consists of an "independent merit review panel," made up of experts from academic institutions, non-profit organizations, state and local government, and federal government agencies, that "evaluate[s] applications that are qualified and eligible." NOFO

at 37. The panel assesses applications according to various criteria, each of which is assigned a point value. *Id.* at 39-40.

62. One of the criteria, worth 35 out of 100 points—the largest category by point value—is "[t]he extent to which the applicant proposes strategies that meaningfully advance" (1) the eight OPA priorities set out in the NOFO and (2) "HHS priorities." NOFO at 40. This criterion is presented without further guidance on, or examples of, what it means for initiatives or programs to "meaningfully advance" HHS priorities. NOFO at 40. This stage of review does not appear to include the OASH priorities.

63. Applicants can only earn up to a maximum of 15 points—fewer than half of the prior category—for "[t]he 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."

64. The NOFO states that grantees "should align their programs" with the priorities "to the extent authorized by law and within the scope of the program" and that they are expected to "develop and implement plans" and "provide evidence of the project's capacity" to address the priorities. NOFO at 10.

B. Federal Staff Review

65. In addition to the merits review, the NOFO states that OPA will coordinate with a senior political appointee to conduct a "Federal Staff Review." NOFO at 41. The Federal Staff Review consists of an unnamed "[f]ederal staff" member, also referred to as a "senior appointee," "review[ing] each application for technical (programmatic), budgetary, and grants management compliance." *Id.* The senior appointee will then provide a recommendation for funding to the Grants Management Officer. *Id.* In making this recommendation, the NOFO requires the senior

appointee to "take into consideration" "[a]lignment with HHS and OASH priorities, where authorized by law and within the scope of the program." *Id.*

C. Conditions On Successful Applicants

66. The NOFO also purports to impose requirements on successful applicants who become grantees.

67. In a section entitled "Required Alignment with OASH Mission and Agency Priorities," the NOFO states that grantees "must align program design and activities with agency priorities where consistent with program authority and the scope of the award … and when authorized by law according to the Title X statute, regulations, legislative mandates, and additional program guidance." NOFO at 7. It further states that "[f]unded activities must advance and support OASH's mission to improve the health and well-being of Americans." *Id.*

68. Despite most references in this section referring to the requirement to "align" with agency priorities, the NOFO also states that grantees "must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation." NOFO at 7.

69. Failure to continually align with agency priorities, as assessed by the agency, comes with significant consequences. "Failure to meaningfully align funded activities with the applicable requirements may result in corrective action." *Id.*

70. In addition to alignment with OASH priorities, the NOFO also mandates that grantees maintain alignment with OPA priorities, though the NOFO contains contradictory provisions discussing which OPA priorities apply to grantees. First, the NOFO mentions alignment with only three of the OPA priorities. NOFO at 7. It then mandates that grantees must align with ***all*** of the OPA priorities: "Title X grantees should align their programs with OPA priorities" and "develop and implement plans to address the program priorities." NOFO at 10.

71. Elaborating on standards applicable to grantees, the NOFO further states that "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." NOFO at 10. But the NOFO never makes clear which OASH priorities inform which OPA priorities or to what extent OPA priorities are informed by OASH's priorities.

72. The NOFO represents the consummation of the agency's decision-making process as to the process and criteria for evaluating applications and awarding grants and eventual grantees' obligations to align with agency priorities in implementing their grants. Nothing in the NOFO indicates that it is temporary or subject to revision. Moreover, the NOFO gives rise to direct and appreciable legal consequences for Title X grant applicants.

III. DEFENDANTS' EVALUATION AND PURPORTED CONDITIONS FOR FY 2027 TITLE X GRANTS ARE UNLAWFUL

B. Defendants Require Alignment With The Challenged Priorities, Which Are Arbitrary, Vague, And Contrary To Law

73. The Challenged Priorities are arbitrary, contrary to law, in excess of agency authority, and place unconstitutional conditions on Title X funds. The agency's mandate to seek "[a]lignment" with the Challenged Priorities is unlawful.

i. The Anti-Contraception Priorities

74. The NOFO requires applicants (and, eventually, recipients) to advance two priorities that deviate from Title X's core purpose and mandate. The first is "[r]educing overmedicalization in health care and increasing focus on optimal health and addressing underlying root causes." This priority includes the NOFO's only mention of contraception, and it is a disfavorable one. NOFO at 11. It states that "OPA recognizes the overreliance on pharmaceutical and surgical treatments," that there has been "a decrease in females' current use of any contraception," and that "the most common reason women reported discontinuing use related

to dissatisfaction was side effects." *Id.* In contrast, the NOFO speaks favorably about "noninvasive, evidence-based practices that promote health literacy, fertility awareness, and reproductive health without unnecessary medicalization or symptom suppression" and directs applicants to show "how their Title X projects will integrate" these practices. NOFO at 12. It states that a "key strateg[y] for advancing optimal health through Title X services" is "expanding access to fertility-awareness-based methods (often referred to as natural family planning)." NOFO at 12.

75. A second, partly overlapping OPA program priority is titled, "[p]romoting body and health literacy through the delivery of Title X services" (together with the overmedicalization priority, the "Anti-Contraception Priorities"). In describing the second priority, the NOFO states that "gaps in biological understanding contribute to delayed diagnosis of health conditions and to the nation's growing infertility crisis," and that, in response, applicants "will be required to incorporate foundational body and health literacy into reproductive health counseling," including "education on menstrual cycle physiology, hormonal health, male and female fertility awareness, and early indicators of reproductive disorders …." NOFO at 12. The goal of this counseling is to "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." *Id.* Together, these two priorities require applicants to show alignment with Defendants' preference for natural family-planning methods over contraceptives, whether for pregnancy prevention or other medical reasons. The language of the NOFO incorporates "restorative reproductive medicine" principles—a priority of the "Make America Healthy Again" movement.

76. A prospective grantee's meaningful advancement of the Anti-Contraception Priorities, along with other OPA and unspecified HHS priorities, is worth 35 of 100 points in the merit review process, while the extent to which the prospective grantee "adequately provides for" statutory and regulatory requirements is worth only 15 points. *See* NOFO at 39-40.

77. The Anti-Contraception Priorities conflict with agency regulations and agency guidance because they require applicants and grantees to prioritize certain types of family planning over others.

78. *First*, the Anti-Contraception Priorities conflict with Title X's implementing regulations, which require that projects "[p]rovide a broad range of acceptable and effective medically approved family planning methods … and services." 42 C.F.R. § 59.5(a)(1).

79. The regulations likewise require that projects "[p]rovide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning." *Id.* § 59.5(a)(2). The Anti-Contraception Priorities discourage Title X applicants and grantees from offering a "broad range" of family-planning methods and from providing services without coercion because they require prioritizing certain types of family planning over others.

80. These implementing regulations were promulgated through notice-and-comment rulemaking. The NOFO's requirement that applicants align instead with the Anti-Contraception Priorities was not.

81. The NOFO does not address HHS's regulations requiring that projects provide a broad range of acceptable and medically approved family-planning methods in requiring advancement of and alignment with the Anti-Contraception Priorities. Nor does the NOFO explain

how applicants or grantees should reconcile the inconsistency between the Priorities and program requirements.

82. *Second*, the Anti-Contraception Priorities conflict with agency guidance. The 2024 QFP, articulating the national standard of care required under 42 C.F.R. § 59.5(a)(3), states that Title X providers should "not prioritize one method [of contraception] over the other," 2024 QFP at S55, and clarifies that "[p]erson-centered contraceptive care focuses on providing contraception services in alignment with each individual's values, preferences, needs, and desires," *id.* at S54. The 2024 QFP also states that Title X "[p]roviders should also support people interested in using birth control methods for reasons other than contraception." *Id.* at S55. This can include gynecological or endocrine issues like heavy or painful periods, PCOS, endometriosis, PMDD, and acne. *Id.* These are exceedingly common uses of birth control methods.

83. The NOFO does not address the 2024 QFP, which directs Title X providers not to prioritize one method of contraception over another and the QFP's instruction that patients should be supported in using contraceptives for reasons other than preventing pregnancy. The NOFO also does not explain how applicants or grantees should reconcile the inconsistency between the Anti-Contraception Priorities and the 2024 QFP.

84. Defendants have not acknowledged, addressed the consequences of, or otherwise provided a rational explanation for the change in policy represented by the requirement that prospective grantees advance and align with the Anti-Contraception Priorities.

85. The Anti-Contraception Priorities are also vague in that they do not specify what actions are sufficient to constitute "alignment" with those priorities.

86. The NOFO also requires alignment with the Anti-Contraception Priority once grantees receive funding. Because the NOFO fails to describe the actions required in order to align

with these priorities, Defendants have not provided prospective grantees, including PPFA's members, with fair and advance notice of what the condition requires.

ii. The Marriage & Parenthood Counseling Priority

87. The NOFO requires applicants (and, eventually, recipients) to advance and administer their projects in accordance with OPA's priority of "[a]dvancing reproductive goals counseling." NOFO at 12. As part of this priority, the NOFO states that grantees 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" (the "Marriage & Parenthood Counseling Priority"). *Id.* at 13. It specifies that "[p]rogram counseling should affirm marriage and parenthood as meaningful and valued components of adult life." *Id.* The description of this priority further states that "[a]s 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," *id.*, but does not mention provision of services to individuals and families who are not seeking to have children. In describing the Marriage & Parenthood Counseling Priority, the NOFO suggests that "[r]esearch demonstrates that individuals who follow" Defendants' preferred sequencing of life milestones "experience substantially lower risks of poverty across socioeconomic groups," without citing any such research. NOFO at 13.

88. A prospective grantee's meaningful advancement of the Marriage & Parenthood Counseling Priority, along with other OPA and unspecified HHS priorities, is worth 35 of 100 points in the merit review process, while the extent to which the prospective grantee adequately provides for statutory and regulatory requirements is worth only 15 points.

89. The Marriage & Parenthood Counseling Priority conflicts with agency regulations and agency guidance because they require applicants and grantees to counsel patients in a way that discriminates against certain reproductive choices and family structures.

90. *First*, the Marriage & Parenthood Counseling Priority conflicts with Title X's implementing regulations, which require that Title X projects provide services that are "client-centered," "inclusive," 42 C.F.R. § 59.5(a)(3), "in a manner that does not discriminate against any client based on … marital status," *id.* § 59.5(a)(4), and "without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning," *id.* § 59.5(a)(2). The regulations also provide that, when counseling pregnant patients, organizations must "offer pregnant clients the opportunity to be provided information and counseling regarding" "(A) [p]renatal care and delivery; (B) [i]nfant care, foster care, or adoption; and (C) [p]regnancy termination" and, upon request, must "provide neutral, factual information and nondirective counseling on each of the options, and, referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling." 42 C.F.R. § 59.5(a)(5).

91. These regulations make clear that Title X projects may not provide services in a way that discriminates against individuals who are not married, including by suggesting that they should be married or pressuring them to pursue marriage. They also mandate that Title X projects cannot emphasize parenthood over pregnant patients' other options. The Marriage & Parenthood Counseling Priority contravenes both of these regulatory requirements.

92. The Title X regulations regarding the provision of services to people regardless of marital status and the provision of neutral, factual information regarding options concerning

pregnancy were promulgated through notice-and-comment rulemaking. The NOFO's requirement that applicants align instead with the Marriage & Parenthood Counseling Priority was not.

93. The NOFO does not address HHS regulations mandating that Title X projects provide services without discriminating against any client based on marital status and that pregnancy counseling be nondirective. Nor does the NOFO explain how applicants or grantees should reconcile the inconsistency between the Marriage & Parenthood Counseling Priority and regulatory requirements.

94. *Second*, the NOFO conflicts with agency guidance. The 2024 QFP, articulating the national standard of care required under 42 C.F.R. § 59.5(a)(3), states: "Patients should be fully informed about all pregnancy options: parenting, adoption, and abortion." 2024 QFP at S68. It further directs Title X providers to "offer nondirective counseling and be equipped to offer factual, neutral, nonjudgmental information about each option." *Id.* at S69. The 2024 QFP also states that Title X providers should screen for reproductive desires because doing so "enables providers to offer appropriate services for those patients who are seeking to avoid pregnancy as well as for those who are open to or seeking pregnancy and those interested in other mechanisms to build their families." *Id.* at S53. It recognizes that people hold "nuanced, fluctuating, and sometimes contradictory thoughts and feelings … regarding future pregnancy." *Id.* at S54.

95. The NOFO also ignores research showing that alignment with this priority would not lead to improved health outcomes. The NOFO does not reference or cite, for example, studies suggesting that marriage earlier in life is associated with substantially higher likelihood of later-life poverty and, relative to marriage in one's late twenties or early thirties, a higher risk of divorce,

or that delaying childbearing yields measurable gains in women's earnings and career advancement.[10]

96. The NOFO does not address the 2024 QFP, which requires Title X providers to offer nonjudgmental information about all pregnancy options and to offer appropriate services for those people seeking to avoid pregnancy as well as for those people seeking pregnancy, or other current research demonstrating that early marriage can be associated with worse outcomes. The NOFO also does not explain how applicants or grantees should reconcile the inconsistency between the Marriage & Parenthood Counseling Priority and the 2024 QFP.

97. Defendants have not acknowledged, addressed the consequences of, or otherwise provided a rational explanation for the change in policy represented by the requirement that prospective grantees advance and align with the Marriage & Parenthood Counseling Priority.

98. The Marriage & Parenthood Counseling Priority is also vague in that it does not specify what is sufficient to "align" with it. It is unclear what it would mean to "affirm marriage and parenthood as meaningful and valued components of adult life" in the context of providing medical care. The NOFO does not specify how applicants (and, eventually, grantees) would be expected to address this requirement.

99. The NOFO also requires alignment with the Marriage & Parenthood Counseling Priority once grantees receive funding. Because the NOFO fails to describe the actions required in order to align with the priority, Defendants have not provided prospective grantees, including PPFA's members, with fair and advance notice of what the condition requires.

[10] Gordon B. Dahl, *Early Teen Marriage and Future Poverty*, 47 Demography 689 (2010), https://perma.cc/T689-BPT8; Amalia R. Miller, *The Effects of Motherhood Timing on Career Path*, 24 J. Population Econ. 1071 (2011), https://www.jstor.org/stable/41488341.

iii. The "Life Affirming Program Delivery" Priority

100. The NOFO requires applicants (and, eventually, recipients) to advance and align their projects with OPA's priority of "[e]nforcing the Hyde Amendment through the delivery of Title X services." NOFO at 14. This priority includes references to existing restrictions on the use of federal funds to pay for abortions, and also states that applicants are expected to "contribute to broader HHS efforts to safeguard life-affirming, lawful, and ethical program delivery" (the "'Life Affirming Program Delivery' Priority").

101. A prospective grantee's meaningful advancement of the "Life Affirming Program Delivery" Priority, along with other OPA and unspecified HHS priorities, is worth 35 of 100 points in the merit review process, while the extent to which the prospective grantee adequately provides for statutory and regulatory requirements is worth 15.

102. The "Life Affirming Program Delivery" Priority is vague in that the NOFO does not specify what is sufficient to "align" with it. The NOFO fails to define what it would mean for an applicant or grantee to "safeguard life-affirming" care. The NOFO does not specify how applicants (and, eventually, grantees) would be expected to address this requirement in the way they treat patients or some other aspect(s) of their work.

103. The NOFO also requires alignment with the "Life Affirming Program Delivery" Priority once grantees receive funding. Because the NOFO fails to describe the actions required in order to align with this priority, Defendants have not provided prospective grantees, including PPFA's members, with fair and advance notice of what the condition requires.

104. The NOFO also does not address HHS's regulations requiring that the project provide nondirective counseling to pregnant clients and referrals for abortion care upon request, 42 C.F.R. § 59.5(a)(5)(i), (ii); *see also* Consolidated Appropriations Act, 2026, Pub. L. No. 119-

75, 140 Stat. 173, 262 (2026), in requiring advancement of and alignment with the "Life Affirming Program Delivery" Priority. Neither does the NOFO explain how applicants or grantees should reconcile any inconsistency between that Priority and the Title X implementing regulations requiring that care be nondirective and requiring that Title X projects provide referrals for abortion care where requested.

105. The NOFO does not address the 2024 QFP, which directs Title X providers to offer patients nonjudgmental, neutral, and factual information about all pregnancy options and to refer patients for additional health care needs, including abortion. 2024 QFP at S68. The NOFO also does not explain how applicants or grantees should reconcile any inconsistency between the "Life Affirming Program Delivery" Priority and the standard of care under 42 C.F.R. § 59.5(a)(3), as stated in the 2024 QFP.

106. Defendants have not acknowledged, addressed the consequences of, or otherwise provided a rational explanation for any change in policy represented by the requirement that prospective grantees advance and align with the "Life Affirming Program Delivery" Priority.

iv. The "Biological Reality" Priority

107. The NOFO requires applicants (and, eventually, recipients) to advance and align their projects with the OPA priority of "[p]romoting evidence-based care," which, according to the NOFO, includes a mandate that applicants "protect[] children" and "respect[] biological reality." NOFO at 13. It also provides that a "[k]ey strategy for this priority" is "providing developmentally appropriate counseling rooted in ***biological science***." *Id.* (emphasis added). This priority (the "'Biological Reality' Priority") targets transgender patients and the health care provided to them. The overlapping HHS and OASH priorities use the same phrases to refer to the denial of gender identity. *See HHS Priorities Statement* (defining "biological reality" as the concept that "a

person's sex as either male or female is unchangeable and determined by objective biology"); *OASH Priorities Statement* ("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.").

108. A prospective grantee's so-called "meaningful[] advance[ment]" of the "Biological Reality" Priority, along with other OPA and unspecified HHS priorities, is worth 35 of 100 points in the merit review process, while the extent to which the prospective grantee adequately provides for statutory and regulatory requirements is worth only 15 points.

109. The "Biological Reality" Priority diverges from Title X's statutory purpose, HHS regulations, and HHS guidance.

110. *First*, the "Biological Reality" Priority conflicts with Title X regulations, which expressly require that projects "[p]rovide services in a manner that does not discriminate against any client based on … sex, … gender identity, [or] sex characteristics." 42 C.F.R. § 59.5(a)(4). Title X's implementing regulations also require that projects provide services in a manner that is "client-centered," "inclusive," and "protects the dignity of the individual." 42 C.F.R. § 59.5(a)(3). The regulations define "inclusive" as a state of affairs where "all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, … lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons." *Id.* § 59.2.

111. Title X regulations also require that grantees "ensure[] equitable and quality service delivery consistent with nationally recognized standards of care"—and that they do not "discriminate against any client based on … sex, sexual orientation, gender identity, [or] sex characteristics." 42 C.F.R. § 59.5(a)(3)-(4).

112. These existing regulations were promulgated through notice-and-comment rulemaking. The NOFO's requirement that applicants align with the "Biological Reality" Priority was not.

113. In requiring advancement of and alignment with the "Biological Reality" Priority, the NOFO does not address these HHS regulations. Nor does the NOFO explain how applicants or grantees should reconcile the inconsistency between the "Biological Reality" Priority and regulatory requirements.

114. *Second*, the NOFO's "Biological Reality" Priority conflicts with HHS guidance. The 2024 QFP, articulating the national standard of care required under 42 C.F.R. § 59.5(a)(3), states: "Providers should support the sexual and reproductive health care needs of all people regardless of their gender identity." 2024 QFP at S72. The 2024 QFP also emphasizes the use of "gender-inclusive language," *id.* at S43-S44, and directs Title X providers to "ask patients about their sex assigned at birth, current anatomy, preferred name, gender identity, and pronouns," *id.* at S48. It also instructs Title X providers to "take steps to educate themselves and their medical teams about appropriate language and the health care needs of transgender patients." *Id.* at S72.

115. In addition, the "Biological Reality" Priority fails to consider the impact of incentivizing providers of family-planning services to deny patients' gender identity, which goes against current medical guidance. Professional bodies have explained that a physician's nonjudgmental recognition of a patient's gender identity "enhances the ability to render optimal patient care."[11] And research shows that access to affirming, nondiscriminatory care is associated with materially better health outcomes—including significantly reduced rates of depression,

[11] Am. Med. Ass'n, *Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations*, Policy H-160.991, https://perma.cc/49TS-CGCE (last modified 2025).

anxiety, and suicidality—while stigmatizing or discriminatory treatment is associated with worse outcomes.[12]

116. The NOFO does not address its inconsistency with the 2024 QFP and other medical guidance, which requires Title X providers to administer gender inclusive care. Nor does the NOFO explain how applicants or grantees should reconcile the inconsistency between the "Biological Reality" Priority and agency guidance.

117. Defendants have not acknowledged, addressed the consequences of, or otherwise provided a rational explanation for the change in policy represented by the requirement that prospective grantees advance and align with the "Biological Reality" Priority. This priority bears no relation to Title X's statutory purpose of funding voluntary and comprehensive family-planning care and is instead based on HHS's current political and ideological preferences.

118. The "Biological Reality" Priority is also vague in that it never specifies what is sufficient for grantees to "align" with it. It is unclear how a project can "align" with a priority to "reflect biological reality" in satisfaction of the requirement to advance and align with the "Biological Reality" Priority. The NOFO does not specify how applicants would be expected to address this priority in the way they treat patients, their staffing, and/or some other aspect(s) of their work.

119. The NOFO also requires alignment with the "Biological Reality" Priority once grantees receive funding. Because the NOFO fails to describe the actions required in order to align

[12] Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, 5 JAMA Network Open 1 (2022), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423; Am. Med. Ass'n, *Advocating for the LGBTQ Community*, https://www.ama-assn.org/public-health/population-health/advocating-lgbtq-community (last accessed July 28, 2026).

with the priority, Defendants have not provided prospective grantees, including PPFA's members, with fair and advance notice of what the condition requires.

C. Defendants Also Require Alignment With Additional, Unspecified Priorities During The Review Process, Which Is Arbitrary, Contrary To Law, And Exceeds Agency Authority

120. As described above, the NOFO's merit review includes an assessment of whether applicants "meaningfully advance" certain unspecified HHS priorities. NOFO at 40; *see also supra* ¶ 62.

121. In addition to a merits review, the Federal Staff Review includes "consideration [of] … additional factors," including "[a]lignment with HHS and OASH priorities, where authorized by law and within the scope of the program," NOFO at 41, thereby making alignment with both the HHS and OASH priorities part of the review process. Neither set of priorities is identified or described in the NOFO.

122. The websites that presently list HHS and OASH priorities are subject to change at any point, without notice to potential applicants or Title X grantees.

123. The HHS and OASH priorities are also vague and unclear, both as to whether they apply and also as to what they would require if they did apply.

124. Many of the OASH and HHS priorities appear clearly inapplicable to Title X.

125. As of the date of this Complaint, there are 24 HHS priorities listed on HHS's Website. Some of those priorities, such as "[f]oster marriage and family formation," "[c]ombat gender ideology and protect children," and "[e]nforce the Hyde Amendment," overlap with OPA's program priorities. *HHS Priorities Statement*. Consideration of those overlapping HHS priorities in the Title X grant selection process would be unlawful for the reasons described above.

126. Other HHS priorities appear to be entirely inapplicable to the Title X program. For example, HHS's sprawling set of priorities ranges from a heading labeled "[t]oxins" to "[e]nd[ing]

crime and disorder on America's streets," "[p]romot[ing] work and self-sufficiency," and "[i]mprov[ing] oversight of foreign funded institutions." *HHS Priorities Statement*.

127. A third category of HHS priorities appear potentially related to Title X in some contexts, meaning that applicants have no way to be sure whether they are intended to apply under the NOFO. For example, HHS's priorities include "[e]nd illegal race discrimination." *HHS Priorities Statement*.

128. As of the date of this Complaint, there are 10 OASH priorities listed on the OASH website. Some of those priorities, such as "[e]nforcing the Hyde Amendment" overlap with HHS and/or OPA priorities. *OASH Priorities Statement*. As to those overlapping priorities, their consideration in the Title X grant selection process is unlawful for the reasons described above. Others are unclear as to whether or not they are meant to apply to the Title X program.

129. The NOFO does not specify which HHS and OASH priorities are applicable to the evaluation of Title X projects—either during the merits review or during the Federal Staff Review—and thus fails to specify which priorities senior agency personnel will "consider[]" as part of a review and the weight that will give to any particular priority.

130. Therefore, the NOFO fails to identify which HHS and OASH priorities Defendants consider to be within the scope of the Title X program for purposes of making funding recommendations. Nor can Defendants reasonably leave it to individual participants to guess in the first instance—on pain of losing access to essential Title X funding—whether HHS's priorities fall "within the scope of the program." NOFO at 41.

131. Defendants' failure to identify in unambiguous fashion the complete set of HHS and OASH priorities relevant to the agency's evaluation of grant applications under the NOFO deprives applicants of fair notice of what is required of them to obtain Title X funding.

132. In addition to failing to identify the relevant priorities, Defendants fail to explain how an applicant or grantee would be expected to align with them.

133. For example, one of the OASH priorities is titled, "Ending diversity, equity, and inclusion (DEI) policies and practices across OASH's programs." *OASH Priorities Statement*. HHS has a related priority titled "[e]nd illegal race discrimination" that states that, "[r]ather than supporting DEI programs, HHS will end race-based special preferences in grant making and instead direct resources to programs that advance the health and longevity of all Americans." *HHS Priorities Statement*.

134. Under this anti-DEI priority, OASH states that it will prioritize efforts that "go beyond the use of ideologically laden concepts" "like health equity," and "focus on solution-oriented approaches" "includ[ing] actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes." *OASH Priorities Statement*. But the website does not say what an organization would need to do to "go beyond" health equity or what "testing, advancing, scaling and implementing innovative evidence-based interventions and treatments that address poor health outcomes" would look like in a program for providing family-planning care.

135. Nor do Defendants acknowledge the Title X regulations' requirement that HHS take into account "[t]he ability of the applicant to advance health equity" when awarding Title X funds, 42 C.F.R. § 59.7(a)(3), or that projects provide services in an "inclusive" manner, ensure "equitable" delivery of services, and encourage participation in the project by "diverse persons," *id.* §§ 59.5(a)(3), (b)(3)(iii); *see also id.* § 59.2 (defining "inclusive" as "when all people are fully included and can actively participate in and benefit from family planning, including, but not

limited to, individuals who belong to underserved communities," specifically identifying racial and ethnic minorities and "lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons").

136. OASH's priority titled, "[e]nsuring adolescent program materials are age-appropriate" is another example of a priority that is so vague as to deprive applicants and grantees of what is required. *OASH Priorities Statement*. This priority states that "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." *Id.*

137. OASH gives no guidance regarding how a project can ensure its program materials are "age appropriate" and that they "do not promote material that depicts, describes, exposes or presents obscene, indecent, or sexually explicit content" and that they do not include "content that encourages, normalizes or promotes sexual activity for minors." Neither the NOFO nor the OASH website explains how an applicant or grantee is expected to align with the OASH priority regarding adolescent materials. Nor do they explain how a Title X project can provide family-planning services to adolescents that does not include content involving discussion of sexual activity for minors.

138. As these two examples show, the NOFO's limited references to the HHS and OASH priorities do not give applicants fair notice of what is required to be considered in alignment with them.

139. In addition, the NOFO's mandate that applicants align with these priorities—many of which are entirely unrelated to the purpose of the Title X program—exceeds the agency's statutory authority 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." 42 U.S.C. § 300(a).

D. Requiring Alignment With The OPA Priorities And OASH Priorities After Grants Are Awarded Fails To Give Potential Grantees Adequate Notice Of The Conditions Attached To The Funds

140. After grants are awarded, the NOFO requires continued alignment with the OPA priorities, and also with the unspecified HHS and OASH priorities.

141. The NOFO does not identify which HHS and OASH priorities Defendants consider to be authorized by law and/or consistent with program authority and the scope of the award for purposes of assessing a grantee's ongoing alignment.

142. In addition, the NOFO requires that grantees administer their programs "in accordance with" the OPA priorities to: "1) Promote body and health literacy; 2) Advance reproductive goals counseling; [and] 3) Implement a Quality Improvement and Quality Assurance (QI/QA) Plan with the goal to achieve optimal health outcomes." NOFO at 7; *see* NOFO at 12-14. Recipients must "demonstrate ongoing compliance with" the priorities through "program design, implementation, reporting, and evaluation." *Id.* This provision in the NOFO implies that grantees must align with only these three OPA priorities.

143. However, on the next page, the NOFO states that "[a]ll activities funded under this announcement" must be "in compliance with additional program guidance issued by OPA," this time without limiting that compliance to just the three priorities listed on page 7. NOFO at 8. This provision—in conflict with the language a few pages earlier listing only a subset of OPA guidance—appears to require grantees to maintain alignment with all OPA priorities.

144. By giving conflicting accounts of which OPA priorities become conditions after grantees receive funding, Defendants fail to specify which OPA priorities they consider to be

authorized by law and/or consistent with program authority and the scope of the award for purposes of assessing a grantee's ongoing alignment.

145. Defendants' failure to identify which OPA, OASH, and HHS priorities grantees will be required to demonstrate alignment with as a condition of accepting a grant issued under the NOFO, or to provide any explanation of how alignment with those priorities will be assessed, deprives applicants of the notice required to knowingly and voluntarily decide whether to apply for and ultimately accept the funds.

IV. THE NOFO WILL HARM PPFA MEMBERS AND THE PATIENTS THEY SERVE

146. PPFA members have consistently participated in Title X funding opportunities to provide core Title X services. Some PPFA members have done so for decades, tracing back to the program's inception in 1971. Using Title X funding, PPFA members' health centers offer a full range of reproductive health care services, including well-woman preventive-care visits, breast exams, Pap tests, general health assessments, a wide range of contraception methods, risk assessments and referral services for pregnant women, pregnancy testing, STI treatment and testing, urinary tract infection treatment, and cervical cancer and testicular cancer screenings.

147. Nationally, of those who report their income, approximately 64 percent of patients visiting Planned Parenthood health centers have incomes at or below 150 percent of the federal poverty level.

148. Several PPFA members, including current Title X grantees, plan to apply for Title X funds for the fiscal year 2027 grant cycle. Applications under the FY 2027 NOFO are due on January 11, 2027.

149. If the NOFO's requirements to advance and align with HHS, OPA, and OASH priorities are permitted to stand, PPFA members and their patients will be irreparably harmed.

C. The NOFO Disadvantages PPFA Members During The Title X Grant Selection Process

150. PPFA members provide high-quality inclusive and comprehensive family-planning services with respect and compassion. They do so without regard to patients' income, insurance, gender identity, sexual orientation, or race.

151. To maintain their status as PPFA members, members must, among other things, provide medical services in accordance with national guidelines and adhere to the shared Planned Parenthood mission.

152. In furtherance of their shared mission, PPFA members counsel patients and provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, trauma-informed, and that protects the dignity of the individual.

153. Consistent with applicable membership requirements and the Title X statute and regulations, PPFA members provide and/or refer for a broad range of 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, pre-conception health services, and adolescent-friendly health services).

154. In addition—and consistent with applicable membership requirements, the shared Planned Parenthood mission, and the Title X statute and regulations—PPFA members provide patient-centered counseling about family-planning options and do not direct or coerce patients towards particular methods of family planning or making particular life choices, including getting married before having children or having children at all if that is not what patients want.

155. Consistent with applicable membership requirements, the shared Planned Parenthood mission, and the Title X statute and regulations, PPFA members also provide care to

patients wanting to prevent pregnancy and provide referrals upon request to patients wishing to terminate a pregnancy.

156. PPFA members provide all services in compliance with the Hyde Amendment. PPFA members who are Title X grantees do not use abortion as a method of family planning within their Title X projects. However, where legally permissible, PPFA members provide abortion services. Members maintain separation between these services and their Title X projects, as required by the Title X statute and regulations.

157. Finally, in accordance with federal law and applicable law of the states in which they operate, PPFA members provide services, including Title X services, to patients regardless of religion, race, national origin, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.

158. The NOFO's requirement to align with the Challenged Priorities therefore harms PPFA members and puts them at a disadvantage to other prospective applicants who share the political agenda reflected in the priorities, notwithstanding the extent to which PPFA members' proposed projects fulfill Title X's actual purpose and applicable statutory and regulatory requirements.

159. Moreover, PPFA members that wish to apply for Title X grants for FY 2027 are unclear about how to address the requirement to align with the Challenged Priorities, OASH Priorities, and HHS Priorities because the priorities are arbitrary, conflict with federal law, and/or the NOFO is vague about what practices are required in order to show alignment.

160. Nor can PPFA members know what they would be agreeing to "align with" if their applications were successful because the Challenged Priorities, OASH Priorities, and HHS Priorities are also confusing and vague. To the extent that the NOFO purports to condition the

receipt of funds on alignment with the Challenged Priorities, HHS priorities, and OASH priorities, PPFA members are harmed by the lack of fair and advance notice of the conditions needed to knowingly and willingly accept them.

161. PPFA members thus face the risk that, even if their applications are successful, their acceptance of a Title X award would require continued, undefined alignment with agency priorities that are confusing, vague, arbitrary, and contrary to existing law. If they were later determined not to be in alignment, such a finding could result in corrective action or termination of their awards. *See* NOFO at 7.

D. Excluding PPFA Members From The Title X Program Will Harm Them And The Patients They Serve

162. If PPFA members are excluded from the Title X program—either because they cannot reasonably determine what it would mean to align with requisite agency priorities, or because Defendants determine that PPFA members do not sufficiently align with OPA, HHS, and OASH priorities—they will suffer financial, operational, and reputational harm, and their patients will be harmed by their decreased ability to access subsidized or free family-planning care.

163. ***Harm to PPFA's members*:** Title X funding is critical to helping PPFA members provide services to low-income families and individuals. In addition to providing free or low-cost clinical services, Title X funding is also used to support other critical needs that are not reimbursable under Medicaid or commercial insurance, such as individual patient education, community-level outreach, and public education about family planning and related sexual-health issues.

164. In 2026 alone, PPFA members received over $11 million in direct Title X grant funds.

165. Without Title X funding, some members will no longer be able to offer family planning and other Title X services at reduced or no cost to their patients or, at a minimum, could not do so indefinitely, causing a significant harm to their mission of providing that care.

166. To try to continue offering free or reduced-cost family-planning services without Title X funding, some PPFA member-grantees would need to conduct additional fundraising and/or secure alternative funding streams to make up for funding that would otherwise be reimbursed by Title X. This would require diversion of resources from other aspects of PPFA members' missions and core business activities.

167. If they are unable to secure alternative funding streams, some PPFA member-grantees would be forced to make difficult operational and staffing decisions.

168. If PPFA members were no longer able to offer subsidized care under Title X, this would also tarnish Planned Parenthood's longstanding reputation as a reliable, affordable, and accessible option for patients with nowhere else to turn. That reputation has been built over decades of work in the communities that PPFA's members serve and would be impaired if PPFA's members were forced to turn patients away for lack of means to pay for family-planning services.

169. ***Harm to Patients*:** The NOFO also poses a grave risk to the health of PPFA members' Title X patients who are low-income individuals already facing barriers to care. PPFA's members that receive Title X funding often work in under-resourced areas where patients face barriers to access appropriate reproductive care. These patients will have an even more difficult time accessing such care if they cannot obtain Title X care from their local Planned Parenthood health center. Many patients risk being cut off from health care services altogether, threatening significant harm to those patients and U.S. public health more broadly.

170. As history shows, PPFA's members are integral to the Title X network.

171. In 2019, a revision to the Title X regulations prohibited Title X grantees from providing abortion referrals; required pregnant patients be provided with a referral to prenatal care; and mandated complete physical and financial separation between Title X-funded activities and abortion-related services, among other things.[13] These requirements forced PPFA members and others to withdraw from the program.[14] Between 2018 and 2020, the number of patients served by Title X clinics fell from 3.9 million to 1.5 million; family-planning visits declined from 6.5 million to 2.7 million; and the number of participating clinic sites dropped from 3,954 to 3,031—a nearly 25 percent decline.[15] As a consequence, for almost two years, several states were left without a single Title-X-funded health center.[16]

172. Today, PPFA direct-grantee members care for a disproportionate number of individuals who depend on publicly funded family-planning services, from a health care-safety-net provider, including low-income patients, patients in rural areas, patients who are not proficient in English, and communities of color. And in at least one state, a PPFA direct-grantee member is the only Title X service provider.

173. Even where there are other Title X service providers in a given area, the health care infrastructure where PPFA's direct-grantee members operate may be unable to absorb the flood of

[13] *See* Compliance with Statutory Program Integrity Requirements, 84 Fed. Reg. 7714 (Mar. 4, 2019); Off. of Population Affs., Title X Family Planning Annual Report: 2020 National Summary (2021).
[14] Janice Hopkins Tanne, *Planned Parenthood Rejects Restrictive US Government Funding and "Gag Rule,"* 366 BMJ l5227 (Aug. 20, 2019), https://doi.org/10.1136/bmj.l5227; Rachel Benson Gold & Lauren Cross, *The Title X Gag Rule Is Wreaking Havoc — Just as Trump Intended*, Guttmacher Inst. (Aug. 29, 2019), https://www.guttmacher.org/article/2019/08/title-x-gag-rule-wreaking-havoc-just-trump-intended.
[15] *See* Brittni Frederiksen et al., *Rebuilding Title X: New Regulations for the Federal Family Planning Program*, KFF (Nov. 3, 2021), https://www.kff.org/womens-health-policy/rebuilding-title-x-new-regulations-for-the-federal-family-planning-program/.
[16] *See id.*

new patients that may be triggered if patients are no longer able to receive Title X care at Planned Parenthood health centers. And these providers may not provide the same services as PPFA members, including extended hours, which many patients with low incomes rely on due to work schedules and other responsibilities.

174. With nowhere to turn for low or no-cost, high-quality reproductive-health and family-planning care, many patients with limited means will simply go without these vital services.

175. Patients are especially likely to lose contraceptive care, including access to LARCs, the most effective forms of contraception for preventing unwanted pregnancies, if PPFA's members lose Title X funding. Because LARCs are so expensive, lower-income patients, particularly those who are uninsured, under-insured, or unable to use their insurance, almost certainly would not be able to obtain them absent subsidization from a Title X grantee.

176. As a result of Defendants' unlawful actions, PPFA's members intending to apply for Title X funding and the communities they serve are at risk of irreparable harm.

177. Each of PPFA's members intending to apply for Title X funding under the NOFO would have standing to bring this action in its own right. The interests PPFA is seeking to advance and protect through this action are integral to its core, mission-driven work supporting its members' provision of high-quality, inclusive, and comprehensive sexual and reproductive health care services, regardless of income, insurance, gender identity, sexual orientation, or race. And the claims PPFA is asserting and the relief it is requesting do not require the participation of PPFA members in this suit. *Hunt v. Washington State Apple Advert. Comm'n*, 432 U.S. 333, 343 (1977).

178. PPFA's members must decide well in advance of the January 2027 application deadline whether to apply and commit resources to the planning, scoping, internal approval, and application pre-drafting processes.

179. The NOFO is currently harming PPFA's members because its unlawful criteria are hampering and burdening members' current decision-making and preparations to apply for fiscal year 2027 Title X grants.

180. PPFA's challenge to the NOFO is purely legal, requiring no additional factual development for this Court to adjudicate the matter. Withholding judicial review would force a costly, imminent decision by PPFA's members about whether to apply for funding while facing an impossible situation. Once final awards issue, the competitive distortion cannot be undone.

COUNT ONE
APA – CONTRARY TO LAW

181. PPFA incorporates by reference the allegations of the preceding paragraphs.

182. The APA requires courts to "hold unlawful and set aside agency action" that is "not in accordance with law." 5 U.S.C. § 706(2)(A).

183. "'[I]t is axiomatic that an agency is bound by its own regulations,'" unless the regulations are duly amended or repealed. *Alon Refin. Krotz Springs, Inc. v. EPA*, 172 F.4th 12, 17 (D.C. Cir. 2026) (ellipsis omitted).

184. The NOFO's requirement that applicants and grantees align with the Challenged Priorities constitutes final agency action.

185. The Title X regulations at 42 C.F.R. Part 59—including §§ 59.5(a)(1)-(5), 59.7(a)(3), and 59.10—bind Defendants and require, among other things, nondiscrimination on the basis of gender identity and sex characteristics; client-centered, inclusive care; a broad range of family-planning methods; and that programs advance health equity.

186. The NOFO's "Biological Reality" Priority, Marriage & Parenthood Counseling Priority, and Anti-Contraception Priority, and the HHS and OASH priorities that overlap with them, are contrary to those binding regulations.

COUNT TWO
APA – IN EXCESS OF STATUTORY AUTHORITY

187. PPFA incorporates by reference the allegations of the preceding paragraphs.

188. The APA requires courts to "hold unlawful and set aside agency action[s], findings, and conclusions" that are "in excess of statutory jurisdiction, authority, or limitations, or short of statutory right." 5 U.S.C. § 706(2)(C).

189. The NOFO's requirement that applicants and grantees align with the Challenged Priorities and the HHS and OASH priorities constitutes final agency action.

190. Defendants may exercise only authority granted to them by statute. *See, e.g.*, *FCC v. AT&T, Inc.*, 146 S. Ct. 1418, 1428 (2026); *West Virginia v. EPA*, 597 U.S. 697, 723 (2022).

191. The Title X statute, 42 U.S.C. § 300(a), does not authorize HHS to condition Title X funding on alignment with the NOFO's Challenged Priorities or the HHS and OASH priorities.

COUNT THREE
APA – ARBITRARY AND CAPRICIOUS

192. PPFA incorporates by reference the allegations of the preceding paragraphs.

193. The APA requires courts to "hold unlawful and set aside agency action" that is "arbitrary and capricious" or "an abuse of discretion." 5 U.S.C. § 706(2)(A).

194. "'An agency is not free to ignore or violate its regulations while they remain in effect,'" and "'an agency action may be set aside as arbitrary and capricious if the agency fails to comply with its own regulations.'" *Alon Refin. Krotz Springs, Inc. v. EPA*, 172 F.4th 12, 17-18 (D.C. Cir. 2026).

195. The NOFO's requirement for applicants and grantees to align with the Challenged Priorities and the HHS and OASH priorities constitutes final agency action.

196. The NOFO's requirement to align with the Challenged Priorities and the HHS and OASH priorities is arbitrary and capricious. Among other reasons, the NOFO's requirement to

align with these priorities demands that prospective grantees align themselves with political goals that directly conflict or are inconsistent with Title X regulations without explaining how to reconcile the conflict; relies on factors that Congress did not intend Defendants to consider and instead supplants Congress's intent and purpose in authorizing grants under Title X; represents departures from regulation and longstanding agency policy without acknowledgment, much less reasoned explanations for those departures; fails to take into account relevant issues and important aspects of the problem; fails to provide applicants with fair notice of what is required of them; and fails to consider the reliance interests of longstanding Title X service providers.

COUNT FOUR
APA – FAILURE TO OBSERVE REQUIRED PROCEDURE

197. PPFA incorporates by reference the allegations of the preceding paragraphs.

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

199. To reverse, repeal, or amend an agency rule, an agency must promulgate a new rule based on reasoned decision-making. *See* 5 U.S.C. § 551(5) ("rule making" means "agency process for formulating, amending, or repealing a rule").

200. The APA "mandate[s] that agencies use the same procedures when they amend or repeal a rule as they used to issue the rule in the first instance." *Perez v. Mortg. Bankers Ass'n*, 575 U.S. 92, 101 (2015).

201. The NOFO's "Biological Reality" Priority, Marriage & Parenthood Counseling Priority, and Anti-Contraception Priority constitute a reversal or amendment of the Title X regulations, promulgated via notice-and-comment, with which those priorities conflict.

202. Having failed to use notice-and-comment rulemaking to issue the "Biological Reality" Priority, Marriage & Parenthood Counseling Priority, and Anti-Contraception Priority, Defendants have failed to follow the procedures required by law to impose such requirements.

COUNT FIVE
VIOLATION OF THE SPENDING POWER UNDER U.S. CONST. ART. I, § 8, CL. 1

203. PPFA incorporates by reference the allegations of the preceding paragraphs.

204. Congress's power to attach conditions to federal spending is "not unlimited" and is "subject to several general restrictions." *South Dakota v. Dole*, 483 U.S. 203, 207 (1987).

205. Among other requirements, funding recipients must have fair and advance notice of conditions that apply to federal funds so that recipients can "knowingly and voluntarily" decide whether to accept funds. *Landor v. Louisiana Dep't of Corr. & Pub. Safety*, 146 S. Ct. 1931, 1941 (2026). Grant recipients cannot knowingly accept conditions they are "unaware" of or "unable to ascertain." *Pennhurst State Sch. & Hosp. v. Halderman*, 451 U.S. 1, 17, 25 (1981).

206. The above requirements apply to federal Executive Branch agencies.

207. In addition to requiring applicants to demonstrate how their proposed projects will align with Defendants' political priorities, the NOFO states that funding recipients must "align program design and activities with agency priorities … when authorized by law according to the Title X statute, regulations, legislative mandates, and additional program guidance"; and demonstrate ongoing alignment with those agency priorities. NOFO at 7.

208. The NOFO fails to provide PPFA's members adequate notice of what alignment, implementation, and/or effectuation of the outlined OPA program priorities would require. PPFA's members are thus currently experiencing constitutional injury because they cannot now knowingly decide whether to apply for Title X grants for fiscal year 2027 given unascertainable conditions.

209. In addition, to the extent any PPFA member(s) were to receive an award, the conditions for maintaining that award are likewise unascertainable. The NOFO fails to sufficiently elaborate on the HHS and OASH priorities with which any potential PPFA member grantee would be required to align or what ongoing alignment with those priorities would require. Instead of enumerating specific HHS and OASH priorities, the NOFO directs readers to an external Web site whose contents could change at any time.

210. Therefore, to the extent the NOFO purports to outline conditions for the acceptance of Title X grants, it violates the Spending Clause because it does not provide the notice required for a prospective grantee knowingly and voluntarily to accept them and, separately, to maintain grants if any are awarded.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays this Court:

211. Declare unlawful and set aside the requirement in the FY 2027 NOFO that applicants demonstrate meaningful advancement of, alignment with, and, if awarded a grant, ensure alignment with the following priorities:

a) "Biological Reality" Priority and the HHS and OASH priorities that overlap with it;

b) Marriage & Parenthood Counseling Priority and the HHS and OASH priorities that overlap with it;

c) Anti-Contraception Priority and the HHS and OASH priorities that overlap with it;

d) "Life Affirming Program Delivery" Priority and the HHS and OASH priorities that overlap with it;

e) HHS priorities;

f) OASH priorities.

212. Preliminarily and permanently enjoin Defendants, their agents, and all persons acting in concert or participation with Defendants from imposing or implementing the following unlawful provisions of FY 2027 NOFO at all stages of the application process and to the extent that HHS may seek to have funding recipients take any action in accordance with them:

a) "Biological Reality" Priority and the HHS and OASH priorities that overlap with it;

b) Marriage & Parenthood Counseling Priority and the HHS and OASH priorities that overlap with it;

c) Anti-Contraception Priority and the HHS and OASH priorities that overlap with it;

d) "Life Affirming Program Delivery" Priority and the HHS and OASH priorities that overlap with it;

e) HHS priorities;

f) OASH priorities.

213. Pursuant to 5 U.S.C. § 705, grant all appropriate relief to preserve the status quo pending judicial review, including postponing the effective date of, or staying implementation of, the following unlawful provisions of the NOFO:

a) "Biological Reality" Priority and the HHS and OASH priorities that overlap with it;

b) Marriage & Parenthood Counseling Priority and the HHS and OASH priorities that overlap with it;

c) Anti-Contraception Priority and the HHS and OASH priorities that overlap with it;

d) "Life Affirming Program Delivery" Priority and the HHS and OASH priorities that overlap with it;

e) HHS priorities, to the extent that they apply and are contrary to federal law or regulations and/or are arbitrary and capricious;

f) OASH priorities, to the extent that they apply and are contrary to federal law or regulations and/or are arbitrary and capricious.

214. Grant such other relief as this Court deems just and proper.

July 28, 2026

Respectfully submitted,

/s/ *Alan E. Schoenfeld*

ALAN E. SCHOENFELD (DC BAR NO. 1725277)
WILMER CUTLER PICKERING
HALE AND DORR LLP
7 World Trade Center
250 Greenwich Street
New York, NY 10007
(212) 230-8800
alan.schoenfeld@wilmerhale.com

SOFIA BROOKS (*pro hac vice* pending)
CHRISTOPHER R. STEVENSON (*pro hac vice* pending)
WILMER CUTLER PICKERING
HALE AND DORR LLP
60 State Street
Boston, MA 02109
(617) 526-6000
sofie.brooks@wilmerhale.com
chris.stevenson@wilmerhale.com

LEAH FUGERE (*pro hac vice* pending)
WILMER CUTLER PICKERING
HALE AND DORR LLP
350 South Grand Ave, Suite 2400
Los Angeles, CA 90071
(213) 443-5300
leah.fugere@wilmerhale.com

DEEPA ALAGESAN (D.D.C. BAR NO. NY0261)
CAMILA VEGA (*pro hac vice* pending)
PLANNED PARENTHOOD FEDERATION
OF AMERICA, INC.
123 William Street
New York, NY 10038
(212) 541-7800
deepa.alagesan@ppfa.org
camila.vega@ppfa.org

PAUL R.Q. WOLFSON (DC BAR NO. 414759)
CARRIE Y. FLAXMAN (DC BAR NO. 458681)
ROBIN F. THURSTON (DC BAR NO. 1531399)
DEMOCRACY FORWARD FOUNDATION
1445 New York Ave NW
Washington, DC 20005
(202) 448-9090
pwolfson@democracyforward.org
cflaxman@democracyforward.org
rthurston@democracyforward.org

Attorneys for Plaintiff Planned Parenthood Federation of America, Inc.

EXHIBIT 1

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

SUMMARY

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

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

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

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

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

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

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

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

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

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

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

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

A. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any public or private nonprofit entity is eligible to apply.

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

Eligible Entities

Additional examples of eligible organizations include:

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

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

- Non-profit private institutions of higher education

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

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

Other Considerations

Submitting Multiple Applications

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

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

Submitting an Application as a Group or Consortium

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

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

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

Eligibility Documentation

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

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

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

Application Disqualification

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

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

2. Application Responsiveness Criteria

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

The responsiveness criteria are as follows:

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

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

3. Cost Sharing or Matching

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

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

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

B. AGENCY PRIORITIES

Required Alignment with OASH Mission and Agency Priorities

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

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

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

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

C. PROGRAM DESCRIPTION

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

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

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

Background

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

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

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

Expectations for Recipients

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

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

1. Title X Statute

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

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

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

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

2. Title X Regulations

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

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

3. Legislative Mandates

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

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

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

4. Additional Program Guidance

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

i. Address OPA Program Priorities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Reproductive goals counseling supports individuals in making informed, intentional

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

decisions about education, work, relationships, marriage, and childbearing across the lifespan, while advancing optimal health and wellbeing. OPA's Fertility Knowledge Survey, conducted in 2020, found that over 65% of both women and men want or intend to have (more) children, but only 32% of women and 9% of men have discussed their plans to have children with a medical provider. (https://opa.hhs.gov/sites/default/files/2021-01/fertility-knowledge-survey-findings-exec-summary-2020.pdf). OPA recognizes that many individuals lack access to resources that integrate family goals into broader life planning, often due to longstanding omissions in educational and counseling environments. As part of this priority, Title X clinics will be expected to offer reproductive goals counseling that presents evidence-informed pathways associated with improved economic stability and family stability, including completion of education, participation in the workforce, and marriage prior to childbearing. Research demonstrates that individuals who follow this sequence experience substantially lower risks of poverty across socioeconomic groups. Program counseling should affirm marriage and parenthood as meaningful and valued components of adult life, particularly in counseling adolescents on longterm reproductive goals, and support informed decision-making by helping individuals understand how life choices, reproductive health, and fertility intersect to shape long-term stability, health, and wellbeing. As part of these efforts to support family planning, Title X clinics are expected to provide services that support individuals and families seeking to have children.

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

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

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

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

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

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

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

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

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

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

3. Federal Involvement in the Project

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

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

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

4. Eligibility criteria for project participants

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

D. AWARD INFORMATION

Budget period(s)

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

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

E. APPLICATION CONTENTS AND FORMAT

1. Format of the Application

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

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

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

1. Project Narrative
2. Appendices to the Project Narrative

3. Budget Package

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

a. **Project Narrative - Formatting**

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

Names of Individuals

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

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

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

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

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

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

Page Formatting

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

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

Use a 12-point font.

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

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

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

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

Page Limits

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

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

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

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

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

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

	Page Limit
Project Narrative	_____50_____
Project Narrative plus Appendices	____100_____

Labeling Proprietary Information

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

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

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

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

b. Appendices to the Project Narrative – Formatting

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

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

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

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

Budget Package - Formatting

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

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

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

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

2. Content

a. Project Narrative - Content

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

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

Successful proposals should include the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3) Project management and capability

a. Describe your project management structure and how it will

enable accountability and rapid and effective use of grant funds.

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

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

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

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

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

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

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

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

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

b. Appendices to the Project Narrative - Content

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

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

Your application should include the following appendices:

1) Work Plan

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

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

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

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

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

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

2) Schedule of Discounts and Billing

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

3) Coverage Map

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

4) Letters of Commitment from Referral Entities

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

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

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

5) Curriculum Vitae/Resume for Key Project Personnel

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

6) Family Participation Certification

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

c. Budget Package - Content

A complete budget package consists of the following required components:

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

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

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

1. Standard Form SF-424A

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

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

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

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

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

2. Budget Narrative with Justification

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

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

Budget Periods

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

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

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

Determining Proposed Costs

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

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

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

Describing Federal and Non-federal Share

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

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

Indirect Costs

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

Funding Restrictions

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

Pre-Award Costs

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

Salary Rate Limitation

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

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

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

Salary Rate Limitation

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

Appropriate salary rate limits will apply as required by law.

Vehicle Purchase

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

Construction Costs

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

3. Plan for Recipient Oversight of Federal Award Funds

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

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

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

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

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

a. Project Abstract Summary Guidance

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

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

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

Your abstract should contain:

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

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

F. SUBMISSION REQUIREMENTS AND DATES

1. Obtaining an Application Package

The official complete application package is available on Grants.gov. Search either the Assistance Listing number or the NOFO number PA-FPH-27-001.

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

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

2. Required Registrations

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

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

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

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

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

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

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

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

Registering in SAM

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

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

You may register in SAM as an entity applying for either

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

- All Awards (including procurement awards).

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

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

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

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

SAM Registration Renewal

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

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

Timing of Registration

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

b. Grants.gov Registration

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

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

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

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

We encourage potential applicants to familiarize themselves with the Workspace Overview and options as soon as possible.

3. Submission Instructions

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

a. Electronic Application Submission

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

Grants.gov Information

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

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

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

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

Electronic File Submission

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

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

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

Acceptable File Formats

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

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

We strongly encourage you to upload your application in Adobe PDF format. By converting to PDF prior to submission, you may prevent any unintentional changes that might occur with submission of an editable document. Most commonly available applications for document preparation have the ability to "Save As" or "Print To PDF."

We do not recommend submitting scanned copies through Grants.gov unless you have confirmed the clarity of the scan and the readability of the documents.

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

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

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

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

Timing Considerations

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

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

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

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

Exemption to the Grants.gov Submission Requirement

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

In your e-mail requesting an exemption include:

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

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

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

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

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

b. Submission Dates and Times

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

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

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

c. NOFO Technical Assistance Webinar

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

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

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

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

d. Intergovernmental Review

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

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

The SPOC should forward any comments to

Department of Health and Human Services

OASH Grants & Acquisitions Management

ATTN: Grants Management Officer

1101 Wootton Parkway, Plaza Level

Rockville, MD 20852.

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

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

4. Other Submission Requirements
a. Program-Specific Requirements

Non-profit Status

If you are a non-profit organization, please submit documentation of nonprofit status. Any of the following constitutes acceptable proof of such status:

(a) A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;

(b) A copy of a currently valid IRS tax exemption certificate;

(c) A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or

(d) A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

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

Requested documentation may include a copy of your:

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

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

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

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

G. APPLICATION REVIEW INFORMATION

Your application will undergo a series of reviews.

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

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

A.

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

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

b. Merit Review

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

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

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

c. Programmatic Technical Review and Risk Assessment

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

1. Responsiveness Review

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

a. Responsiveness Criteria

For this opportunity, the responsiveness criteria are:

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

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

b. Disqualifying Criteria

Disqualification means we will not review the application and will give it no further consideration.
We will disqualify applications:

• not submitted electronically via Grants.gov (unless an exemption was granted by the grants management officer in writing 2 business days prior to the deadline)
• not submitted by the due date and time (Section E.3.b)
• not submitted by an eligible applicant (Section A.1.a)
• submitted multiple times for the same project from the same organization, *except* for the last application received by the deadline (Section A.1.c)
• not meeting the Responsiveness Criteria (Section F.1.a), if any
• not including a non-federal sources justification in the budget narrative when including cost-sharing (voluntary or required) (Section A.3)
• requesting total funds (direct plus indirect costs) that are either: o Above the Award Ceiling of $5,000,000; or o 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: o not submitted in the English language and U.S. dollars (2 C.F.R. § 200.111(a)) o not submitted with ▪ an 8 ½ ” x 11” page size ▪ 1” margins on all sides (top, bottom, left and right) ▪ a font size of not less than 12 points ▪ a Project Narrative that is double-spaced o exceeding the 50-page limit for the Project Narrative 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. 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

CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)

I. (a) PLAINTIFFS
Planned Parenthood Federation of America, Inc.

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF New York
(EXCEPT IN U.S. PLAINTIFF CASES)

DEFENDANTS
U.S. Department of Health and Human Services; Office of the Assistant Secretary for Health; Office of Population Affairs; Robert F. Kennedy, Jr., in his official capacity; Brian Christine, in his official capacity; Amy L. Margolis, in her official capacity

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT _____
(IN U.S. PLAINTIFF CASES ONLY)
NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)
Alan E. Schoenfeld, Wilmer Cutler Pickering Hale and Dorr LLP, 7 World Trade Center, 250 Greenwich Street, New York, NY 10007, (212) 230-8800
(continued in addendum)

ATTORNEYS (IF KNOWN)

II. BASIS OF JURISDICTION
(PLACE AN x IN ONE BOX ONLY)

- ○ 1 U.S. Government Plaintiff
- ○ 3 Federal Question (U.S. Government Not a Party)
- ◉ 2 U.S. Government Defendant
- ○ 4 Diversity (Indicate Citizenship of Parties in item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) **FOR DIVERSITY CASES ONLY!**

	PTF	DFT		PTF	DFT
Citizen of this State	○ 1	○ 1	Incorporated or Principal Place of Business in This State	○ 4	○ 4
Citizen of Another State	○ 2	○ 2	Incorporated and Principal Place of Business in Another State	○ 5	○ 5
Citizen or Subject of a Foreign Country	○ 3	○ 3	Foreign Nation	○ 6	○ 6

IV. CASE ASSIGNMENT AND NATURE OF SUIT
(Place an X in one category, A-N, that best represents your Cause of Action and one in a corresponding Nature of Suit)

○ A. *Antitrust*
- ☐ 410 Antitrust

○ B. *Personal Injury/ Malpractice*
- ☐ 310 Airplane
- ☐ 315 Airplane Product Liability
- ☐ 320 Assault, Libel & Slander
- ☐ 330 Federal Employers Liability
- ☐ 340 Marine
- ☐ 345 Marine Product Liability
- ☐ 350 Motor Vehicle
- ☐ 355 Motor Vehicle Product Liability
- ☐ 360 Other Personal Injury
- ☐ 362 Medical Malpractice
- ☐ 365 Product Liability
- ☐ 367 Health Care/Pharmaceutical Personal Injury Product Liability
- ☐ 368 Asbestos Product Liability

○ C. *Administrative Agency Review*
- ☐ 151 Medicare Act

Social Security
- ☐ 861 HIA (1395ff)
- ☐ 862 Black Lung (923)
- ☐ 863 DIWC/DIWW (405(g))
- ☐ 864 SSID Title XVI
- ☐ 865 RSI (405(g))

Other Statutes
- ☐ 891 Agricultural Acts
- ☐ 893 Environmental Matters
- ☐ 890 Other Statutory Actions (If Administrative Agency is Involved)

○ D. *Temporary Restraining Order/Preliminary Injunction*

Any nature of suit from any category may be selected for this category of case assignment.

(If Antitrust, then A governs)

○ E. *General Civil (Other)* OR **○ F. *Pro Se General Civil***

Real Property
- ☐ 210 Land Condemnation
- ☐ 220 Foreclosure
- ☐ 230 Rent, Lease & Ejectment
- ☐ 240 Torts to Land
- ☐ 245 Tort Product Liability
- ☐ 290 All Other Real Property

Personal Property
- ☐ 370 Other Fraud
- ☐ 371 Truth in Lending
- ☐ 380 Other Personal Property Damage
- ☐ 385 Property Damage Product Liability

Bankruptcy
- ☐ 422 Appeal 28 USC 158
- ☐ 423 Withdrawal 28 USC 157

Prisoner Petitions
- ☐ 535 Death Penalty
- ☐ 540 Mandamus & Other
- ☐ 550 Civil Rights
- ☐ 555 Prison Conditions
- ☐ 560 Civil Detainee – Conditions of Confinement

Property Rights
- ☐ 820 Copyrights
- ☐ 830 Patent
- ☐ 835 Patent – Abbreviated New Drug Application
- ☐ 840 Trademark
- ☐ 880 Defend Trade Secrets Act of 2016 (DTSA)

Federal Tax Suits
- ☐ 870 Taxes (US plaintiff or defendant)
- ☐ 871 IRS-Third Party 26 USC 7609

Forfeiture/Penalty
- ☐ 625 Drug Related Seizure of Property 21 USC 881
- ☐ 690 Other

Other Statutes
- ☐ 375 False Claims Act
- ☐ 376 Qui Tam (31 USC 3729(a))
- ☐ 400 State Reapportionment
- ☐ 430 Banks & Banking
- ☐ 450 Commerce/ICC Rates/etc
- ☐ 460 Deportation
- ☐ 462 Naturalization Application
- ☐ 465 Other Immigration Actions
- ☐ 470 Racketeer Influenced & Corrupt Organization
- ☐ 480 Consumer Credit
- ☐ 485 Telephone Consumer Protection Act (TCPA)
- ☐ 490 Cable/Satellite TV
- ☐ 850 Securities/Commodities/ Exchange
- ☐ 896 Arbitration
- ☒ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
- ☐ 950 Constitutionality of State Statutes
- ☐ 890 Other Statutory Actions (if not administrative agency review or Privacy Act)

○ **G. *Habeas Corpus/ 2255*** ☐ 530 Habeas Corpus – General ☐ 510 Motion/Vacate Sentence ☐ 463 Habeas Corpus – Alien Detainee	○ **H. *Employment Discrimination*** ☐ 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation) *(If pro se, select this deck)*	○ **I. *FOIA/Privacy Act*** ☐ 895 Freedom of Information Act ☐ 890 Other Statutory Actions (if Privacy Act) *(If pro se, select this deck)*	○ **J. *Student Loan*** ☐ 152 Recovery of Defaulted Student Loan (excluding veterans)
○ **K. *Labor/ERISA (non-employment)*** ☐ 710 Fair Labor Standards Act ☐ 720 Labor/Mgmt. Relations ☐ 740 Labor Railway Act ☐ 751 Family and Medical Leave Act ☐ 790 Other Labor Litigation ☐ 791 Empl. Ret. Inc. Security Act	○ **L. *Other Civil Rights (non-employment)*** ☐ 441 Voting (if not Voting Rights Act) ☐ 443 Housing/Accommodations ☐ 440 Other Civil Rights ☐ 445 Americans w/Disabilities – Employment ☐ 446 Americans w/Disabilities – Other ☐ 448 Education	○ **M. *Contract*** ☐ 110 Insurance ☐ 120 Marine ☐ 130 Miller Act ☐ 140 Negotiable Instrument ☐ 150 Recovery of Overpayment & Enforcement of Judgment ☐ 153 Recovery of Overpayment of Veteran's Benefits ☐ 160 Stockholder's Suits ☐ 190 Other Contracts ☐ 195 Contract Product Liability ☐ 196 Franchise	○ **N. *Three-Judge Court*** ☐ 441 Civil Rights – Voting (if Voting Rights Act)

V. ORIGIN

◉ 1 Original Proceeding ○ 2 Removed from State Court ○ 3 Remanded from Appellate Court ○ 4 Reinstated or Reopened ○ 5 Transferred from another district (specify) ○ 6 Multi-district Litigation ○ 7 Appeal to District Judge from Mag. Judge ○ 8 Multi-district Litigation – Direct File

VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.)

Challenging HHS FY 2027 Title X Notice of Funding Opportunity as arbitrary and capricious under the APA, among other claims (5 U.S.C. §§ 702, 705, 706), and unconstitutional under Art. I, § 8, cl. 1.

VII. REQUESTED IN COMPLAINT ☐ CHECK IF THIS IS A **CLASS ACTION** UNDER F.R.C.P. 23 **DEMAND $** **JURY DEMAND:** Check YES only if demanded in complaint **YES** ☐ **NO** ☒

VIII. RELATED CASE(S) IF ANY (See instruction) **YES** ☐ **NO** ☒ If yes, please complete related case form

DATE: 07/28/2026 **SIGNATURE OF ATTORNEY OF RECORD** /s/ Alan E. Schoenfeld

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44
Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.

III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed only if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.

IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the primary cause of action found in your complaint. You may select only one category. You must also select one corresponding nature of suit found under the category of the case.

VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.

VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.

CIVIL COVER SHEET ADDENDUM

ATTORNEYS

Deepa Alagesan, Planned Parenthood Federation of America, Inc., 123 William Street, New York, NY 10038, (212) 541-7800

Camila Vega, Planned Parenthood Federation of America, Inc., 123 William Street, New York, NY 10038, (212) 541-7800

Paul R.Q. Wolfson, Democracy Forward Foundation, 1445 New York Ave NW, Washington, DC 20005, (202) 448-9090

Carrie Y. Flaxman, Democracy Forward Foundation, 1445 New York Ave NW, Washington, DC 20005, (202) 448-9090

Robin F. Thurston, Democracy Forward Foundation, 1445 New York Ave NW, Washington, DC 20005, (202) 448-9090

Sofia Brooks, Wilmer Cutler Pickering Hale and Dorr LLP, 60 State Street, Boston, MA 02109, (617) 526-6000

Christopher R. Stevenson, Wilmer Cutler Pickering Hale and Dorr LLP, 60 State Street, Boston, MA 02109, (617) 526-6000

Leah Fugere, Wilmer Cutler Pickering Hale and Dorr LLP, 350 South Grand Ave, Suite 2400, Los Angeles, CA 90071, (212) 443-5300

AO 440 (Rev. 06/12; DC 3/15) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood Federation of America, Inc.

Plaintiff(s)

v.

U.S. Department of Health and Human Services; Office of the Assistant Secretary for Health; Office of Population Affairs; Robert F. Kennedy, Jr.; Brian Christine; Amy L. Margolis

Defendant(s)

Civil Action No. 1:26-cv-02656

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Alan E. Schoenfeld
Wilmer Cutler Pickering Hale and Dorr LLP
7 World Trade Center
250 Greenwich Street
New York, NY 10007

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____ was received by me on *(date)* _____ .

❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12; DC 3/15) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood Federation of America, Inc.

Plaintiff(s)

v.

U.S. Department of Health and Human Services; Office of the Assistant Secretary for Health; Office of Population Affairs; Robert F. Kennedy, Jr.; Brian Christine; Amy L. Margolis

Defendant(s)

Civil Action No. 1:26-cv-02656

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Alan E. Schoenfeld
Wilmer Cutler Pickering Hale and Dorr LLP
7 World Trade Center
250 Greenwich Street
New York, NY 10007

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____ was received by me on *(date)* _____ .

❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12; DC 3/15) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood Federation of America, Inc.

Plaintiff(s)

v.

U.S. Department of Health and Human Services; Office of the Assistant Secretary for Health; Office of Population Affairs; Robert F. Kennedy, Jr.; Brian Christine; Amy L. Margolis

Defendant(s)

Civil Action No. 1:26-cv-02656

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Office of Population Affairs
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Alan E. Schoenfeld
Wilmer Cutler Pickering Hale and Dorr LLP
7 World Trade Center
250 Greenwich Street
New York, NY 10007

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____ was received by me on *(date)* _____ .

❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12; DC 3/15) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood Federation of America, Inc.

Plaintiff(s)

v.

U.S. Department of Health and Human Services; Office of the Assistant Secretary for Health; Office of Population Affairs; Robert F. Kennedy, Jr.; Brian Christine; Amy L. Margolis

Defendant(s)

Civil Action No. 1:26-cv-02656

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Robert F. Kennedy, Jr.
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Alan E. Schoenfeld
Wilmer Cutler Pickering Hale and Dorr LLP
7 World Trade Center
250 Greenwich Street
New York, NY 10007

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____ was received by me on *(date)* _____ .

❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12; DC 3/15) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood Federation of America, Inc.

Plaintiff(s)

v.

U.S. Department of Health and Human Services; Office of the Assistant Secretary for Health; Office of Population Affairs; Robert F. Kennedy, Jr.; Brian Christine; Amy L. Margolis

Defendant(s)

Civil Action No. 1:26-cv-02656

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Brian Christine
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Alan E. Schoenfeld
Wilmer Cutler Pickering Hale and Dorr LLP
7 World Trade Center
250 Greenwich Street
New York, NY 10007

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____ was received by me on *(date)* _____ .

❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12; DC 3/15) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood Federation of America, Inc.

Plaintiff(s)

v.

U.S. Department of Health and Human Services; Office of the Assistant Secretary for Health; Office of Population Affairs; Robert F. Kennedy, Jr.; Brian Christine; Amy L. Margolis

Defendant(s)

Civil Action No. 1:26-cv-02656

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Amy L. Margolis
Office of Population Affairs
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Alan E. Schoenfeld
Wilmer Cutler Pickering Hale and Dorr LLP
7 World Trade Center
250 Greenwich Street
New York, NY 10007

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

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❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12; DC 3/15) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood Federation of America, Inc.

Plaintiff(s)

v.

U.S. Department of Health and Human Services; Office of the Assistant Secretary for Health; Office of Population Affairs; Robert F. Kennedy, Jr.; Brian Christine; Amy L. Margolis

Defendant(s)

Civil Action No. 1:26-cv-02656

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Civil Process Clerk
United States Attorney's Office
601 D Street NW
Washington, DC 20530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Alan E. Schoenfeld
Wilmer Cutler Pickering Hale and Dorr LLP
7 World Trade Center
250 Greenwich Street
New York, NY 10007

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

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❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

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I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12; DC 3/15) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Columbia

Planned Parenthood Federation of America, Inc.

Plaintiff(s)

v.

U.S. Department of Health and Human Services; Office of the Assistant Secretary for Health; Office of Population Affairs; Robert F. Kennedy, Jr.; Brian Christine; Amy L. Margolis

Defendant(s)

Civil Action No. 1:26-cv-02656

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* U.S. Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue NW
Washington, DC 20530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Alan E. Schoenfeld
Wilmer Cutler Pickering Hale and Dorr LLP
7 World Trade Center
250 Greenwich Street
New York, NY 10007

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____ was received by me on *(date)* _____ .

❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc: