UNITED STATES DISTRICT COURT FOR THE DISTRICT OF RHODE ISLAND

RHODE ISLAND COALITION FOR CHILDREN AND FAMILIES,

COMMUNITY CARE ALLIANCE,

RHODE ISLAND COALITION AGAINST DOMESTIC VIOLENCE,

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE,

COLORADO COALITION AGAINST SEXUAL ASSAULT,

DISTRICT OF COLUMBIA COALITION AGAINST DOMESTIC VIOLENCE,

END DOMESTIC ABUSE WISCONSIN: THE WISCONSIN COALITION AGAINST DOMESTIC VIOLENCE,

GEORGIA COALITION AGAINST DOMESTIC VIOLENCE,

HAWAII STATE COALITION AGAINST DOMESTIC VIOLENCE,

IDAHO COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE,

VIOLENCE FREE IOWA,

JANE DOE INC., THE MASSACHUSETTS COALITION AGAINST SEXUAL ASSAULT AND DOMESTIC VIOLENCE,

KANSAS COALITION AGAINST SEXUAL & DOMESTIC VIOLENCE,

MAINE COALITION TO END DOMESTIC VIOLENCE,

MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE,

Case No.

MONTANA COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE,

NEW JERSEY COALITION TO END DOMESTIC VIOLENCE,

NORTH CAROLINA COALITION AGAINST DOMESTIC VIOLENCE,

OREGON COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE,

PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE,

VALORUS,

VERMONT NETWORK AGAINST DOMESTIC AND SEXUAL VIOLENCE,

VIOLENCE FREE MINNESOTA,

VIRGINIA SEXUAL AND DOMESTIC VIOLENCE ACTION ALLIANCE,

WASHINGTON STATE COALITION AGAINST DOMESTIC VIOLENCE AND SEXUAL ASSAULT,

WISCONSIN COALITION AGAINST SEXUAL ASSAULT, and

HENNEPIN HEALTHCARE SYSTEM, INC.,

Plaintiffs,

v.

ROBERT F. KENNEDY JR., in his official capacity as Secretary of the United States Department of Health and Human Services,

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES,

ALEX J. ADAMS, in his official capacity as Assistant Secretary of the Administration for Children and Families,

ADMINISTRATION FOR CHILDREN AND FAMILIES,

MARY LAZARE, in her official capacity as Principal Deputy Administrator for the Administration for Community Living,

ADMINISTRATION FOR COMMUNITY LIVING,

ERICA SCHWARTZ, in her official capacity as Director of the Centers for Disease Control and Prevention,

CENTERS FOR DISEASE CONTROL AND PREVENTION,

MEHMET OZ, in his official capacity as the Administrator for Centers for Medicare and Medicaid Services,

CENTERS FOR MEDICARE AND MEDICAID SERVICES,

THOMAS J. ENGELS, in his official capacity as Administrator of the Health Resources and Services Administration,

HEALTH RESOURCES AND SERVICES ADMINISTRATION,

BRIAN CHRISTINE, in his official capacity as Assistant Secretary for Health at the U.S. Department of Health and Human Services,

OFFICE OF THE ASSISTANT SECRETARY OF HEALTH,

CHRISTOPHER D. CARROLL, in his official capacity as Principal Deputy Assistant Secretary of the Substance Abuse and Mental Health Services Administration, and

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Defendants.

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

INTRODUCTION

1. Plaintiffs, community-based nonprofit organizations, statewide domestic violence and sexual assault coalitions, and a county safety net hospital, bring this action to prevent Defendants from imposing ideological, extra-statutory conditions on grant funds.

2. Together, Plaintiffs represent hundreds of nonprofits across the country. They rely on grant funding for various programs from the Department of Health and Human Services (HHS) to provide critical services, support, and healthcare to their communities, including children, youth and families, survivors of domestic and sexual violence, and other vulnerable groups.

3. Yet again, HHS has attempted to force its ideological agenda on grantees across its programs. *See, e.g.*, *R.I. Coal. Against Domestic Violence v. Kennedy Jr.*, No. 1:25-cv-00342-MRD-PAS (D.R.I.); *see also State of New York v. HHS*, No. 1:26-cv-00022-MRD-RLA (D.R.I.).

4. An HHS-wide policy requires all divisions to implement two requirements in all funding applications or terms and conditions for discretionary awards: grant recipients must agree to "align" with agency priorities posted online, and funding applications must include certain policy principles (collectively, Challenged Conditions). Upon information and belief, all HHS divisions have implemented this mandatory policy and imposed the Challenged Conditions on discretionary grants, and at least some formula grants.

5. The Administration's policy priorities are all too familiar. They include erasure of gender identity and transgender people, elimination of diversity and inclusion practices that aim to address racial disparities, the exclusion of immigrants from services, and rejection of Housing First strategies that have been proven effective, among other priorities articulated in a series of executive orders.

6. Now, Plaintiffs face the lose-lose decision of accepting these unlawful conditions or forgoing necessary HHS grant funds. Plaintiffs cannot accept the Challenged Conditions without

fundamentally betraying their missions, clients, and risking legal liability. The Challenged Conditions, and the accompanying policy priorities, would require grantees to discontinue or fundamentally alter their programs and services that address the unique needs of LGBTQ+ individuals or specific racial, ethnic, or cultural communities, for example. Relatedly, the policy priorities that grantees are forced to align with are impossibly vague and expose Plaintiffs to arbitrary enforcement, including through False Claims Act actions or termination of their grants for alleged failure to comply with the Challenged Conditions.

7. The alternative of losing millions in funding that supports Plaintiffs and their members' life-saving work is also untenable. For Plaintiffs and their members that support survivors of domestic violence and sexual assault (State Coalitions), the loss of HHS funding would impair their ability to advocate for survivors' needs and safety concerns, to implement sexual and domestic violence prevention programs, to build statewide policies and best practices, and to provide direct services to survivors. Likewise, community-based nonprofit organizations, members of Plaintiff Rhode Island Coalition for Children and Families, would be forced to reduce access to critical social and health services for Rhode Island children, youth, and their families. The same goes for Hennepin Healthcare System Inc. and the vulnerable patients it serves in Minnesota.

8. Fortunately, Plaintiffs need not make this choice because the Challenged Conditions are unlawful in multiple respects. In imposing the Challenged Conditions, Defendants have violated the Administrative Procedure Act (APA) by acting without statutory authority, ignoring contrary statutes, and proceeding in an arbitrary and capricious manner. Moreover, the Constitution, including the Spending Clause and the separation of powers, prevent Defendants from encroaching on Congress's authority and unilaterally imposing conditions that are vague and untethered to the statutory purposes of the grant programs.

9. To prevent further harm to Plaintiffs and their members, the Challenged Conditions must be set aside and enjoined.

PARTIES

10. **Plaintiff Rhode Island Coalition for Children and Families** (RICCF) is a statewide membership organization comprised of thirty-eight community-based nonprofit organizations providing child welfare, children's behavioral health, and a further array of child and family services and supports in every community in Rhode Island. Founded in 2015 and headquartered in Providence, Rhode Island. RICCF educates, advocates, and collaborates for transformational, equitable and just policies, practices, and resources that promote the safety, health, and success of Rhode Island's children from infancy to adulthood.

11. **Plaintiff Community Care Alliance** (CCA) is a non-profit organization founded in 1891 and headquartered in Woonsocket, Rhode Island. CCA is a certified Community Behavioral Health Center, Community Action Program, and Family Service organization. CCA's mission is to support individuals and families of all cultural backgrounds in their effort to meet economic, social and emotional challenges and enhance their well-being.

12. **Plaintiff Rhode Island Coalition Against Domestic Violence** (Rhode Island DV Coalition) is a domestic violence coalition membership organization founded in 1979 and located in Warwick, Rhode Island. The Rhode Island DV Coalition provides statewide leadership to prevent and address domestic violence, supports and enhances the work of its ten member agencies in Rhode Island to provide high-quality victim-focused services, creates justice for victims through legislative and systemic advocacy, and raises awareness on the occurrence and prevention of domestic violence in Rhode Island.

13. **Plaintiff California Partnership to End Domestic Violence** (California Partnership) is a domestic violence coalition membership organization founded in 1993 as the California Alliance

Against Domestic Violence and located in Sacramento, California. The California Partnership's membership includes domestic violence service providers, allied organizations, and individuals throughout the State. The organization supports service providers in their work with survivors and to implement prevention strategies, and advances systems change to prevent and end domestic violence. The California Partnership aims to align prevention and intervention strategies through policy, communications, and capacity-building efforts.

14. **Plaintiff Colorado Coalition Against Sexual Assault** (Colorado Coalition) is a sexual assault coalition membership organization founded in 1984 and headquartered in Denver, Colorado. The Colorado Coalition provides leadership, advocacy, and support to address and prevent sexual violence. It is made up of over ninety member sexual assault programs, dual domestic violence and sexual assault programs, college and university campuses, law enforcement agencies, offender treatment programs, public health agencies, medical professionals, prosecutors, sexual assault survivors, and victim advocates, as well as other organizations and concerned individuals throughout Colorado.

15. **Plaintiff District of Columbia Coalition Against Domestic Violence** (DC Coalition) is a domestic violence coalition membership organization founded in 1986 and headquartered in Washington, D.C. The DC Coalition provides training and technical assistance for its direct-service member programs, allied organizations, and government partners to understand how to lawfully implement best practices when serving survivors of domestic violence; leads local policy and advocacy efforts on behalf of and along with survivors of domestic violence; and works to build primary prevention efforts into programming available for young people in D.C.

16. **Plaintiff End Domestic Abuse Wisconsin: The Wisconsin Coalition Against Domestic Violence** (End Abuse Wisconsin), founded in 1978, is a statewide non-profit membership organization of domestic violence victims, survivor programs, and allied partners committed to

preventing and ending domestic violence. Headquartered in Madison, Wisconsin, End Abuse Wisconsin promotes practices and policies to prevent and eliminate domestic violence, including providing technical support and assistance to domestic violence programs across the State, training legal and other professionals on domestic violence dynamics, and engaging in public policy to ensure that survivors' needs are met.

17. **Plaintiff Georgia Coalition Against Domestic Violence** (Georgia Coalition) is a domestic violence coalition membership organization headquartered in Atlanta, Georgia. It is Georgia's federally recognized domestic violence coalition and represents more than fifty domestic violence organizations and programs across the State. The Georgia Coalition works with its members and allies to achieve social and systems change on behalf of survivors and their families.

18. **Plaintiff Hawai'i State Coalition Against Domestic Violence** (Hawai'i Coalition) is a domestic violence coalition membership organization. It is a statewide partnership of 22 domestic violence programs and shelters. The Hawai'i Coalition is the only statewide entity in Hawai'i that provides training, technical assistance, and capacity-building support to domestic violence agencies. Through education, advocacy, and public policy work, it promotes practices that keep victims safe, hold those who cause harm accountable, and improve systemic responses to survivors and their families.

19. **Plaintiff Idaho Coalition Against Sexual and Domestic Violence** (Idaho Coalition) is a dual domestic violence and sexual assault coalition membership organization founded in 1980 and headquartered in Boise, Idaho. The Idaho Coalition works to end gender-based violence from its systemic roots, including by providing member organizations with training and technical assistance, access to statewide and national training and development, and participation in state-level advocacy and systems reform.

20. **Plaintiff Violence Free Iowa** is a dual sexual and domestic violence coalition membership organization founded in 1985 and headquartered in Des Moines, Iowa. Violence Free Iowa supports a statewide network of twenty-three victim service provider agencies, connects survivors with the assistance they need, and advocates for policy and community transformation to make Iowa a safer place for everyone. It supports a survivor-centered approach to victim services and ensures access to services for all victims of gender-based violence, particularly ensuring access to underserved populations.

21. **Plaintiff Jane Doe Inc., the Massachusetts Coalition Against Sexual Assault and Domestic Violence** (Massachusetts Coalition) is a dual domestic violence and sexual assault coalition membership organization founded in 1998 and headquartered in Boston, Massachusetts. Massachusetts Coalition mobilizes collective power and resources to build a safer, healthier, freer Massachusetts beyond abuse and violence. Massachusetts Coalition provides training, policy and systems advocacy, technical assistance, and support for its sixty member programs, system partners, and the public.

22. **Plaintiff Kansas Coalition Against Sexual & Domestic Violence** (Kansas Coalition) has operated as a dual sexual assault and domestic violence coalition membership organization since 1990. Located in Topeka, Kansas, the Kansas Coalition comprises twenty-four member organizations. The Kansas Coalition is dedicated to preventing and ending sexual and domestic violence, dating violence, and stalking in Kansas. The Kansas Coalition supports survivors and the people who serve them by promoting safety, healing, justice, and lasting change.

23. **Plaintiff Maine Coalition to End Domestic Violence** (Maine Coalition) is a domestic violence coalition membership organization. The Maine Coalition works to end domestic abuse, dating abuse, stalking, elder abuse, and commercial sex trafficking. It provides training, technical assistance, and administrative support to its member organizations. The Maine Coalition also

supports state-level partners and advocates for state and federal policies that hold abusive people accountable and keep survivors safe.

24. **Plaintiff Maryland Network Against Domestic Violence** (Maryland Network) is a domestic violence coalition membership organization. The Maryland Network brings together domestic violence service providers, allied professionals, and concerned individuals to reduce intimate partner and family violence and its harmful effects. It trains and provides technical assistance to advocates and allied professionals, including law enforcement officers, health care providers, and social workers.

25. **Plaintiff Montana Coalition Against Domestic and Sexual Violence** (Montana Coalition) is a dual domestic violence and sexual assault coalition membership organization founded in 1986 and headquartered in Helena, Montana. The Montana Coalition provides training and technical assistance to service providers addressing domestic and sexual violence in the State and serves as a resource for member and allied organizations by providing training, technical assistance, conducting statewide planning and needs assessment, developing and enhancing service standards, and gathering and disseminating critical resources and information.

26. **Plaintiff New Jersey Coalition to End Domestic Violence** (NJ Coalition) is a domestic violence coalition membership organization. Formerly known as the New Jersey Coalition for Battered Women, the NJ Coalition has a membership of 36 domestic violence programs. These programs serve survivors, their children, and people who cause harm throughout the state. The NJ Coalition leads collaborative community and systemic responses to domestic violence through public awareness, training, advocacy, policy development, technical assistance, and supportive services, including housing and economic justice work and primary prevention initiatives.

27. **Plaintiff North Carolina Coalition Against Domestic Violence** (North Carolina Coalition) is a domestic violence coalition founded in 1981 and headquartered in Durham, North

Carolina. The North Carolina Coalition provides training and technical assistance to its membership and convenes and participates in meetings across the State with membership and allied professionals with the goal of bridging any gaps in domestic violence services and improving communication and collaboration between service providers.

28. **Plaintiff Oregon Coalition Against Domestic and Sexual Violence** (Oregon Coalition) is a dual domestic violence and sexual assault coalition membership organization composed of rural and urban members, founded in 1978 and headquartered in Portland, Oregon. The Oregon Coalition provides statewide leadership, technical assistance, and support to its member programs that serve survivors, the public, friends, family and all whose lives are affected by domestic and sexual violence.

29. **Plaintiff Pennsylvania Coalition Against Domestic Violence** (Pennsylvania Coalition) is a domestic violence coalition founded in 1976 and headquartered in Harrisburg, Pennsylvania. The Pennsylvania Coalition serves as both a membership organization and a funder for Pennsylvania's domestic violence service programs, making it the largest domestic violence coalition in the United States. It provides technical assistance, training, and advocacy, as well as development of service standards and monitoring programs for compliance with funding requirements.

30. **Plaintiff ValorUS** (VALOR) is a sexual assault coalition membership organization founded in 1980 and based in Sacramento, California. VALOR is committed to advancing equity and ending sexual violence, including by providing training and technical assistance to support California rape crisis centers and allied organizations, coordinating with partner organizations including law enforcement, prosecution, sex offender treatment, and violence prevention practitioners, and offering training and conference opportunities.

31. **Plaintiff Vermont Network Against Domestic and Sexual Violence** (Vermont Network) is a dual domestic violence and sexual assault coalition membership organization founded in 1986.

Its member organizations provide advocacy and support to victims of domestic and sexual violence and together serve every town in the state. The Vermont Network works to address the root causes of domestic and sexual violence in Vermont. It does this through training and leadership development, support for direct-service organizations, organizing and awareness campaigns, and public policy advocacy on behalf of victims and survivors.

32. **Plaintiff Violence Free Minnesota** is the Minnesota domestic violence coalition membership organization founded in 1978 and based in Saint Paul, Minnesota. Violence Free Minnesota is composed of over ninety member programs across the State that are aimed at ending relationship abuse. The coalition represents victims and survivors of relationship abuse; leads public policy advocacy and social change efforts; and offers support, education, and opportunities for connection for members.

33. **Plaintiff Virginia Sexual and Domestic Violence Action Alliance** (Virginia Action Alliance) is a dual domestic violence and sexual assault coalition membership organization founded in 1981 and headquartered in Richmond, Virginia. The Virginia Action Alliance serves as a leading voice on sexual and intimate partner violence and as a network of survivors, sexual and domestic violence agencies, and allies that works to strengthen community responses to and prevention of sexual and intimate partner violence in the State. It provides more than seventy member sexual and domestic violence agencies statewide with access to resources, training opportunities, technical assistance, and input on policies and practices that advance safety, justice, and healing for survivors.

34. **Plaintiff Washington State Coalition Against Domestic Violence and Sexual Assault** (Washington Coalition) is a domestic violence and sexual assault coalition membership organization founded in 1990 by survivors and their allies. It is a network of more than seventy member programs that serve survivors, their children, and their families in communities across the State. The Washington Coalition mobilizes its members and allies to end domestic and sexual

violence through advocacy and action for social change. Its work includes training victim advocates, supporting member programs, educating the public, and leading statewide initiatives such as Domestic Violence Housing First, an evidence-based approach proven to increase victim safety, decrease further victimization, improve housing stability, decrease PTSD symptoms, and improve children's pro-social behaviors.

35. **Plaintiff Wisconsin Coalition Against Sexual Assault** (Wisconsin SA Coalition) is a sexual assault coalition membership organization founded in 1985 and headquartered in Madison, Wisconsin. The Wisconsin SA Coalition works to create social change to end sexual violence by supporting and centering survivors, advocating for systemic and legislative change, and strengthening the capacity of sexual assault service providers across the State. The Wisconsin SA Coalition provides its 84 members with individualized training and technical assistance opportunities, access to support and resources, and invitations to coalition-hosted events.

36. **Plaintiff Hennepin Healthcare System, Inc.** (Hennepin Healthcare) is a subsidiary corporation of Hennepin County, Minnesota. Hennepin Healthcare is a Level 1 adult and pediatric trauma center and the busiest safety-net hospital in Minnesota, predominately serving a low-income population, and other vulnerable groups. Hennepin Healthcare relies on numerous grants from HHS to achieve its mission of ensuring access to outstanding care for everyone.

37. **Defendant Department of Health and Human Services** (HHS) is a cabinet department of the United States federal government, headquartered in Washington, D.C. HHS is an "agency" within the meaning of the APA. 5 U.S.C. § 551(1).

38. **Defendant Robert F. Kennedy, Jr.** is the Secretary of Health and Human Services. He is sued in his official capacity.

39. **Defendant the Administration for Children and Families** (ACF) is an operating division of HHS, headquartered in Washington, D.C. ACF is an "agency" within the meaning of the APA. 5 U.S.C. § 551(1).

40. **Defendant Alex J. Adams** is the Assistant Secretary of ACF. He is sued in his official capacity.

41. **Defendant Administration for Community Living** (ACL) is an operating division of HHS, headquartered in Washington, D.C. ACL is an "agency" within the meaning of the APA. 5 U.S.C. § 551(1).

42. **Defendant Mary Lazare** is the Principal Deputy Administrator of the Administration for Community Living. She is sued in her official capacity.

43. **Defendant the Centers for Disease Control and Prevention** (CDC) is an operating division of HHS, headquartered in Atlanta, Georgia. CDC is an "agency" within the meaning of the APA. 5 U.S.C. § 551(1).

44. **Defendant Erica Schwartz** is the Director of the CDC. She is sued in her official capacity.

45. **Defendant the Centers for Medicare & Medicaid Services** (CMS) is an operating division of HHS, headquartered in Maryland. CMS is an "agency" within the meaning of the APA. 5 U.S.C. § 551(1).

46. **Defendant Mehmet Oz** is the Administrator for the Centers for Medicare & Medicaid Services. He is sued in his official capacity.

47. **Defendant the Health Resources & Services Administration** (HRSA) is an operating division of HHS, headquartered in Washington, D.C. HRSA is an "agency" within the meaning of the APA. 5 U.S.C. § 551(1).

48. **Defendant Thomas J. Engels** is the Administrator of the HRSA. He is sued in his official capacity.

49. **Defendant Office of the Assistant Secretary of Health** (OASH) is an operating division of HHS, headquartered in Washington, D.C. OASH is an "agency" within the meaning of the APA. 5 U.S.C. § 551(1).

50. **Defendant Admiral Brian Christine** is the Assistant Secretary of Health. He is sued in his official capacity.

51. **Defendant the Substance Abuse and Mental Health Services Administration** (SAMHSA) is an operating division of HHS, headquartered in Rockville, Maryland. SAMHSA is an "agency" within the meaning of the APA. 5 U.S.C. § 551(1).

52. **Defendant Christopher D. Carroll** is the Principal Deputy Assistant Secretary of the SAMHSA and appears to be serving as interim Assistant Secretary for the SAMHSA.[1] He is sued in his official capacity.

JURISDICTION AND VENUE

53. This Court has subject-matter jurisdiction over this action because this action arises under the Constitution and laws of the United States, including the APA. 28 U.S.C. § 1331.

54. Venue is proper in this District under 28 U.S.C. § 1391(e)(1)(c) because no real property is involved and at least one Plaintiff resides in this District.

[1] The SAMHSA website reflects that Dr. Carroll is managing and directing SAMHSA. *Office of the Assistance Secretary for Mental Health and Substance Use*, Substance Abuse & Mental Health Servs. Admin. (Dec. 15, 2025), https://perma.cc/3GN2-46GP. The President nominated Dr. Timothy Westlake to serve as Assistant Secretary for Mental Health and Substance Use on July 14, 2026; his nomination remains pending in the Senate (as of October 28*). PN1180-3 — Timothy Westlake — Department of Health and Human Services*, Congress.gov, https://perma.cc/GXU4-HBJD.

FACTUAL ALLEGATIONS

HHS Awards Billions of Dollars in Grants to Advance Health and Wellbeing

55. HHS aims to protect the health and wellbeing of communities across the country. As the largest grantmaking federal agency, it awards billions of dollars each year to advance its mission.[2] In fiscal year 2026, HHS awarded over $81 billion in discretionary awards alone.[3]

56. HHS works through its operating divisions. These operating divisions award grant funds to nonprofit organizations, states, and local governments to provide services, advance innovative research, and in some cases, for infrastructure and construction projects.

57. There are at least thirteen grantmaking divisions at HHS. They include the:

- Administration for Children and Families
- Administration on Community Living
- Agency for Healthcare Research and Quality
- Agency for Toxic Substances and Disease Registry
- Assistant Secretary for Preparedness and Response
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health
- Office of the Assistant Secretary for Health

[2] *HHS Grants*, U.S. Dep't of Health & Hum. Servs. (Mar. 2, 2023), https://perma.cc/GBC8-F68C.

[3] *All HHS Discretionary Awards by Activity Type for FY 2026*, Tracking Accountability in Gov't Grants Sys., https://perma.cc/FRH5-XR9A.

- Substance Abuse and Mental Health Services Administration.[4]

Plaintiffs and Their Members Rely on HHS Grants

58. Plaintiffs and their members have received grants from HHS, including discretionary grant awards, and expect to receive grant awards in the future. These grants are critical to advancing Plaintiffs' and their members' missions and serving their communities and patients.

59. Plaintiff RICCF and its 38 full member organizations, all community-based nonprofits, rely on HHS grant funding to support Rhode Island children, youth, and their families. RICCF's members, including CCA, receive funding from several HHS divisions for a diverse set of programs, such as programs that support child and family mental health and substance use services, foster care, family reunification and permanence, early childhood education, special educational services, juvenile justice diversion, healthcare, and economic supports, among others.

60. Many Plaintiffs are federally recognized state coalitions against domestic violence and/or sexual assault. *See* 42 U.S.C. § 10402(11) (defining State Domestic Violence Coalition); 34 U.S.C. § 12291(39) (defining State Sexual Assault Coalition). These State Coalitions rely on HHS grant funding to perform the crucial function of supporting direct services organizations on the frontlines of crisis response and providing essential foundations for prevention efforts. They do so through policy advocacy, development of best practices, provision of technical assistance, and training programs. Some of the training and certification programs the State Coalitions provide are required under state law, and members cannot serve survivors without completing them. Many State Coalitions also provide direct services themselves in their communities including violence prevention programs, crisis support, legal services, and housing programs. The State Coalitions receive a significant portion of their funding through federal block and formula grant programs,

[4] *Get Ready for Grants Management*, U.S. Dep't of Health & Hum. Servs. (Dec. 10, 2024), https://perma.cc/5FX7-EPR7; *Funding Opportunities*, OASH Office of Population Affairs, https://perma.cc/DU7L-4L79.

and these funds are an indispensable source of funding. In addition, many State Coalitions and their members apply for, and receive, discretionary funding from HHS divisions every year.

61. Plaintiff Hennepin Healthcare, a safety net hospital, likewise relies on HHS grant funding to provide quality healthcare and services to its patients. In addition, Hennepin Healthcare receives construction funding to improve its infrastructure and expand its ability to serve more patients, particularly those struggling with addiction.

Administration for Children and Families **(ACF)**

62. Plaintiffs and their members receive federal grant funding from ACF, both direct and pass-through, and they expect to apply for and receive funding from ACF in future funding cycles.

63. ACF is a large source of funding for members of Plaintiff RICCF. In addition to several block grants, Several of RICCF's members hold grant awards from discretionary programs including the Head Start Grant Program.

64. Over many years, the State Coalitions and their members have received several grants from ACF authorized by the Family Violence Prevention Services Act (FVPSA). They also expect to apply for other FVPSA grants from ACF in future funding cycles.

65. Of the State Coalitions, those designated as State Domestic Violence Coalitions each receive funds under the State Coalitions Program. 42 U.S.C. § 10411. The statute sets out how much funding each coalition must receive. 42 U.S.C. § 10411(b)(1); *see also* 42 U.S.C. § 10403(a)(2)(D). These grant funds support the core work of the State Coalitions discussed above.

66. FVPSA also authorizes formula grants to states that are often passed through to the State Coalitions or their members. The Secretary must award formula grants to states to support programs and projects designed to prevent family, domestic, and dating violence; provide immediate shelter and supportive services to victims and their dependents, and to provide specialized services for children exposed to violence, and to victims who are members of racial and ethnic minority

populations. 42 U.S.C. § 10406(a). Some coalitions have already received their grant agreements for fiscal year 2027, and others expect new agreements from their state entities imminently.

67. In addition to receiving significant portions of their funding through non-discretionary formula and block grants, the State Coalitions receive funding through ACF's competitive discretionary grant programs. For example, some Plaintiffs or their members, including the DC Coalition, Maine Coalition, the Rhode Island DV Coalition, and the Vermont Network receive funding, either direct or as a sub-awardee, through the Specialized Services for Abused Parents and Their Children program (Specialized Services Program). Grantees under this program help non-abusing parents in their caregiver role and in meeting their children's social, emotional, and developmental needs.[5] ACF issued a Notice of Funding Opportunity (NOFO) for the Specialized Services Program in August 2026.[6] Those Plaintiffs that received awards have already begun work under the grant, and must accept the terms and conditions of the award when they draw down funds starting as early as November.

68. As another example, several State Coalitions or their members receive funding through the FVPSA Culturally Specific DV and SA Discretionary Grants program (Culturally Specific Program). This program builds the capacity of culturally specific organizations to provide trauma-informed, culturally relevant services to survivors of domestic violence and sexual assault.[7] ACF issued a NOFO for the Culturally Specific Program in August 2026.[8] Organizations that received

[5] 42 U.S.C. § 10412; *HHS-2026-ACF-OFVPS-EV-0052*, Grants.gov (Aug. 11, 2026), https://perma.cc/JT6J-TKW5. [Specialized Services NOFO]

[6] Specialized Services NOFO, *supra* note 5.

[7] *Family Violence Prevention and Services/Culturally Specific Domestic Violence and Sexual Violence Services*, Federal Program Inventory, https://perma.cc/N3Y3-NVY9.

[8] *HHS-2026-ACF-OFVPS-EV-0036*, Grants.gov (Aug. 11, 2026), https://perma.cc/A6CT-QCX6.

awards have already begun work under the grant, and must accept the terms and conditions when they draw down funds starting as early as November.

69. In addition to the several examples of FVPSA grant funds referenced above, Plaintiffs and their members have been awarded several other discretionary grants from ACF either directly or as passthrough entities.

70. For example, the Washington Coalition receives funding, as a subaward from the state, through the Safe Access for Victims' Economic Security demonstration program (SAVES Program).[9] The SAVES Program is a five-year demonstration project meant to allow domestic violence survivors who need child support but have been unable to access it due to the abuser's violence to safely access child support, parenting time, and paternity services. The Washington Coalition expects its grant agreement with the state to be renewed.

Administration for Community Living

71. Some Plaintiffs and their members have applied for and receive funding from ACL, including from the Administration on Aging, and plan to apply for funding in future funding cycles.

72. For example, one of Plaintiff RICCF's members received direct funding from ACL's Administration on Aging for several years. This funding was used to deliver and sustain Chronic Disease Self-Management Education (CDSME) programming, evidence-based interactive workshops designed to help older adults and adults with disabilities gain the practical skills, confidence, and knowledge needed to manage ongoing health conditions. This member anticipates applying for ACL grants in future funding cycles.

[9] 42 U.S.C. § 1315; *SAVES Project Summaries*, Office of Child Support Enforcement (Aug. 15, 2023), https://perma.cc/9ZXC-2LP6.

Centers for Disease Control and Prevention (CDC)

73. Plaintiffs and their members have either applied for or received grant awards for several grant programs administered by the CDC, including discretionary programs. They also expect to apply for other grants from the CDC in future funding cycles.

74. Several of Plaintiff RICCF's members receive direct grants from CDC's National Center for Injury and Prevention Control that are used for substance abuse prevention and sexual violence prevention work.

75. For example, Plaintiff CCA receives funding from the CDC Office for State, Tribal, Local and Territorial Support, passed through from the state, as part of its partnership in Rhode Island Overdose to Action, a multisector, interdisciplinary and comprehensive public health approach to respond to the overdose epidemic in Rhode Island.

76. Of the State Coalitions, several Plaintiffs and/or their members receive funding through the Rape Prevention and Education program (RPE Program). The RPE Program was created by the Violence Against Women Act (VAWA)[10] and focuses on primary prevention and building sexual violence prevention capacity. The RPE Program is a discretionary program based on HHS's designation on Grants.gov.[11]

77. The RPE Program awards grants directly to states and to state sexual assault coalitions. For example, Plaintiffs Colorado Coalition, Kansas Coalition, Oregon Coalition, VALOR, Vermont Coalition, Violence Free Iowa, and the Wisconsin SA Coalition receive the state coalition grant under the RPE Program. Other Plaintiffs or their members, including the DC Coalition, Massachusetts Coalition, and the Virginia Coalition, receive RPE Program funds passed through

[10] 34 U.S.C. § 12291 *et seq*.

[11] *CDC-RFA-CE-24-0068*, Grants.gov (Feb. 15, 2024), https://perma.cc/57WK-AN7N.

from their states. Some Coalitions or their members receive funding through both sources under the RPE Program.

78. As another example, State Coalitions or their members, including the California Partnership, the Rhode Island DV Coalition, the New Jersey Coalition, the North Carolina Coalition, and VALOR, receive funding through the Domestic Violence Prevention Enhancement and Leadership Through Alliances program (DELTA Program). The CDC provides funding to recipients to decrease risk factors and increase protective factors relating to intimate partner violence. Funded recipients work to address intimate partner violence, social determinants of health, and health equity.[12]

79. As another example, Plaintiff VALOR receives funding under the E-Learning Collaborative for Integrated Violence Prevention program. This peer-learning platform gives training and technical assistance to the CDC's Division of Violence Prevention's grantees, subrecipients, and practitioners. VALOR's Prevent Connect project holds a current award and serves RPE, DELTA AHEAD, and other CDC funded violence prevention recipients nationwide.[13]

Centers for Medicare & Medicaid Services (CMS)

80. Plaintiffs and their members have applied for and receive funding from CMS. They also expect to apply for other grants from CMS in future funding cycles.

81. As one example, a member of the Oregon Coalition receives passthrough funding from Oregon for the Rural Health Transformation (RHT) Program. The RHT Program aims to strengthen

[12] 42 U.S.C. § 10414; *Domestic Violence Prevention Enhancement and Leadership Through Alliances: Achieving Health Equity through Addressing Disparities*, Centers for Disease Control and Prevention (Feb. 8, 2024), https://perma.cc/2ZZ9-7FHS.

[13] *CDC-RFA-CE-25-0039*, Centers for Disease Control and Prevention (July 29, 2024), https://perma.cc/QB62-XRNA.

rural communities across America by improving healthcare access, quality, and outcomes.[14] Another member of the Oregon Coalition receives passthrough funding from CMS to improve Health Related Social Needs (HRSN). This funding allows states and organizations to address unmet social needs, including food insecurity, housing instability, and unemployment, to ultimately improve health outcomes and disparities.[15]

Health Resources and Services Administration (HRSA)

82. Plaintiffs and their members have either applied for or received grant awards for several grant programs, including discretionary programs, administered by HRSA. They also expect to apply for other grants from HRSA in future funding cycles.

83. Several of Plaintiff RICCF's members receive discretionary grants from HRSA, including grants administered by HRSA's Bureau of Primary Health Care, Healthcare Systems Bureau, and Maternal and Child Health Bureau.

84. Plaintiff Hennepin Healthcare receives several grants from HRSA and will apply for additional grants. In September 2026, Hennepin Healthcare was awarded a construction grant to expand its Addiction Medicine Clinic. HRSA awarded grants for construction projects related to healthcare based on a congressional appropriation (HRSA Construction Grant). Consolidated Appropriations Act, 2026, Pub. L. No. 119-75, div. B, tit. II, 140 Stat. 173, 262 (2026) (appropriating $858 million to HRSA for "projects financing the construction and renovation (including equipment) of health care and other facilities" and certain one-time grants). The HRSA Construction Grant will allow Hennepin Healthcare to build a needed Center for Addiction Medicine that expands access, reduces overdose risk, and supports long-term recovery for

[14] *Rural Health Transformation (RRHT) Program*, Medicaid.gov, https://perma.cc/596Z-GBYT.

[15] *All-State Medicaid and CHIP Call*, Ctr. for Medicare and Medicaid Serv. (Dec. 6, 2022), https://perma.cc/D67K-T5SE.

individuals and families in the community. Hennepin Healthcare will effectively accept the grant terms and conditions of the grant when it begins drawing down the funds.

85. Plaintiff Hennepin Healthcare also receives funding through the Ryan White HIV/AIDS Program Part F Dental Reimbursement Program (Ryan White Dental Program). Hennepin Healthcare relies on this grant program to provide guaranteed dental care for patients living with HIV/AIDS. Many of these patients are low-income or no-income, and uninsured at the time of their visit. There are few healthcare organizations in Hennepin County that are willing to take on their care. Without the Ryan White Dental Program, many patients would have no access whatsoever to any dental care. Hennepin Healthcare received an award in September and expects to draw down these funds before the end of the year.

86. Plaintiff CCA also receives funding through the Ryan White HIV/AIDS Program, passed through from the State of Rhode Island. This funding is used to provide core medical services and supports to help Rhode Islanders impacted by HIV/AIDS. CCA expects to continue applying for and receiving this HRSA funding in the future.

Substance Abuse and Mental Health Services Administration (SAMHSA)

87. Plaintiffs and their members have either applied for or received grant awards for several grant programs, including discretionary programs, administered by SAMHSA. They also expect to apply for other discretionary SAMHSA grants in future funding cycles.

88. Many of Plaintiff RICCF's members receive direct grants from SAMHSA's Center for Mental Health Services, Center for Substance Abuse Prevention, and the Office of the Assistant Secretary for Mental Health and Substance Abuse.

89. As an example of SAMHSA's funding programs implicated by the challenged policies here, Plaintiff CCA has applied for and received a competitive grant from SAMHSA for the past 30 years, which they rely on to provide life-saving care to individuals and households in northern

Rhode Island. CCA receives a direct Certified Community Behavioral Health Clinic (CCBC) Infrastructure Grant from SAMHSA, as well as SAMHSA funding to operate the Youth and Family Tree. Additionally, CCA receives SAMHSA funding, passed through from the state, which is used to provide residential and respite services to individuals living with substance use disorder. CCA expects to continue reapplying for and receiving SAMHSA grants and subgrants each new grant cycle.

Office of the Assistant Secretary of Health (OASH)

90. Several members of Plaintiff RICCF receive funding from OASH, including grants administered by OASH's Office of Minority Health and Office of Population Affairs. This funding is used for family planning and health equity zones. They plan to apply for funding from programs administered by OASH again in future funding cycles.

91. As another example, Plaintiff Wisconsin SA Coalition receives funding through the Teen Pregnancy Prevention (TPP) Program, administered by OASH's Office of Population Affairs. The TPP Program awards federal funding to organizations that support "medically accurate and age appropriate programs" that have "been proven effective through rigorous evaluation" or that are being tested to determine whether they meet that objective. Consolidated Appropriations Act, 2010, Pub L. No. 111-117, 123 Stat. 3034, 3253 (2009). Funding for this program is competitive and discretionary.[16]

The Administration Leverages Federal Funding to Force its Ideological Agenda

92. In August 2025, the President issued Executive Order 14332, Improving Oversight of Federal Grantmaking.[17] 90 Fed. Reg. 38929 (Aug. 12, 2025) (Grants EO). He vowed to end the

[16] Funded under Division B, Title II of the Consolidated Appropriations Act, 2026 (Pub. L. No. 119-75); *Funding Opportunities*, *supra* note 4.

[17] *Improving Oversight of Federal Grantmaking, Exec. Order 14332,* The White House (Aug. 7, 2025), https://perma.cc/UH4J-KX6Q.

"offensive waste of tax dollars" in federal grantmaking including grants awarded to recipients who hold "far-left" and "anti-American ideologies." The Grants EO also targeted organizations that serve undocumented immigrants.

93. To exert more political control over federal grantmaking, the Grants EO directed each agency head to designate a "senior appointee" (a political appointee) to develop and oversee new procedures for grantmaking to ensure consistency with "agency priorities and the national interest." Grants EO § 3.

94. Senior appointees were instructed to apply certain principles to discretionary awards including that "discretionary awards must, where applicable, demonstrably advance the President's policy priorities." Grants EO § 4(b)(i).

95. In addition, the Grants EO mandated that "discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: (A) racial preferences or other forms of racial discrimination by the grant recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; (B) denial by the grant recipient of the sex binary in humans or the notion that sex is a chosen or mutable characteristic; (C) illegal immigration; or (D) any other initiatives that compromise public safety or promote anti-American values." Grants EO § 4(ii).

96. The President's policy priorities are memorialized in a series of executive orders attacking transgender and nonbinary people, Diversity, Equity, and Inclusion (DEI), immigrants, unhoused individuals and the strategies proven effective like Housing First and harm reduction.

Attacks on Transgender and Nonbinary People

97. On January 20, 2025, the President issued Executive Order 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government. 90 Fed. Reg. 8615 (Jan. 30, 2025) (Gender EO).

98. The Gender EO announces "the policy of the United States to recognize two sexes, male and female." *Id.* § 2. It defines "Sex" narrowly to refer to "either male or female," and expressly rejects "the concept of 'gender identity.'" *Id.* § 2(a).

99. The Order defines "Gender Ideology" as "replac[ing] the biological category of sex with an ever-shifting concept of self-assessed gender identity, permitting the false claim that males can identify as and thus become women and vice versa." *Id.* § 2(f). It rejects the "idea that there is a vast spectrum of genders that are disconnected from one's sex" and that "it is possible for a person to be born in the wrong sexed body." *Id.*

100. The Gender EO attempts to use federal funding to advance the Administration's ideological vision. The Order directs federal agency heads to "take all necessary steps, as permitted by law, to end the Federal funding of gender ideology." *Id.* § 3(e). The Gender EO states that "[f]ederal funds shall not be used to promote gender ideology" and requires each agency to "assess grant conditions and grantee preferences and ensure grant funds do not promote gender ideology." *Id.* § 3(g).

Attacks on Diversity, Equity, and Inclusion

101. In January 2025, the President issued two executive orders targeting diversity, equity, and inclusion. Executive Order 14151, Ending Radical and Wasteful Government DEI Programs and Preferencing, 90 Fed. Reg. 8339 (Jan. 29, 2025) (Anti-DEI EO), endeavored to eliminate anything labelled DEI from executive branch agencies. The second order, Executive Order 14173, Ending Illegal Discrimination and Restoring Merit-Based Opportunity, 90 Fed. Reg. 8633 (Jan. 31, 2025) (Private DEI EO), sought to impose a similar mandate primarily for the private sector.

102. The Anti-DEI EO seeks to terminate all "illegal DEI and 'diversity, equity, inclusion, and accessibility' (DEIA) mandates, policies, programs, preferences, and activities in the Federal Government, under whatever name they appear." Anti-DEI EO § 2(a). Among other directives,

agency heads must terminate "equity-related" grants or contracts, along with all DEI, DEIA, and environmental justice offices and positions, and all equity action plans and equity actions, initiatives, or programs. *Id.* § 2(b)(i).

103. The Private DEI EO admonishes private institutions for using "dangerous, demeaning, and immoral race- and sex- based preferences under the guise of so-called 'diversity, equity, and inclusion' (DEI) or . . . (DEIA)," and refers broadly to "illegal DEI and DEIA policies." Private DEI EO § 1. To deter DEI in the private sector, the order directs agencies to work with the Attorney General to identify potential targets of investigations and prosecutions. *Id.* § 4.

104. The two orders do not define DEI or DEIA, nor do they explain what would make a DEI or DEIA program illegal in the Administration's view.

105. On July 29, 2025, the Attorney General issued a memorandum, "Guidance for Recipients of Federal Funding Regarding Unlawful Discrimination" (DOJ Memo).[18] The DOJ Memo "clarifies the application of federal antidiscrimination laws to programs or initiatives that may involve discriminatory practices, including those labeled as Diversity, Equity, and Inclusion ('DEI') programs." *Id.* at 1. It purports to offer "'Best Practices' as non-binding suggestions" to help entities that receive federal funds "comply with federal antidiscrimination laws and avoid legal pitfalls." *Id.*

106. The DOJ Memo offers a "non-exhaustive list of unlawful practices that could result in revocation of grant funding." *Id.* at 4. One category, "unlawful proxies," captures the use of "ostensibly neutral criteria that function as substitutes for explicit consideration of race, sex, or other protected characteristics." *Id.* at 5. Some examples include "cultural competence requirements," "diversity statements" or "overcoming obstacles" narratives, and recruitment

[18] Memorandum for All Federal Agencies from The Office of the Attorney General (July 29, 2025), https://perma.cc/V9UC-NE24.

strategies "targeting specific geographic areas, institutions, or organizations chosen primarily because of their racial or ethnic composition rather than other legitimate factors." *Id.*

107. None of these practices, so-called "unlawful proxies," are considered unlawful under current jurisprudence.

Attacks on Immigrants

108. On February 19, 2025, President Trump issued Executive Order 14218, Ending Taxpayer Subsidization of Open Borders, 90 Fed. Reg. 10581 (Feb. 25, 2025) (Open Borders EO). As part of the Administration's effort to ensure that "no taxpayer-funded benefits go to unqualified aliens," the order directed federal agencies and departments to "identify all federally funded programs administered by the agency that currently permit illegal aliens to obtain any cash or non-cash public benefit, and, consistent with applicable law, take all appropriate actions to align such programs with the purposes of this order[.]" *Id.* §§ 2, 2(i)

109. President Trump also issued Executive Order 14159, Protecting the American People Against Invasion, 90 Fed. Reg. 8443 (Jan. 20, 2025), which directed the Attorney General and the Secretary of Homeland Security to "[i]mmediately review and, if appropriate, audit all contracts, grants, or other agreements providing Federal funding to non-governmental organizations supporting or providing services, either directly or indirectly, to removable or illegal aliens, to ensure that such agreements conform to applicable law and are free of waste, fraud, and abuse, and that they do not promote or facilitate violations of our immigration laws." *Id.* § 19(a)

Attacks on Housing First and Harm Reduction

110. On July 24, 2025, President Trump issued Executive Order 14321, Ending Crime and Disorder on America's Streets. 90 Fed. Reg. 35817 (Jul. 29, 2025) (Criminalization EO). In the name of public safety, the order seeks to put unhoused people in "long-term institutional settings" and to increase the use of civil commitment. *Id.* § 1. Without support, the order claims that the

"overwhelming majority" of unhoused people "are addicted to drugs, have a mental health condition, or both." *Id.*

111. The Order takes aim at what it considers ineffective methods of addressing homelessness. It directs SAMHSA not to fund "programs that fail to achieve adequate outcomes, including so-called 'harm reduction' or 'safe consumption' efforts that only facilitate illegal drug use and its attendant harm." Criminalization EO § 4(i).

112. The Order—again without support—further directs HHS to "end[] support for 'housing first' policies that deprioritize accountability and fail to promote treatment, recovery, and self-sufficiency." Criminalization EO § 5.

113. The President's policy priorities on these issues have been incorporated by HHS under Secretary Kennedy's direction.[19]

HHS Adds Ideological Conditions to Grants

114. On April 3, 2026, HHS issued the revised HHS NOFO Content and Clearance Guidance (Grants Policy) (attached as Exhibit 1). The Office of Grants, housed under the Office of the Assistant Secretary for Financial Resources, sent the Grants Policy to all HHS divisions. The Office of Grants does not award or administer grants directly, but instead provides direction on grant policy, oversight and evaluation, and other functions.[20]

115. The Grants Policy prescribes the content that all HHS grantmaking divisions must include in NOFOs and Notices of Award (NoAs).

116. Attachment 3 to the Grants Policy, titled "Required Language for Discretionary NOFOs and NoAs," states that it applies to *all* discretionary NOFOs and NoAs. This attachment sets out

[19] *HHS Priorities*, U.S. Dep't of Health & Hum. Servs. (Sep. 1, 2026), https://perma.cc/QFM7-VPS8.

[20] *Office of Grants*, U.S. Dep't of Health & Hum. Servs. (June 2, 2026), https://perma.cc/DW9Z-8W7F .

the mandatory terms and conditions and principles that all HHS divisions must include in discretionary awards. Attachment 3 to the Grants Policy sets out two primary directives that impact grantees' obligations.

117. The Alignment Condition: The Grants Policy provides that "agencies must also include a term and condition in each discretionary NoA (which can be incorporated by reference) through each respective agency's Terms and Conditions or through the program NOFO requiring alignment with agency priorities." Ex. 1. For divisions that have not developed their own term, the Grants Policy provides language that may be used: "The recipient of this award must implement any funds awarded under this NOFO to advance program goals or agency priorities in alignment with the agency priorities at [insert hyperlink to agency priorities], when authorized by the program statute." *Id*.

118. The Alignment Condition thus requires that all HHS divisions must include a term and condition "requiring alignment with agency priorities," either through the division's terms and conditions or through the program's NOFO. *Id.*

119. The Policy Principles: The Grants Policy directs that "senior appointees will review discretionary NOFOs and NoAs and apply the following principles, including in any scoring rubrics used to assess grant proposals." *Id.* Among them: discretionary awards "must, where applicable, demonstrably advance the President's policy priorities," and "shall not be used to fund, promote, encourage, subsidize, or facilitate" racial preferences, "denial by the recipient of the sex binary in humans or the notion that sex is a chosen or mutable characteristic," "illegal immigration," or "any other initiatives that compromise public safety or promote anti-American values." *Id.* Divisions using any principle in application review "must also describe them in the text of the NOFO alongside the review criteria." *Id.*

120. The Grants Policy incorporates the principles related to race, gender identity, immigrants, and "anti-American values" from the Grants EO verbatim.

121. The Grants Policy does not define "agency priorities," "the President's policy priorities," or "anti-American values." Instead, it directs divisions to hyperlink to priorities posted on agency websites, which the agencies can revise at any time without notice.

122. In relevant part, the Grants Policy imposes an HHS-wide policy that all discretionary awards must "demonstrably advance the President's policy priorities," and awards cannot be used to "fund, promote, encourage, subsidize or facilitate" certain "racial preferences . . . including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans or the notion that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety or promote anti-American values." Ex. 1 at 11-12.

123. The Grants Policy does not identify any statute that authorizes the Alignment Condition or the Policy Principles. The Grants Policy qualifies its requirements with phrases such as "to the extent permitted by law and applicable court orders" and "when authorized by the program statute" but HHS's divisions have not treated these phrases as limiting: they have adopted the Alignment Condition and Policy Principles (collectively, Challenged Conditions) across their standard terms and conditions and in individual NOFOs, including in some formula grants, without program-by-program statutory analysis.

HHS Divisions Implement the Grants Policy and Adopt the Challenged Conditions

124. HHS divisions have implemented the Grants Policy and adopted the Challenged Conditions by including them in their division-wide standard terms and conditions, in NOFOs, and other grant materials.

Administration for Children and Families (ACF)

125. On April 10, 2026, ACF revised its Standard Terms and Conditions (ACF Terms). The ACF Terms apply to all federal financial assistance awards or modifications made on or after April 10, 2026.

126. The ACF Terms include the Alignment Condition for discretionary awards: "the recipient must implement any funds awarded under this award to advance program goals or ACF priorities in alignment with ACF priorities at ACF Vision, Mission, Values, Priorities, & Guiding Principles, when authorized by the program statute."[21]

127. ACF thus implemented the Grants Policy's template nearly verbatim. *Compare* Ex. 1 at 12 ("The recipient of this award must implement any funds awarded under this NOFO to advance program goals or agency priorities in alignment with the agency priorities at [insert hyperlink to agency priorities], when authorized by the program statute."), *with* ACF Standard Terms ("the recipient must implement any funds awarded under this award to advance program goals or ACF priorities in alignment with ACF priorities at ACF Vision, Mission, Values, Priorities, & Guiding Principles, when authorized by the program statute").

128. In addition, in NOFOs, ACF requires grant applicants to attest to or certify that they are aligned with ACF's and the Administration's priorities. ACF's policy priorities are included on its website and include that ACF "will not fund programs that promote divisive Diversity, Equity, and Inclusion (DEI) ideologies," and "will not support programs that advance gender ideology, especially the teaching of gender ideology to children."[22]

129. One attestation, in the NOFO for the Specialized Services Program, states:

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[21] *Standard Terms and Conditions, Federal Financial Assistance Programs*, Admin. For Children and Families (Apr. 10, 2026), https://perma.cc/H3KQ-DSM6.

[22] *Priorities*, Admin. for Children and Families (Sept. 18, 2026), https://perma.cc/8EA5-97CW.

> "I hereby attest and certify that: _____ (Applicant Name) affirms its commitment to supporting and advancing ACF's published Vision, Mission, Values, Priorities, and Guiding Principles of the Administration for Children and Families (ACF), consistent with applicable federal statutes, regulations, and Administration priorities."[23]

130. In addition to implementing the Alignment Condition, ACF has expressly restricted grantees from supporting DEI and "gender ideology" in the NOFOs for the Culturally Specific Program and Specialized Services Program:

> To the extent permitted by law, including any relevant court orders, you may not use funds from this NOFO for any diversity, equity, inclusion, and accessibility (DEI and DEIA) activities. This includes: DEI- or DEIA-related research; Activities that discriminate or show preference based on race, color, religion, sex, national origin, or other protected traits; Any efforts that promote a 'discriminatory equity ideology.' To the extent permitted by law, including any relevant court orders, ACF will also not allow funds awarded under this NOFO to support any services or activities that inculcate or promote gender ideology.[24]

ACF has also incorporated the Challenged Conditions in terms and conditions for non-discretionary programs. The Supplemental Terms and Conditions for FVPSA coalition grants and state formula grants incorporate the NOFOs for those programs.[25] Those NOFOs include a term requiring alignment with ACF policy priorities consistent with the Alignment Condition.[26]

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[23] Specialized Services NOFO, *supra* note 5, at 36.

[24] *See, e.g.*, Specialized Services NOFO, *supra* note 5, at 18-19; see also *Family Violence Prevention and Services Culturally Specific Domestic Violence and Sexual Assault Discretionary Grants*, Admin. for Children and Families 13, https://perma.cc/LR5S-TJA6; *National Resource Centers*, Admin. for Children and Families 19, https://perma.cc/6AGD-ZSV8.

[25] *FY 2026 OFVPSA Supplemental Terms and Conditions, Family Violence Prevention and Services /Domestic Violence Shelter and Supportive Services (States/Territories And Tribes)*, Admin. For Children and Families, https://perma.cc/A362-SM2N; FY 2026 OFVPSA Supplemental Terms and Conditions, State Domestic Violence Coalitions (States and Territories), Admin. For Children and Families, https://perma.cc/Q69H-HKBL.

[26] *OFVPSA Standing Notice of Funding Opportunity for Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services/Awards to States,* U.S. Dep't of Health & Hum. Servs., https://perma.cc/PYM4-8VH7; OFVPSA *Standing Announcement for Family Violence Prevention and Services/ Grants to State and Territory Domestic Violence Coalitions*, U.S. Dep't of Health & Hum. Servs., https://perma.cc/Q2RB-6JXM.

Centers for Disease Control and Prevention (CDC)

131. The CDC revised its General Terms and Conditions for Non-Research Grants and Cooperative Agreements (CDC Terms) in August 2026. The CDC Terms apply to all non-research grants and cooperative agreements awarded or modified on or after August 13, 2026. The CDC Terms are not limited to discretionary awards.

132. Consistent with the Alignment Condition, "recipients must ensure that all activities funded under this award are implemented in a manner consistent with CDC's mission and strategic priorities as authorized by law."[27] In addition, grant recipients must comply with terms and conditions in the NOFO, NOA, applicable executive orders, among other HHS grant policies and regulations.[28]

133. The CDC's priorities, published on its website, include that the CDC does not support "gender ideology," DEI, or "so-called 'safe consumption sites,' or the use or distribution of illegal drugs and associated paraphernalia," and that "federal funds should not be used to encourage or support illegal immigration."[29]

134. For example, Plaintiffs Colorado Coalition, Kansas Coalition, Oregon Coalition, VALOR, Vermont Coalition, Violence Free Iowa, and Wisconsin SA Coalition must submit annual progress reports for CDC's RPE Coalition grant. The CDC uses language nearly identical to the Alignment Condition in its annual progress report requirements for grants that were awarded in prior funding cycles. For example, Plaintiffs must ensure that their progress reports comply with the Gender EO and the Anti-DEI EO.

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[27] *General Terms and Conditions for Non-Research Grants and Cooperative Agreements*, U.S. Dep't of Health & Hum. Servs. (Aug. 13, 2026), https://perma.cc/Q7XS-DQ7V.

[28] *Id.*

[29] *CDC Priority Statement*, Centers for Disease Control and Prevention (Sep. 17, 2026), https://perma.cc/HQJ4-XH3H.

Health Resources and Services Administration (HRSA)

135. The FY 2026 HRSA General Terms and Conditions (HRSA Terms) likewise require alignment of funded activities with the agency's strategic priorities and the Administration's objectives.[30] Specifically, "as a condition of this award, [grantees] must ensure that all activities funded under this award are implemented in a manner consistent with HRSA's mission and strategic priorities as authorized by law."[31] The HRSA Terms apply to all discretionary awards with funds and award modifications made on or after March 11, 2026.[32]

136. Among other priorities listed on HRSA's website, "it is a HRSA priority to recognize that a person's sex as either male or female is unchangeable and determined by objective biology, and to ensure its programs accurately reflect science, including the biological reality of sex."[33]

137. HRSA has incorporated the Alignment Condition in NOFOs. The Ryan White Dental Grant NOFO includes the Alignment Condition as a post-award condition: "Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA vision, mission, core values, and strategic priorities, where authorized by law."[34]

138. The Policy Principles are incorporated as a disclaimer in the "Before You Begin" section of the Ryan White Dental Grant NOFO:

> All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used

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[30] *FY 2026 HRSA General Terms and Conditions*, Health Resources & Servs. Admin. (Mar. 11, 2026) 5, https://perma.cc/FEB3-XDKA.

[31] *Id.*

[32] *Id.* at 1.

[33] *Advancing HRSA's Mission Through Focused, Accountable Action*, Health Resources & Servs. Admin. (May 2026), https://perma.cc/5PQW-43PV [HRSA Priorities].

[34] *Ryan White HIV/AIDS Program Part F Dental Reimbursement Program* (Ryan White NOFO), Health Resources & Servs. Admin. 32, https://perma.cc/V8WD-SSFN.

> as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.[35]

Office of the Assistant Secretary of Health

139. OASH has included the Challenged Conditions in its NOFOs.

140. In June 2026, OASH, through its Office of Population Affairs, issued a NOFO for the TPP Program.[36] Consistent with the Grants Policy, the NOFO includes the Alignment Condition:

> The recipients of this award must implement any funds awarded under this NOFO to effectuate program goals and agency priorities in accordance with the Priorities of the Office of the Assistant Secretary for Health (available at https://health.gov/priorities), and when authorized by law according to the TPP statute, regulations, legislative mandates, and additional program guidance.

141. The Policy Principles are also incorporated in the NOFO under the heading "Discretionary Award Terms." Further, the NOFO states that "all activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations, and applicable judicial holdings."

Substance Abuse and Mental Health Services Administration (SAMHSA)

142. SAMHSA revised its Standard Terms and Conditions (SAMHSA Terms) in June 2026.[37] The SAMHSA Terms apply to discretionary grants and cooperative agreements awarded by SAMHSA on or after June 3, 2026.

143. The SAMHSA Terms adopt the Challenged Conditions.

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[35] *Id.* at 3

[36] *Office of Population Affairs, Notice of Funding Opportunity,* U.S. Dep't of Health & Hum. Servs., https://perma.cc/MUY4-AB4C.

[37] *The Substance Abuse and Mental Health Services Administration Fiscal Year (FY) 2026 Standard Terms and Conditions,* Substance Abuse and mental Health Servs. Admin. (revised June 3, 2026), https://perma.cc/W7YS-HV8F.

144. Under the new terms, recipients must comply with all applicable executive orders and funded activities must be implemented consistently with SAMHSA's mission and strategic priorities.[38] Those priorities include ending DEI, "gender ideology," and the subsidization of illegal immigration, and deprioritizing "so-called 'harm reduction' or 'safe consumption' efforts that only facilitate illegal drug use and its attendant harm."[39]

145. SAMHSA also incorporated the Policy Principles verbatim. In addition, the SAMHSA Terms specifically requires compliance with the Gender Ideology EO: "Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964,42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement."[40]

146. These conditions have been incorporated in NOFOs such as for the Behavioral Health and Community Safety Partnerships program.[41]

The Grants Policy and the Divisions' Adoption of the Challenged Conditions are Final Agency Actions

147. The Grants Policy is a final agency action. It is not a draft or interim document but rather sets out "Required Language" that all HHS divisions "must" include in "all discretionary NOFOs

[38] *Id.* at 1-2.

[39] *SAMHSA Strategic Priorities*, Substance Abuse and Mental Health Servs. Admin. (Sep. 10, 2025), https://perma.cc/N8D7-Q8HT.

[40] *Supra* note 39 at 8.

[41] SAMHSA, Behavioral Health and Community Safety Partnerships (BH-CSP) NOFO, at 20-21, *Office of the Assistance Secretary for Mental Health and Substance Use*, Substance Abuse & Mental Health Servs. Admin. (June 11, 2026), https://perma.cc/R8UP-9CEN.

and NoAs." It marks the consummation of HHS's decision-making on the content of applications and awards for discretionary programs.

148. The Grants Policy determines rights and obligations and produces legal consequences. It binds every HHS grantmaking division to include the Challenged Conditions in every discretionary NOFO and NoA. It directs senior appointees to implement the Policy Principles in reviewing awards.

149. Upon information and belief, all HHS grantmaking divisions have implemented the Grants Policy by adopting the Challenged Conditions.

150. No Plaintiff can obtain a discretionary HHS award without accepting the Challenged Conditions. Plaintiffs have been forced to accept the Challenged Conditions for some non-discretionary formula grants as well.

151. Each division's adoption of the Challenged Conditions in its standard terms and conditions, or in individual NOFOs, as identified in the examples provided in paragraphs 125-147, is also a discrete final agency action. Grantees must accept the Challenged Conditions to receive federal funding awards from the HHS divisions.

The HHS Grants Policy and the Divisions' Adoption of the Challenged Conditions Harm Plaintiffs

152. Plaintiffs face a lose-lose decision due to Defendants' imposition of the Challenged Conditions. They can forgo federal funding—essentially cutting off their ability to fulfill their missions and provide life-saving services—or accept conditions that are fundamentally incompatible with their core values, statutory duties, and constitutional requirements, and are impermissibly vague and virtually impossible to comply with. In addition, failure to comply with the conditions exposes recipients to scrutiny and potential legal liability under the False Claims Act.

153. Federal funding is an essential component of Plaintiffs' funding streams and thus their ability to operate and carry out their missions. Plaintiffs collectively apply for federal funding every year, and receive federal funding through multiple formula grants, block grants, and discretionary grants from many different HHS programs administered by the many divisions within HHS.

154. The HHS-wide policy impacts Plaintiffs and will continue to impact Plaintiffs each year that they apply for necessary funding from any division of HHS. Plaintiffs will continue to face the impossible choice presented by the Challenged Conditions each year they apply for or otherwise renew the terms of their federal awards.

155. Plaintiffs believe in equality and dignity and aim to serve anyone in need of their services regardless of gender identity, race, or ethnicity. But the Challenged Conditions, including the adoption of these conditions by HHS divisions, make that virtually impossible.

156. For one, the Administration's and HHS's policy priorities reject any recognition of transgender and nonbinary people and promotion of what they deem "gender ideology." That will prevent Plaintiffs and their members from recognizing that any identities exist beyond the gender binary, including by using people's preferred pronouns. To satisfy the Challenged Conditions, Plaintiffs would have to outright reject or alienate the communities and patients they serve, who are already more vulnerable than other groups.

157. The Policy Principles suggest that "intentional proxies for race" are discriminatory and unlawful. While that term is undefined, the Administration has suggested that "unlawful proxies" including taking cultural competence into account or targeting underserved racial or ethnic communities in program participation. Plaintiffs and their members fear that their recognition of race, inequality, and different needs in their programs will put their grant funds at risk.

158. The State Coalitions would also be acting contrary to their legal duties. Under VAWA and FVPSA, the State Coalitions *must* serve "underserved populations" which include those who face

barriers in accessing victim services because of "geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, and populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age)." 34 U.S.C. § 12291(a)(46); 42 U.S.C. § 10402(14). Their work to provide targeted programs to support underserved racial and ethnic populations could be seen as violating the Challenged Conditions because they are allegedly discriminating based on race. Likewise, despite the Challenged Conditions ban on recognizing gender identity beyond the sex binary, FVPSA grantees are required to serve people in accordance with their gender identity. *See, e.g.*, 45 C.F.R. § 1370.5(a)(1), (a)(4), (c)(1). These contradictions put Plaintiffs in an impossible position—they must either violate the Challenged Conditions or violate federal law.

159. Plaintiffs would also be at odds with state law if they comply with the Challenged Conditions. Several states prohibit discrimination based on certain traits, including sex, gender identity or expression, and sexual orientation in public accommodations. *See, e.g.*, R.I. Gen. Laws § 11-24-2 (2002); Minn. Stat. § 363A.11 (2025). This once again puts Plaintiffs in an impossible position—they must either violate the Challenged Conditions or violate state law.

160. Furthermore, even though the Challenged Conditions purport to apply only to discretionary funding (though at least some HHS divisions appear to apply them in other contexts as well), Plaintiffs' work cannot separate out funding that comes from discretionary federal grants as compared to non-discretionary federal funding sources. Even if only a fraction of a Plaintiffs' budget comes from discretionary sources, the Challenged Conditions seriously curtail Plaintiffs' ability to carry out their work. For example, a Plaintiff (or a Plaintiff's member) that provides crisis services such as operating a domestic violence shelter, cannot use only funds to which the Challenged Conditions do not apply when providing services to a transgender domestic abuse survivor. In many cases, beds are purchased, staff salaries paid, and property leased using funding

that comes from both discretionary grants and formula or block grants. Thus, the harm caused by the Challenged Conditions is not lessened in instances where funding that attaches the Challenged Conditions impacts a smaller portion of a Plaintiff's budget.

161. Even if Plaintiffs accept the Challenged Conditions in good faith, they still fear termination of their grants because the conditions and the related policy priorities are vague, internally inconsistent, and easily susceptible to arbitrary enforcement.

162. For example, Plaintiffs must "align" with HRSA's policy of prioritizing "evidence-based programs."[42] But in the next sentence, HRSA rejects "harm reduction" or "safe consumption" efforts "that only facilitate illegal drug use."[43] But harm reduction efforts, like syringe exchange, are not done "only to facilitate illegal drug use." In addition, harm reduction, when implemented correctly, is widely accepted as an evidence-based strategy. That contradiction leaves Plaintiffs like Hennepin Healthcare in a quandary.

163. The same is true for Housing First programs and initiatives. Housing First is an evidence-based strategy, proven effective at reducing homelessness by an HHS-funded study. Yet HHS's priority, rejecting Housing First, would discourage or prohibit Plaintiffs like the Washington Coalition from implementing Domestic Violence Housing First strategies that increase survivor safety, decrease further victimization by abusers, and improve housing stability.

164. Not to mention, the Administration's and HHS's policy priorities—or interpretation of policy priorities—can shift at any moment, which creates a tremendous amount of uncertainty, risk, and compliance costs for Plaintiffs.

165. Plaintiffs and the communities they serve will face devastating consequences if they lose critical grant funding due to the Challenged Conditions. The HHS grant programs Plaintiffs rely on

[42] HRSA Priorities, *supra* note 33.

[43] *Id.*

support survivors of domestic abuse and sexual assault and their children, people suffering from substance use disorders, and HIV patients.

166. Without the HHS grant funds, the State Coalitions and their members will be forced to reduce the services they provide. As the leading voices on issues of domestic violence and sexual assault, the State Coalitions foster communication, educate the public and raise awareness, advance best and promising practices to increase safety and abuser accountability, as well as prevent violence, share resources, and promote collaboration among members. This statewide capacity and infrastructure would be greatly diminished to the detriment of victims of domestic and sexual violence, and their children. The loss of federal funding would mean the State Coalitions would not be able to provide the same level of training and technical assistance to members, who rely on that assistance in providing trauma-informed, ethically, and legally-compliant services to survivors. Many Plaintiffs and member organizations would have to cut staff, drastically reducing their abilities to provide survivor-centered support and services to members seeking their support.

167. Declining the HHS grant funding, due to these conditions, would have a significant detrimental impact on Plaintiff CCA and members of Plaintiff RICCF. The loss of HHS-funded services would leave Rhode Island children and families with reduced access to community-based social services and behavioral health treatment, resulting in family disruptions, increased hospitalizations, and the need to place children, youth, and adults in more restrictive settings for longer periods of time. Families would also lose access to needed economic and family supports. For the agencies themselves, staff would lose their jobs, and nonprofit organizations may be faced to close their doors altogether.

168. If Hennepin Healthcare loses its HRSA Construction Grant, because the services it provides in its Addiction Treatment Clinic conflict with HHS priorities, it will not be able to expand its clinic as planned. The expansion would allow the clinic to serve roughly 1,000 more patients

per year, provide primary care and mental health care on site, and extend its hours of operation. In addition to meeting the growing need for addiction services in the county, the expansion will reduce hospitalizations, emergency room visits, and premature death. This life-saving work will be impeded if Hennepin Healthcare loses its HRSA Construction Grant due to the Challenged Conditions.

169. Likewise, Hennepin Healthcare relies on the Ryan White Dental Grant to pay for dental care for uninsured patients living with HIV/AIDS. Without the grant, Hennepin Healthcare will be forced to cut coverage, leaving an already-vulnerable patient population with no viable care options.

CLAIMS FOR RELIEF

COUNT I
Administrative Procedure Act: In Excess of Statutory Authority

170. Plaintiffs incorporate and reallege all paragraphs above as if fully set forth here.

171. Under the APA, a court "shall" "hold unlawful and set aside agency action" found to be "in excess of statutory jurisdiction, authority, or limitations, or short of statutory right." 5 U.S.C. § 706(2)(C).

172. An agency action is reviewable under the APA if it is a final agency action. 5 U.S.C. § 704.

173. The Grants Policy requires all HHS divisions to include the Challenged Conditions in NOFOs and/or standard terms and conditions. Upon information and belief, all HHS grantmaking divisions have implemented that policy, as required.

174. Defendants HHS's and Kennedy's decision to impose the Challenged Conditions through the Grants Policy is final agency action reviewable under 5 U.S.C. § 704 because it marks the consummation of the agency's decision-making process and determines grantees' rights or obligations and produces legal consequences. The Grants Policy is mandatory and binds every HHS grantmaking division.

175. For similar reasons, the HHS divisions' actions to impose the Challenged Conditions in NOFOs and standard terms and conditions are also final agency actions reviewable under 5 U.S.C § 704. The HHS divisions' actions are final and determine rights and obligations and produce legal consequences because grant recipients must accept the Challenged Conditions to receive federal funds from HHS divisions.

176. No statute authorizes Defendants to impose the Challenged Conditions. Defendants therefore acted in excess of their statutory authority. The Grants Policy's own terms acknowledge that the policy may only be applied "when authorized by the program statute", yet HHS is requiring the Challenged Conditions to be applied agency-wide, without any consideration of whether each program's authorizing statutes provide any such authority.

177. The Grants Policy imposing the Challenged Conditions must be held unlawful and set aside as "in excess of statutory jurisdiction, authority, or limitations." The HHS divisions' adoption of the Challenged Conditions, in standard terms and conditions and individual NOFOs, must also be held unlawful and set aside to restore the status quo.

COUNT II
Administrative Procedure Act: Contrary to Law

178. Plaintiffs incorporate and reallege all paragraphs above as if fully set forth here.

179. Under the APA, a court "shall" "hold unlawful and set aside agency action" found to be "not in accordance with law." 5 U.S.C. § 706(2)(A).

180. The Challenged Conditions, and Defendants' cross-referenced policy priorities, conflict with statutes authorizing multiple grant programs because the conditions prevent Plaintiffs from recognizing gender identity and serving transgender and nonbinary people. Although the Challenged Conditions purport to only apply "to the extent permitted by law and applicable court orders" and "when authorized by the program statute," HHS's divisions have not treated these

phrases as limiting: they have adopted the Alignment Condition and Policy Principles (collectively, Challenged Conditions) without program-by-program statutory analysis.

181. Likewise, the Challenged Conditions bar diversity and inclusion efforts broadly and "racial preferences" including use of race or "intentional proxies for race" when used to determine program participation.

182. For example, grantees that receive funds authorized by FVPSA must serve "underserved populations" and victims who are "members of racial and ethnic minority populations." 42 U.S.C. § 10411(d)(3). "Underserved populations" include those "who face barriers in accessing and using victim services" due to sex, sexual orientation, or racial identity, among other identities. 42 U.S.C. § 10402(14); 34 U.S.C. § 12291(a)(46).

183. As another example, Plaintiffs use certain grants authorized by VAWA to "increase awareness in underserved communities" of sexual assault, sexual violence, and related topics. 42 U.S.C. § 280b–1b(a). Plaintiffs' efforts to serve "underserved communities" requires providing targeted programming by race, sex, or sexual orientation.

184. Plaintiffs cannot fulfill their statutory duties without running afoul of the Challenged Conditions and Defendants' related policy priorities.

185. The Grants Policy imposing the Challenged Conditions must be held unlawful and set aside as contrary to law. The HHS divisions' adoption of the Challenged Conditions, in standard terms and conditions and individual NOFOs, must also be held unlawful and set aside to restore the status quo.

COUNT III
Administrative Procedure Act: Arbitrary and Capricious

186. Plaintiffs incorporate and reallege all paragraphs above as if fully set forth here.

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

188. Defendants' impositions of the Challenged Conditions are arbitrary and capricious for several reasons, including the following:

189. Defendants provided no reasonable explanation for their decision to impose the Challenged Conditions across all HHS divisions.

190. Defendants failed to consider multiple important aspects of the problem, including the serious reliance interests of applicants, grantees, and the communities served by HHS grants.

191. The vagueness of the Challenged Conditions further renders them arbitrary and capricious as applicants and grantees have no adequate notice of what they must do to comply.

192. Defendants failed to consider the practical implications of complying with the Challenged Conditions requiring alignment with "agency priorities" listed on agency websites that can be revised at any time and without notice.

193. The Challenged Conditions are also arbitrary and capricious because they conflict with several laws, regulations, and constitutional provisions.

194. The Grants Policy imposing the Challenged Conditions must be held unlawful and set aside as arbitrary and capricious. The HHS divisions' adoption of the Challenged Conditions, in standard terms and conditions and individual NOFOs, must also be held unlawful and set aside to restore the status quo.

COUNT IV
Administrative Procedure Act: Contrary to Constitutional Right

195. Plaintiffs incorporate and reallege all paragraphs above as if fully set forth here.

196. Under the APA, a court shall "hold unlawful and set aside agency action . . . found to be . . . contrary to constitutional right, power, privilege, or immunity." 5 U.S.C. § 706(2)(B).

197. As described in Counts V-VII, the Challenged Conditions violate the First Amendment and the constitutional separation of powers and associated constitutional provisions.

198. The Grants Policy imposing the Challenged Conditions must be held unlawful and set aside as "contrary to constitutional right, power, privilege, or immunity." 5 U.S.C. § 706(2)(B). The HHS divisions' adoption of the Challenged Conditions, in standard terms and conditions and individual NOFOs, must also be held unlawful and set aside to restore the status quo.

COUNT V[44]
First Amendment: Free Speech Clause

199. Plaintiffs incorporate and reallege all paragraphs above as if fully set forth here.

200. The First Amendment to the United States Constitution provides that the government "shall make no law . . . abridging the freedom of speech." U.S. Const. amend. I.

201. The government, in providing funding, cannot "aim at the suppression of dangerous ideas." *Nat'l Endowment for the Arts v. Finley*, 524 U.S. 569, 587 (1998) (quoting *Regan v. Taxation with Representation of Wash.,* 461 U.S. 540, 543 (1983)). The government can also violate the First Amendment by imposing funding conditions that are "not relevant to the objectives of the program." *Agency for Int'l Dev. v. All. for Open Soc'y Int'l, Inc.*, 570 U.S. 205, 214 (2013).

202. In addition, the government may not restrict "protected [speech] outside the scope of the federally funded program." *Id.* at 217 (citing *Rust v. Sullivan*, 500 U.S. 173, 197 (1991)).

203. The Challenged Conditions necessarily force grantees to align their organizational mission and beliefs with HHS's and the Administration's policy views particularly on matters related to race and gender identity as a condition of funding.

204. The Challenged Conditions are not relevant to the grant programs administered by HHS and are intended to suppress views the Administration disagrees with.

[44] This claim is asserted by all Plaintiffs except Hennepin Healthcare.

205. For these reasons, the Challenged Conditions violate the First Amendment, and Defendants must be enjoined from enforcing or implementing them, including through the HHS grantmaking divisions.

COUNT VI
Separation of Powers

206. Plaintiffs incorporate and reallege all paragraphs above as if fully set forth here.

207. The Constitution gives Congress the authority to make laws, U.S. Const. art. I, § 1.

208. The Spending Clause of the Constitution states: "The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States." U.S. Const. art. I, § 8, cl. 1.

209. The Spending Clause vests Congress with the power of the purse including the authority to attach conditions to federal funds.

210. The President is limited to faithfully executing duly enacted legislation, U.S. Const. art. II, § 3, and has no authority to modify or amend such legislation.

211. Congress enacts statutes to establish grant programs for specific purposes. Those statutes do not give the Executive Branch any authority to impose the extra-statutory Challenged Conditions. And Congress has not delegated or authorized the Executive Branch to impose such conditions.

212. Defendants' imposition of the Challenged Conditions violates separation of powers principles because it infringes on Congress's legislative authority and power of the purse and contradicts the President's duty to faithfully execute Congress's laws.

213. To prevent the violation of the separation of powers, Defendants must be enjoined from enforcing or implementing the Challenged Conditions, including through the HHS grantmaking divisions.

COUNT VII
Spending Clause

214. Plaintiffs incorporate and reallege all paragraphs above as if fully set forth here.

215. The Spending Clause of the U.S. Constitution provides that "Congress"—not the Executive—"shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States . . . ." U.S. Const. art. I, § 8, cl. 1.

216. As described above, Defendants violate the separation of powers because the Challenged Conditions are neither expressly nor impliedly authorized by Congress. For the same reasons, Defendants violate the Spending Clause as well.

217. The Spending Clause also requires funding recipients to have fair notice of conditions that apply to federal funds disbursed to them. *Pennhurst State Sch. & Hosp. v. Halderman*, 451 U.S. 1, 17, 25 (1981). The grant conditions must be set forth "unambiguously." *Arlington Cent. Sch. Dist. Bd. of Educ. v. Murphy*, 548 U.S. 291, 296 (2006).

218. Moreover, funding restrictions may only impose conditions that are reasonably related to the federal interest in the project and the project's objectives. *South Dakota v. Dole*, 483 U.S. 203, 207-08 (1987).

219. Finally, federal funds "may not be used to induce the [recipients] to engage in activities that would themselves be unconstitutional." *Id*. at 210.

220. Even if Congress had delegated authority to HHS and the HHS divisions to condition grant funding on acceptance of the Challenged Conditions, the Challenged Conditions would violate the Spending Clause by:

a. imposing conditions that are ambiguous, *see Pennhurst*, 451 U.S. at 17;

b. imposing conditions that are not germane to the stated purpose of the HHS program funds, *see Dole*, 483 U.S. at 207 ("[C]onditions on federal grants might be illegitimate if they are unrelated 'to the federal interest in particular national projects or programs.'"); and

c. imposing conditions that violate recipients' First Amendment rights.

221. Similarly, even if Congress had delegated the authority to HHS to impose the Challenged Conditions, they would violate the Spending Clause by imposing ambiguous grant conditions and imposing conditions not germane to the purposes of the statutes that authorize the HHS programs. For example, the requirement that funding recipients comply with administration and agency priorities is unconstitutionally vague as those priorities may be subject to continuous change and revision. The Challenged Conditions accordingly violate the Spending Clause's clear notice principle that requires conditions on federal funding to be unambiguous and prospective so that potential recipients have an opportunity to knowingly and voluntarily accept or reject the terms of the funding arrangement.

222. To prevent the violation of the Spending Clause, Defendants must be enjoined from enforcing or implementing the Challenged Conditions, including through the HHS grantmaking divisions.

PRAYER FOR RELIEF

Plaintiffs respectfully request that this Court:

a. Hold unlawful, vacate, and set aside the Challenged Conditions in the Grants Policy under 5 U.S.C. § 706;

b. Hold unlawful, vacate, and set aside the Challenged Conditions adopted in the HHS divisions' terms and conditions and NOFOs under 5 U.S.C. § 706;

c. Declare that the Challenged Conditions are unlawful under the APA and the Constitution;

d. Stay the Challenged Conditions, including in the HHS divisions' terms and conditions, NOFOs, and awarded grants, pursuant to 5 U.S.C. § 705, and issue all other necessary and appropriate process to preserve the status quo for the pendency of this litigation;

e. Preliminarily and permanently enjoin Defendants, their agents, and all persons acting in concert or participation with Defendants from imposing, implementing, or giving effect to the Challenged Conditions or any substantively similar condition in any NOFOs or awards, or from otherwise imposing the Challenged Conditions or any substantially similar condition on any HHS funding recipient;

f. Award Plaintiffs their costs, reasonable attorney's fees, and other disbursements as appropriate; and

g. Grant such other relief as the Court deems necessary, just, and proper.

October 29, 2026

Respectfully submitted,

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Exhibit 1

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

Good evening CGMOs,

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

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

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

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

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

-Dale

Dale Bell | Deputy Assistant Secretary
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DEPARTMENT OF HEALTH & HUMAN SERVICES Office of the Secretary
Washington, D.C. 20201

ACTION TRANSMITTAL – INTERNAL

Transmittal No.: OG AT 2026-02

Issuance Date: April 03, 2026

TO: HHS Grant Awarding Divisions

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

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

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

EFFECTIVE DATE: Effective immediately.

PURPOSE AND BACKGROUND:

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

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

ACTION:

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

Updates to the NOFO Clearance Process

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

Clearance Policy/Process

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

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

Updates to Required Language for Discretionary NOFOs and NoAs

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

NOFO Term for Applicants:

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

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

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

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

NoA Term for Recipients:

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

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

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

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Office of the Secretary

Washington, D.C. 20201

TO: HHS Divisions

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

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

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

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

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

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

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

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

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

Attachments:

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Attachment 1: Notice of Funding Opportunity Clearance Process

Scope: *This attachment applies to all NOFOs.*

Clearance Policy/Process

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

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

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

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

PLEASE NOTE:

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

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

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

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

NOFO Forecast

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

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

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

- Create a Forecast or
- Modify a Forecast.

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

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

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

Opportunity Title Guidance:

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

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

Expedited Review

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

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

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

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

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

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

Important NOFO Posting Reminders

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

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

Attachment 2: Ensuring Broad Access to Federal Financial Assistance

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

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

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

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

Therefore, agencies should ensure their NOFOs:

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

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

NOFO Burden Reduction and Fund Accessibility

Changes to Guidance and Expectations

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

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

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

NOFO components

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

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

Improving NOFO Accessibility

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

Plain Language

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

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

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

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

Limiting complexity

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

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

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

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

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

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

Content strategy

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

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

508 Compliance

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

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

Considering the Applicant Community in HHS Program Design

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

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

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

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

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

[6] www.plainlanguage.gov/law/

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

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

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

Resources:

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

Attachment 3: Required Language for Discretionary NOFOs and NoAs

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

Review Process:

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

Term for Applicants:

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

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

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

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

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

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

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

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

Term for Recipients:

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

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

Attachment 4: Template - Notice of Funding Opportunity Summary

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

Notice of Funding Opportunity Summary

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

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

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

To award amount: (dollar amount)

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

To: (eligible applicants)

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

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

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

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

The anticipated project start date is (MMDD):

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

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

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

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

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

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

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

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

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

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

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

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

Elements of a Strong Award Description

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

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

Characteristics of a Strong Award Description

A strong award description will have the following characteristics:

- Uses plain language an average reader can fully understand

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

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

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

Examples of Strong Award Descriptions

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

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

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

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

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

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

Successful applicants under this NOFO agree that:

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

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

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

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

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

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

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

[10] Health information technology is defined in Section 3000 of the PHSA. The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

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

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

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

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

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

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

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

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

Attachment 8: HHS Required NOFO Cybersecurity Language

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

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

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

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

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

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

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

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

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

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

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

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

Administrative Considerations for NOFOs

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

Best Practices

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

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

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

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

HHS agency tribal liaison contacts

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

Attachment 10: ASFR/Office of Budget Agency Contacts

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

JS 44 (Rev. 03/24)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service 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. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS

See attached addendum

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*

See attached addendum

DEFENDANTS

See attached addendum

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.

Attorneys *(If Known)*

United States Attorney for the District of Rhode Island

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	DEF		PTF	DEF
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. NATURE OF SUIT *(Place an "X" in One Box Only)*

Click here for: Nature of Suit Code Descriptions.

CONTRACT
- ☐ 110 Insurance
- ☐ 120 Marine
- ☐ 130 Miller Act
- ☐ 140 Negotiable Instrument
- ☐ 150 Recovery of Overpayment & Enforcement of Judgment
- ☐ 151 Medicare Act
- ☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)
- ☐ 153 Recovery of Overpayment of Veteran's Benefits
- ☐ 160 Stockholders' Suits
- ☐ 190 Other Contract
- ☐ 195 Contract Product Liability
- ☐ 196 Franchise

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

TORTS

PERSONAL INJURY
- ☐ 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 Personal Injury - Medical Malpractice

PERSONAL INJURY
- ☐ 365 Personal Injury - Product Liability
- ☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability
- ☐ 368 Asbestos Personal Injury Product Liability

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

CIVIL RIGHTS
- ☐ 440 Other Civil Rights
- ☐ 441 Voting
- ☐ 442 Employment
- ☐ 443 Housing/ Accommodations
- ☐ 445 Amer. w/Disabilities - Employment
- ☐ 446 Amer. w/Disabilities - Other
- ☐ 448 Education

PRISONER PETITIONS

Habeas Corpus:
- ☐ 463 Alien Detainee
- ☐ 510 Motions to Vacate Sentence
- ☐ 530 General
- ☐ 535 Death Penalty

Other:
- ☐ 540 Mandamus & Other
- ☐ 550 Civil Rights
- ☐ 555 Prison Condition
- ☐ 560 Civil Detainee - Conditions of Confinement

FORFEITURE/PENALTY
- ☐ 625 Drug Related Seizure of Property 21 USC 881
- ☐ 690 Other

LABOR
- ☐ 710 Fair Labor Standards Act
- ☐ 720 Labor/Management Relations
- ☐ 740 Railway Labor Act
- ☐ 751 Family and Medical Leave Act
- ☐ 790 Other Labor Litigation
- ☐ 791 Employee Retirement Income Security Act

IMMIGRATION
- ☐ 462 Naturalization Application
- ☐ 465 Other Immigration Actions

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

INTELLECTUAL PROPERTY RIGHTS
- ☐ 820 Copyrights
- ☐ 830 Patent
- ☐ 835 Patent - Abbreviated New Drug Application
- ☐ 840 Trademark
- ☐ 880 Defend Trade Secrets Act of 2016

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

FEDERAL TAX SUITS
- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
- ☐ 871 IRS—Third Party 26 USC 7609

OTHER STATUTES
- ☐ 375 False Claims Act
- ☐ 376 Qui Tam (31 USC 3729(a))
- ☐ 400 State Reapportionment
- ☐ 410 Antitrust
- ☐ 430 Banks and Banking
- ☐ 450 Commerce
- ☐ 460 Deportation
- ☐ 470 Racketeer Influenced and Corrupt Organizations
- ☐ 480 Consumer Credit (15 USC 1681 or 1692)
- ☐ 485 Telephone Consumer Protection Act
- ☐ 490 Cable/Sat TV
- ☐ 850 Securities/Commodities/ Exchange
- ☐ 890 Other Statutory Actions
- ☐ 891 Agricultural Acts
- ☐ 893 Environmental Matters
- ☐ 895 Freedom of Information Act
- ☐ 896 Arbitration
- ☒ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
- ☐ 950 Constitutionality of State Statutes

V. ORIGIN *(Place an "X" in One Box Only)*

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District *(specify)* ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:
5 U.S.C. 706

Brief description of cause:
Administrative Procedure Act

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND $

CHECK YES only if demanded in complaint:
JURY DEMAND: ☐ Yes ☒ No

VIII. RELATED CASE(S) IF ANY *(See instructions)*:

JUDGE Melissa DuBose DOCKET NUMBER 25-cv-00342

DATE
10/29/2026

SIGNATURE OF ATTORNEY OF RECORD
/s/ Amy R. Romero

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM 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 service of pleading 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. The attorney filing a case should complete the form as follows:

I.(a) **Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

(b) **County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

(c) **Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

II. **Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below**; NOTE: federal question actions take precedence over diversity cases.**)

III. **Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

IV. **Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: Nature of Suit Code Descriptions.

V. **Origin.** Place an "X" in one of the seven boxes.
Original Proceedings. (1) Cases which originate in the United States district courts.
Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.
Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.

VI. **Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service.

VII. **Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

VIII. **Related Cases.** This section of the JS 44 is used to reference related cases, if any. If there are related cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.

Civil Cover Sheet - Attachment A

I. (a) PLAINTIFFS

Rhode Island Coalition for Children and Families;

Community Care Alliance;

Rhode Island Coalition Against Domestic Violence;

California Partnership to End Domestic Violence;

Colorado Coalition Against Sexual Assault;

District of Columbia Coalition Against Domestic Violence;

End Domestic Abuse Wisconsin: The Wisconsin Coalition Against Domestic Violence;

Georgia Coalition Against Domestic Violence;

Hawaii State Coalition Against Domestic Violence;

Idaho Coalition Against Sexual and Domestic Violence;

Violence Free Iowa;

Jane Doe Inc., the Massachusetts Coalition Against Sexual Assault and Domestic Violence;

Kansas Coalition Against Sexual & Domestic Violence;

Maine Coalition to End Domestic Violence;

Maryland Network Against Domestic Violence;

Montana Coalition Against Domestic and Sexual Violence;

New Jersey Coalition to End Domestic Violence;

North Carolina Coalition Against Domestic Violence;

Oregon Coalition Against Domestic and Sexual Violence;

Pennsylvania Coalition Against Domestic Violence;

ValorUS;

Vermont Network Against Domestic and Sexual Violence;

Violence Free Minnesota;

Virginia Sexual and Domestic Violence Action Alliance;

Washington State Coalition Against Domestic Violence and Sexual Assault;

Wisconsin Coalition Against Sexual Assault; and

Hennepin Healthcare System, Inc.

(b) Attorneys *(Firm Name, Address, and Telephone Number)*

Amy R. Romero, Juan Bedoya

Lawyers' Committee for Rhode Island, 56 Pine Street, Suite 200 Providence, RI 02903

Tel.: (401) 238-3953

Aleshadye Getachew, Anna Deffebach, Joel McElvain, Robin Thurston

Democracy Forward Foundation, P.O. Box 34553, Washington, DC 20043

Tel.: (202) 448-9090

Lynette J. Labinger

Lynnette Labinger, Attorney at Law, 128 Dorrance Street, Box 710 Providence, RI 02903

Tel.: (401) 465-9565

I. (a) DEFENDANTS

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES,

ROBERT F. KENNEDY JR., in his official capacity as Secretary of the United States Department of Health and Human Services;

ADMINISTRATION FOR CHILDREN AND FAMILIES;

ALEX J. ADAMS, in his official capacity as Assistant Secretary of the Administration for Children and Families;

ADMINISTRATION FOR COMMUNITY LIVING

MARY LAZARE, in her official capacity as Principal Deputy Administrator of the Administration for Community Living.

CENTERS FOR DISEASE CONTROL AND PREVENTION;

ERICA SCHWARTZ, in her official capacity as Director of the Centers for Disease Control and Prevention;

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEHMET OZ, in his official capacity as Administrator for the Centers for Medicare & Medicaid Services.

HEALTH RESOURCES AND SERVICES ADMINISTRATION;

THOMAS J. ENGELS, in his official capacity as Administrator of the Health Resources and Services Administration;

OFFICE OF THE ASSISTANT SECRETARY OF HEALTH;

BRIAN CHRISTINE, in his official capacity as Assistant Secretary for Health at the U.S. Department of Health and Human Services;

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CHRISTOPHER D. CARROLL, in his official capacity as Principal Deputy Assistant Secretary of the Substance Abuse and Mental Health Services Administration; and

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* ADMINISTRATION FOR CHILDREN AND FAMILIES
330 C St 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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhose Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* ADMINISTRATION FOR COMMUNITY LIVING
330 C St 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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* ALEX J. ADAMS
Assistant Secretary of the Administration for Children and Families
330 C St 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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* BRIAN CHRISTINE
Assistant Secretary for Health at the U.S. Department of Health and Human Services
200 Independence Ave 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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* CENTERS FOR DISEASE CONTROL AND PREVENTION
1600 Clifton Road
Atlanta, GA 30329

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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* CHRISTOPHER D. CARROLL
Principal Deputy Assistant Secretary of the Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* ERICA SCHWARTZ
Director of the Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* HEALTH RESOURCES AND SERVICES ADMINISTRATION
5600 Fishers Lane
Rockville, MD 20857

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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhose Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* MARY LAZARE
Principal Deputy Administrator of the Administration for Community Living
330 C St 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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhose Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* MEHMET OZ
Administrator for the Centers for Medicare & Medicaid Services.
7500 Security Blvd
Baltimore, MD 21244

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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* OFFICE OF THE ASSISTANT SECRETARY OF HEALTH
200 Independence Ave SW
Room 716G
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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhose Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* c/o Civil Process Clerk, United States Attorney's Office for the District of Rhode Island
One Financial Plaza, 17th Floor
Providence, RI 02903

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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* ROBERT F. KENNEDY JR.,
Secretary of the United States Department of Health and Human Services
200 Independence Ave 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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
5600 Fishers Lane
Rockville, MD 20857

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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* THOMAS J. ENGELS
Administrator of the Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhose Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Todd Blanche
U.S. Attorney General
950 Pennsylvania Avenue, NW
Washington, D.C. 20530-0001

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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Rhode Island Coalition for Children and Families et al

Plaintiff(s)

v.

Robert F. Kennedy Jr. et al

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 Independence Ave 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:

Amy R. Romero
Chief Legal Counsel
Lawyers' Committee for Rhode Island
56 Pine Street, Suite 200
Providence, RI 02903

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.

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:

Print Save As... Reset