



Office of  
Population Affairs

# Title X Program Handbook

July 2022

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**HHS Office of Population Affairs**

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## Table of Acronyms

<b>Acronyms/Abbreviation</b>	<b>Definition</b>
ACOG	American College of Obstetricians and Gynecologists
ACIP	Advisory Committee on Immunization Practices
ACS	American Cancer Society
AO	Authorized Organizational Representative or Authorized Official
ASCCP	American Society for Colposcopy and Cervical Pathology
ASRM	American Society for Reproductive Medicine
CDC	Centers for Disease Control and Prevention
CFDA	Catalog of Federal Domestic Assistance
CFR	Code of Federal Regulations
CSP	Clinical Services Provider
EAA	Embryo Adoption Awareness and Services
EIN	Employer Identification Number
FAIN	Federal Award Identification Number
FDA	Food and Drug Administration
FFATA	Federal Funding Accountability and Transparency Act
FFR	Federal Financial Report
FPAR	Family Planning Annual Report
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FY	Fiscal Year
GAM	Grants and Acquisition Management
GMO	Grants Management Officer
GMS	Grants Management Specialist
GPS	Grants Policy Statement
HHS	Department of Health and Human Services
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

HRSA	Health Resources & Services Administration
I&E	Information and Education
IRB	Institutional Review Board
JSI	John Snow Inc.
LARC	Long-Acting Reversible Contraceptive
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex, nonbinary or otherwise gender non-conforming
MEC	Medical Eligibility Criteria for Contraceptive Use
NCC	Non-Competing Continuation
NCTCFP	National Clinical Training Center for Family Planning
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OMB	Office of Management and Budget
ONC	Office of the National Coordinator for Health Information Technology
OPA	Office of Population Affairs
OPDIV	Operating Division
OSHA	Occupational Safety and Health Administration
PD	Program or Project Director
PHS	Public Health Service
PI	Principal Investigator
PMS	Payment Management Services
PO	Project Officer
PPN	Program Policy Notice
PSC	Program Support Center
QA	Quality Assurance
QFP	Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs
QI	Quality Improvement

R&D	Research and Development
RHNTC	Reproductive Health National Training Center
SF	Standard Form
SFDS	Sliding Fee Discount Schedule
SPR	Selected Practice Recommendations for Contraceptive Use
STI	Sexually Transmitted Infection
TPP	Teen Pregnancy Prevention
UDS	Uniform Data System
U.S.C	United States Code
USPSTF	United States Preventive Services Taskforce

# Chapter 1: Introduction

## Background

The Title X Family Planning Program (Title X) was established in 1970 when Congress enacted Title X of the Public Health Service (PHS) Act and is the only domestic federal program dedicated solely to family planning and related preventive health services. It is administered by the Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health (OASH) in the United States Department of Health and Human Services (HHS) and implemented through competitively awarded grants to a diverse network of public and private nonprofit health and community-based clinics.

The Title X family planning program is a critical part of America's public health safety net, serving as a point-of-entry into care for millions and the gold standard for providing high-quality, affordable, and confidential voluntary family planning and related preventive health services, with priority given to low-income clients. Family planning services delivered by Title X recipients include a broad range of medically approved services, which includes all Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods for clients who want to prevent pregnancy and space births; pregnancy testing and counseling; assistance to achieve pregnancy; basic infertility services; sexually transmitted infection (STI) services; and other preconception health services.

## Purpose

The Title X Program Handbook provides information critical to managing a Title X project in one place and serves as a one-stop reference document for new and existing Title X recipients. It provides key information and resources that will help recipients and subrecipients be successful as they implement their Title X projects. This document does not provide guidance on expectations in areas beyond Title X or outside OPA's oversight authority, and does not supersede statute, regulations, legislative mandates, the Notice of Award, or HHS policy.

## Applicability

The information included in this Title X Program Handbook applies to all entities that receive federal award funds under section 1001 of the PHS Act (42 U.S.C. § 300), including Title X recipients, subrecipients and service sites operating under the Title X recipient project, to assist in the establishment and operation of voluntary family planning projects. The Title X Program Handbook includes information and references current as of the date of publication and may be updated as needed in the future.

## Chapter 2: Sources for the Title X Program Expectations

This chapter describes the sources for the expectations that apply to Title X family planning services projects. For purposes of this Handbook, the term “expectation” is used broadly to include both sources that are legal authorities (e.g., statutes and regulations) and sources that are program guidance.

All recipients must comply with the expectations regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 *et seq.*), the implementing regulations (42 CFR Part 59, Subpart A), and any applicable legislative mandates, and are expected to comply with additional program guidance. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR Part 50, Subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”).

In addition to the statute, regulations, legislative mandates, and additional program guidance that apply to Title X, OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities are derived from [Healthy People Objectives](#) and from HHS priorities and are published in Title X Notices of Funding Opportunity (NOFOs). The Notice of Award (NOA), signed by the Grants Management Officer (GMO), is the official document for a Title X grant award and contains the terms and conditions recipients accept by drawing funds. Included in the NOA terms and conditions is the expectation that recipients develop and implement plans to address OPA program priorities.

### Title X Statute

Expectations regarding the provision of family planning services under Title X are in the statute, [Title X of the Public Health Service Act, 42 U.S.C. 300 \*et seq.\*](#), which authorizes the Secretary of HHS to award grants for projects to provide family planning services to any person desiring such services, with priority given to individuals from low-income families. A copy of the entire Title X statute can be found in the Appendices. Included below is a summary of the sections of the statute that apply to Title X service delivery grants funded under the authority of Section 1001.

Section 1001 of the PHS Act authorizes grants “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).” In addition, section 1001 of the statute requires that, to the extent practicable, Title X service providers shall encourage family participation in family planning services projects. Finally, section 1001 assures the right of local and regional entities to apply directly to the Secretary for Title X grant funds.

Section 1006 of the PHS Act stipulates that priority will be given to the furnishing of Title X services to persons from low-income families and no charge will be made in a Title X project for services provided to any person from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized or is under legal obligation to pay such charge. This ensures that economic status shall not be a deterrent to participation in Title X programs. In addition, section 1006 requires that informational or educational materials developed or made available under a Title X grant will be suitable for the purposes of Title X and for the population or community to which they are to be made available, taking into account the educational and cultural background of the individuals to whom such materials are addressed and the standards of such population or community with respect to such materials. It also requires that Title X recipients shall provide for the review and approval of the suitability of such materials, prior to their distribution, by an advisory committee established by the



recipient; such a committee shall include individuals broadly representative of the population or community to which the materials are to be made available.

Section 1007 of the PHS Act stipulates that Title X services and/or information “shall be voluntary and shall not be a prerequisite to eligibility for or receipt of any other service or assistance from, or to participation in, any other program of the entity or individual that provided such service or information.”

Section 1008 of the PHS Act stipulates that “[n]one of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”

The sections listed above are relevant to Title X recipients funded under section 1001. Other sections that are included in the Title X Statute relate to formula grants to State health authorities (section 1002), training for family planning services personnel (section 1003), family planning research (section 1004), and information grants (section 1005).

## Regulations

Expectations regarding the provision of family planning services under Title X are set out in the implementing regulations which govern project grants for family planning services (42 CFR Part 59, Subpart A). In addition, sterilization of clients as part of the Title X project must be consistent with PHS sterilization regulations (42 CFR Part 50, Subpart B). Grants administration regulations at 45 CFR Part 75 (“Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards”) and other relevant regulations also apply to Title X awards.

### **2021 Title X Final Rule: 42 CFR Part 59, Subpart A - "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services"**

On October 7, 2021, OPA published a [final rule](#) (86 Fed. Reg. 56144) to revise the regulations that govern the Title X family planning program by readopting the 2000 final rule with several revisions to ensure access to equitable, affordable, client-centered, quality family planning services for clients, especially low-income clients. The 2021 Final Rule went into effect on November 8, 2021.

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

### **42 CFR Part 50, Subpart B - “Sterilization of Persons in Federally Assisted Family Planning Projects”**

Title X recipients and subrecipients that provide sterilization services must be in compliance with [42 CFR Part 50, Subpart B](#). This rule includes a description of applicability (§50.201), definitions (§50.202), sterilization of a mentally competent individual aged 21 or older (§50.203), informed consent requirement (§50.204), consent form requirements (§50.205), sterilization of a mentally incompetent individual or of an institutionalized individual (§50.206), sterilization by hysterectomy (§50.207), program or project requirements (§50.208), use of federal financial assistance (§50.209), and review of regulation (§50.210). The required consent form is set out as an appendix to the regulation.

Included in Appendix A (Resources) of this Handbook are links to the sterilization consent forms ([English](#) and [Spanish](#) versions) that Title X projects must use to obtain consent from their sterilization clients.

## Legislative Mandates

Expectations regarding the provision of family planning services also come from legislative mandates that apply to Title X recipients whose awards are funded by the annual HHS appropriations act. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444, 466 (2022)).

The following legislative mandates have been part of the Title X appropriations language for the last several years:

- “None of the funds appropriated in this Act may be made available to any entity under title X of the PHS Act unless the applicant for the award certifies to the Secretary [of Health and Human Services] that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;”
- “Notwithstanding any other provision of law, no provider of services under title X of the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”
- “That amounts provided to said projects under such title shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that such amounts shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office.”

## Additional Program Guidance

Title X recipients and subrecipients are expected to follow and provide clinical services consistent with additional program guidance issued by OPA. Additional program guidance includes, but is not limited to, occasional Program Policy Notices (PPNs) and other program-related notices issued by OPA to provide clarity and guidance on policy issues relevant to Title X recipients.

### Program Policy Notices (PPN)

[Program Policy Notice 2016-11: Integrating with Primary Care Providers](#). The purpose of this PPN is to clarify how Title X recipients may remain in compliance with program expectations for Title X Funded Family Planning Projects when integrating services with Health Resources & Services Administration (HRSA) Health Center Program recipients and look-alikes (i.e., health centers that receive funding under section 330 of the Public Health Service Act, which authorizes the Health Center Program, as well as those that have been determined to meet section 330 requirements but do not receive grant funding under that program). This PPN applies only to integrated settings, and not to settings in which only Health Center Program services are provided. OPA addresses three issues commonly faced by integrated Title X and HRSA-funded health center providers:

- How to bill clients receiving Title X family planning services in compliance with Title X and Health Center Program Sliding Fee Discount Schedules and billing guidelines
- How to report data to the Family Planning Annual Report (FPAR) and to the Uniform Data System (UDS) appropriately
- How to preserve Title X client confidentiality when billing for services provided

### Other Program-Related Notices

The notice issued on July 3, 2000, [Provision of Abortion-Related Services in Family Planning Services Projects](#) (65 Fed. Reg. 41281), provides guidance to recipients to facilitate their compliance with the section 1008 prohibition against using Title X appropriated funds “in programs where abortion is a method of family planning.” These section 1008 interpretations were initially issued in conjunction with the Title X 2000 final rule (65 Fed. Reg. 41270, July 3, 2000), and they were also reinstated in the Title X 2021 final rule, which readopted much of the 2000 regulations.

## Nationally Recognized Standards of Care

Both the Title X regulations and the OPA Program Priorities included in the PA-FPH-22-001 NOFO and FY 2022 NOA require Title X recipients to provide quality family planning services that are consistent with nationally recognized standards of care. Nationally recognized standards of care include *Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (QFP)* as well as other nationally recognized standards of care from other governmental institutions and national medical associations.

### Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (QFP)

In 2014, with updates in 2015 and 2017, OPA collaborated with the CDC to create the first federal evidence-informed guidelines for the delivery of family planning and related preventative health services. [QFP](#) answers the questions, "What services should be offered to a client who is in need of family planning, and how should those services be provided?". The QFP recommendations support all providers in delivering quality family planning services and defines family planning services within a broader context of preventive services, to improve health outcomes for women, men and their (future) children.

The table below includes other pertinent nationally recognized standards of care for family planning services that Title X projects may implement, but is not intended to be an exhaustive list.

Standards of Care	Source	Link
US Medical Eligibility Criteria (MEC)	CDC 2016	<a href="https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html">https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html</a>
US Selected Practice Recommendations (SPR)	CDC 2016	<a href="https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html">https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html</a>
STI Treatment Guidelines, 2021	CDC 2021	<a href="https://www.cdc.gov/std/treatment-guidelines/default.htm">https://www.cdc.gov/std/treatment-guidelines/default.htm</a>
Taking a Sexual History	CDC 2022	<a href="https://www.cdc.gov/std/treatment/SexualHistory.htm">https://www.cdc.gov/std/treatment/SexualHistory.htm</a>
Cervical and Breast Cancer Screening	United States Preventive Services Taskforce (USPSTF)	<ul style="list-style-type: none"> <li>• <a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening</a></li> <li>• <a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening</a></li> </ul>
Vaccination Recommendations	Advisory Committee on Immunization Practices (ACIP)	<a href="https://www.cdc.gov/vaccines/acip/index.html">https://www.cdc.gov/vaccines/acip/index.html</a>
Cervical Cancer Screening and Management of Abnormal Results	American Society for Colposcopy and Cervical Pathology (ASCCP)	<ul style="list-style-type: none"> <li>• <a href="https://www.asccp.org/screening-guidelines">https://www.asccp.org/screening-guidelines</a></li> <li>• <a href="https://www.asccp.org/management-guidelines">https://www.asccp.org/management-guidelines</a></li> </ul>
Cervical and Breast Cancer Screening	American Cancer Society (ACS)	<ul style="list-style-type: none"> <li>• <a href="https://www.cancer.org/cancer/cervical-cancer.html">https://www.cancer.org/cancer/cervical-cancer.html</a></li> <li>• <a href="https://www.cancer.org/cancer/breast-cancer.html">https://www.cancer.org/cancer/breast-cancer.html</a></li> </ul>

Standards of Care	Source	Link
Contraception; Cervical and Breast Cancer Screening	American College of Obstetricians and Gynecologists (ACOG)	<ul style="list-style-type: none"> <li>• <a href="https://www.acog.org/womens-health/healthy-living/birth-control">https://www.acog.org/womens-health/healthy-living/birth-control</a></li> <li>• <a href="https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines">https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines</a></li> <li>• <a href="https://pubmed.ncbi.nlm.nih.gov/28644335/">https://pubmed.ncbi.nlm.nih.gov/28644335/</a></li> </ul>
Achieving Pregnancy; Basic Infertility Evaluation	American Society for Reproductive Medicine (ASRM)	<ul style="list-style-type: none"> <li>• <a href="https://pubmed.ncbi.nlm.nih.gov/28228319/">https://pubmed.ncbi.nlm.nih.gov/28228319/</a></li> <li>• <a href="https://pubmed.ncbi.nlm.nih.gov/25936238/">https://pubmed.ncbi.nlm.nih.gov/25936238/</a></li> <li>• <a href="https://pubmed.ncbi.nlm.nih.gov/25597249/">https://pubmed.ncbi.nlm.nih.gov/25597249/</a></li> </ul>

**OPA Program Priorities**

OPA program priorities represent Title X’s overarching goals and are set out in the NOFO to which applicants apply for Title X grants. The program priorities set out below were included in the PA-FPH-22-001 NOFO, which was used to fund Title X service delivery grants starting on April 1, 2022, for an up to five-year project period. Future NOFOs may include the same or different program priorities.

Title X is and should be the gold standard of high-quality family planning and sexual and reproductive healthcare. Therefore, per regulation, Title X projects must ensure that services are provided in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed; protects the dignity of the individual; and ensures equitable and quality service delivery consistent with nationally recognized standards of care.

**Advance Health Equity**

Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Advancing equity for all, including people from low-income families, people of color, and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality, is a priority for HHS, OPA, and Title X. By focusing on advancing equity in Title X, we can create opportunities to support communities that have been historically underserved, which benefits everyone. Recipients are expected to ensure that the predominantly low-income clients who rely on Title X services as their usual source of medical care have access to the same quality healthcare, including full medical information and referrals, that higher-income clients and clients with private insurance are able to access. Key strategies for advancing equity include, but are not limited to, removing barriers to accessing services, improving the quality of services, and providing services that are client-centered.

**Expand Access**

Improving and expanding accessibility of services for all clients, especially low-income clients, means providing client-centered services that are available when and where clients need them and can most effectively access them. Recipients are expected to implement their projects in ways that make services as accessible as possible for clients and are responsive to the diverse needs of the clients and communities served. This includes, but is not limited to, the location of services, hours of services, modality of service provision (e.g., in-person, telehealth, drive-thru, mobile clinics), availability of ancillary services such as translation services and referral linkages, robust education and community outreach, ensuring access to a broad range of acceptable and effective family planning methods and services at service sites, and implementing billing and payment practices that expand access to services.

## **Deliver High-Quality Care**

Title X recipients are expected to provide quality family planning services that are consistent with nationally recognized standards of care. Quality healthcare is safe, effective, client-centered, timely, efficient, and equitable. Furthermore, client-centered care is respectful of, and responsive to, individual client preferences, needs, and values and where client values guide all clinical decisions. Recipients and their subrecipients are expected to have the capacity to support implementation of nationally recognized standards of care and provide initial and ongoing training and professional development for their staff on these standards.

## **Notice of Award (NOA)**

The NOA notifies successful applicants of their selection, award amount, as well as project and budget periods. The NOA also includes any conditions on the award (i.e., those that must be met as a condition of receiving the grant funds), as well as standard terms, reporting requirements and contact information for OASH's Grants and Acquisition Management (GAM) Division and OPA Program Division.

The NOA is the legal document issued to the receiving organization that indicates an award has been made and that funds may be requested from the designated HHS payment system or office. It sets forth pertinent information about the grant, including, but not limited to, the following:

- Grant identification number ("grant number" or "FAIN")
- Statutory authority for the award and any applicable program regulations
- Name of recipient organization
- Name of the principal investigator (PI) or program/project direct (PD)
- Approved project period and budget period start and end dates
- Amount of federal funds authorized for obligation by the recipient
- Amount of matching or cost sharing (if applicable)
- Names of the cognizant awarding office, project officer (PO), grants management officer (GMO), and grants management specialist (GMS)
- Applicable terms and conditions of award, such as, financial and programmatic reporting requirements and frequency
- The HHS-assigned Payment System Identifier (based on the Internal Revenue Service (IRS) Employer Identification Number (EIN)), which must be used to request payment.

A recipient indicates acceptance of an award and its associated terms and conditions by drawing or requesting funds from the designated HHS payment system or office. Recipients are expected to draw funds within the first 30 days. Once the award is accepted by the recipient, the contents of the NOA are binding on the recipient unless and until modified by a revised NOA signed by the GMO.

GAM is the official contact for recipients throughout the federal award life cycle. All official communication related to the federal award is between GAM and the recipients. Recipients are expected to review their NOA upon receipt; discuss it with their designated PO; and notify the GMS and PO of any errors noted on their NOA. Recipients should regularly refer to their NOA to ensure they remain in compliance with all the grant terms and conditions.

## **45 CFR Part 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards**

[45 CFR Part 75](#) establishes uniform administrative requirements, cost principles, and audit requirements for federal awards to non-federal entities and prescribes the manner in which federal agencies that administer federal financial assistance programs are to carry out their statutory responsibilities under the Federal Program Information Act (31 U.S.C. § 6101 *et seq.*).

45 CFR Part 75, Subparts B through D (administrative requirements) set forth the uniform administrative requirements for grant and cooperative agreements, including the requirements for HHS awarding agency management of federal grant programs before the federal award has been made, and the requirements HHS awarding agencies may impose on non-federal entities in the federal award.

45 CFR Part 75, Subpart E (cost principles) establishes principles for determining the allowable costs incurred by non-federal entities under federal awards. The principles are for the purpose of cost determination and are not intended to identify the circumstances or dictate the extent of federal government participation in the financing of a particular program or project. The principles are designed to provide that federal awards bear their fair share of cost recognized under these principles except where restricted or prohibited by statute.

45 CFR Part 75, Subpart F (single audit requirements and audit follow-up) is issued pursuant to the Single Audit Act Amendments of 1996 (31 U.S.C. 7501 *et seq.*). It sets forth standards for obtaining consistency and uniformity among federal agencies for the audit of non-federal entities expending federal awards. These provisions also provide the policies and procedures for HHS awarding agencies and pass-through entities when using the results of these audits.

## HHS Grants Policy Statement

The [HHS Grants Policy Statement](#) (GPS) is intended to make available in a single document the policies applicable to HHS discretionary grants, such as Title X Program grants, and cooperative agreement awards. These policies are common across all HHS Operating Divisions (OPDIVs) and HHS Staff Divisions (StaffDIVs), including OASH, and are incorporated by reference in the NOA terms. The GPS describes the roles and responsibilities of key HHS and recipient personnel who work with Title X federal awardees.

## HHS Personnel

- **Grants Management Officer (GMO)**  
The GMO is the OASH official whose name appears on the NOA and is the official responsible for the business management and other non-programmatic aspects of an award. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with the Title X statute and final rule and 45 CFR Part 75; negotiating awards; providing consultation and technical assistance to applicants and recipients, including interpretation of grants administration policies and provisions; and administering and closing out grants. The GMO is the focal point for receiving and acting on requests for prior approval or for changes in the terms and conditions of award. The GMO is the only official authorized to obligate OASH to the expenditure of federal funds or to change the funding, duration, or other terms and conditions of an award. The GMO works closely with their counterparts at the recipient organization and with the designated HHS PO.
- **Grants Management Specialist (GMS)**  
The GMS is an OASH employee with assigned responsibility for the day-to-day management of a portfolio of grants. The GMS performs many of the activities described above on behalf of the GMO and usually is the primary point of contact for the recipient when dealing with grant-related issues.
- **Project Officer (PO)**  
The PO is the OASH/OPA official responsible for the programmatic, scientific, and/or technical aspects of assigned applications and grants. The PO's responsibilities include, but are not limited to, development of programs to meet the OASH mission; preparation of NOFOs; provision of programmatic technical assistance; post-award monitoring of project/program performance, including review of progress reports and conducting program reviews (sometimes referred to as

site visits); and other activities complementary to those of the GMO. The PO and GMO work as a team in many of these activities.

## Recipient Personnel

- **Authorized Organizational Representative or Authorized Official (AO)**  
The authorized organizational representative is the designated representative of the applicant/recipient organization with authority to act on the organization's behalf in matters related to the award and administration of grants. In signing a grant application, this individual agrees that the organization will assume the obligations imposed by applicable federal statutes and regulations and other terms and conditions of the award, including any assurances, if a grant is awarded. These responsibilities include accountability both for the appropriate use of funds awarded and the performance of the grant-supported project or activities as specified in the approved application. Although HHS requires that the recipient organization designate such an individual, HHS does not specify the organizational location or full set of responsibilities for this individual.
- **Principal Investigator (PI)/Program or Project Director (PD)**  
The PI/PD is the individual, designated by the recipient, responsible for the scientific, technical, or programmatic aspects of the grant and for day-to-day management of the project or program. The PI/PD generally is an employee of the recipient. However, because the grant, if awarded, is made to the recipient organization, if the PI/PD is not an employee of that organization, the organization must have a formal written agreement with the PI/PD that specifies an official relationship between the parties even if the relationship does not involve a salary or other form of remuneration. If the PI/PD is not an employee of the applicant organization, OASH/OPA will assess whether the arrangement will result in the organization being able to fulfill its responsibilities under the grant, if awarded. The PI/PD is a member of the recipient team responsible for ensuring compliance with the financial and administrative aspects of the award. This individual works closely with designated officials within the recipient organization to create and maintain necessary documentation, including both technical and administrative reports; prepare justifications; appropriately acknowledge federal support in publications, announcements, news programs, and other media; and ensure compliance with other federal and organizational requirements. The PI/PD is encouraged to maintain contact with the PO with respect to the scientific, technical, or programmatic aspects of the project or program and, as applicable, the GMO concerning the business and administrative aspects of the award.

## Chapter 3: Title X Program Expectations

Included in this chapter is a summary of program expectations for the Title X Family Planning Services grant program. The Title X program expectations come from the sources described in Chapter 2 and include the Title X statute, implementing regulations, applicable legislative mandates, additional program guidance, the NOFO, and the Notice of Award. This document serves as an update to the *Program Requirements for Title X Funded Family Planning Projects* (also referred to as *Title X Program Requirements*) that was originally published in April 2014 and is now being updated to align with the 2021 Title X Final Rule “Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services.”

The expectations included in this chapter are applicable to Title X family planning services recipients and are set out in Title X-specific authorities and documents. All Title X projects are expected to maintain and regularly update written policies, protocols, and procedures demonstrating the projects are compliant with all Title X program expectations. In addition, all Title X recipient, subrecipient, and service site staff are expected to be trained on all Title X expectations, in addition to applicable Title X project policies, protocols, and procedures. Documentation of this training is expected to be maintained and regularly updated.

### Project Administration

#### Title X recipients:

1. Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. (42 CFR § 59.5(a)(2))
2. Ensure that acceptance of services is solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient. (Sections 1001 and 1007, PHS Act; 42 CFR § 59.5(a)(2))
3. Ensure that staff are informed that any officer or employee of the United States, officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving federal financial assistance, or person who receives, under any program receiving federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both. (42 U.S.C. § 300a-8, as set out in 42 CFR § 59.5(a)(2) footnote 1)
4. Provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status. (42 CFR § 59.5(a)(4))
5. Provide that priority in the provision of services will be given to clients from low-income families. Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning



services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (Section 1006(c)(1), PHS Act; 42 CFR § 59.5(a)(6) and 42 CFR § 59.2)

6. Provide services without the imposition of any durational residence requirement or a requirement that the client be referred by a physician. (42 CFR § 59.5(b)(5))
7. Provide that family planning medical services will be performed under the direction of a clinical services provider (CSP). The CSP's direction must be within their scope of practice and allowable under State law, and with special training or experience in family planning. CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. (42 CFR § 59.5(b)(6) and 42 CFR § 59.2)
8. Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. (42 CFR § 59.5(b)(10))
9. Ensure that all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipients must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. (42 CFR § 59.10(a))
10. Develop plans and strategies for implementing family planning services in ways that make services as accessible as possible for clients. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)
11. Identify and execute strategies for delivering services that are responsive to the diverse needs of the clients and communities served. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)
12. Provide notice to OPA in the Title X Clinic Locator Database (<https://opa-fpclinicdb.hhs.gov/>) of any deletions, additions, or changes to the name, location, street address and email, services provided on-site, and contact information for Title X recipients and service sites. Changes must be entered into the database within 30 days from the official OPA/GAM prior approval for changes in project scope, including clinic closures. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)
13. Enroll in the 340B Program and comply with all 340B Program requirements, including annual recertification and avoiding diversion or duplicate discounts. 340B Program requirements are

available at <https://www.hrsa.gov/opa/program-requirements/index.html>. (FY 22 Notice of Award Special Terms and Requirements)

14. In furtherance of maximizing access and best serving individuals in need in the service areas, recipients should make reasonable efforts to avoid duplication of effort in the provision of services across the Title X network. For example, Title X recipients' coverage areas may overlap geographically, but duplication of subrecipient sites could be minimized or avoided to create more opportunities for services. (FY 22 Notice of Award Special, Terms and Requirements)

## Provision of High-Quality Family Planning Services

### Title X recipients:

1. Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, preconception health services, and adolescent-friendly health services). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of acceptable and effective medically approved family planning methods and services. (Section 1001, PHS Act; 42 CFR § 59.5(a)(1))

Family planning services include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services. (42 CFR § 59.2)

FDA-approved contraceptive products include Long-Acting Reversible Contraceptives (LARC), contraceptive injection, short-acting hormonal methods, barrier methods, emergency contraception, and permanent sterilization (<https://www.fda.gov/consumers/free-publications-women/birth-control>).

Basic infertility services include services for both partners of an infertile couple. Basic infertility services include understanding the client's reproductive life plan and the client's and partner's difficulty in achieving pregnancy through a medical history, sexual health assessment and physical exam, in accordance with recommendations developed by professional medical associations. Basic infertility services also include infertility counseling. (QFP, pp.15-16, [https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014\\_1.pdf](https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf))

STI services include services provided in accordance with CDC's STD treatment and HIV testing guidelines. STI services include assessing, screening, treating, and counseling. STI services should be provided for persons with or without signs or symptoms suggestive of an STD. (QFP, pp.17-18, [https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014\\_1.pdf](https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf))

Preconception health services include counseling on folic acid; reproductive life planning; sexual health assessment; medical history intake; screening for intimate partner violence; alcohol and other drug use, and tobacco use; immunizations; depression; height, weight, and body mass index; blood pressure. (QFP, pp.16-17, [https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014\\_1.pdf](https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf))

Title X service sites are expected to provide most, if not all, of acceptable and effective medically approved family planning methods and services on site and to detail the referral process for family planning methods and services that are unavailable on-site.

2. Ensure that Title X service sites that are unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services, must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested. (42 CFR § 59.5(a)(1))
3. Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed. (42 CFR § 59.5(a)(3))
  - **Client-centered care** is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions. (42 CFR § 59.2)
  - **Culturally and linguistically appropriate services** are respectful of and responsive to the health beliefs, practices and needs of diverse patients. (42 CFR § 59.2)
  - **Inclusive** is when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (42 CFR § 59.2)
  - **Trauma-informed** means a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (42 CFR § 59.2)
4. Provide services in a manner that protects the dignity of the individual. (42 CFR § 59.5(a)(3))
5. Provide services in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care. (42 CFR § 59.5(a)(3))
6. Provide quality family planning services that are consistent with the *Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP)* and other relevant nationally recognized standards of care. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)
7. Advance health equity through the delivery of Title X services. Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements, and 42 CFR § 59.2)
8. Improve and expand accessibility of services for all clients, especially low-income clients by providing client-centered services that are available when and where clients need them and can

most effectively access them. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)

9. Offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. (42 CFR § 59.5(a)(5), Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022))
10. Provide that family planning medical services will be performed under the direction of a clinical services provider (CSP), with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. (42 CFR § 59.5(b)(6) and 42 CFR § 59.2)
11. Ensure that non-clinical counseling services (such as contraceptive counseling, nondirective options counseling, reproductive life planning, etc.) is provided by any adequately trained staff member<sup>1</sup> who is involved in providing family planning services to Title X clients. An adequately trained staff member may include CSPs and non-CSPs (e.g., health educators). (2021 Final Rule FAQs)

## Adolescent Services

### Title X recipients:

1. Apply all expectations listed in the section above, "Provision of High-Quality Family Planning Services," when providing services to adolescent clients.
2. Provide adolescent-friendly health services, which are services that are accessible, acceptable, equitable, appropriate, and effective for adolescents. (42 CFR § 59.2)
3. To the extent practical, Title X projects shall encourage family participation. However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services. (Section 1001, PHS Act; 42 CFR § 59.10(b))
4. Ensure that all applicants for Title X funds certify that they encourage family participation in the decision of minors to seek family planning services. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 466 (2022))

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<sup>1</sup>An "adequately trained staff member" has attended and participated in required orientation, courses, curriculums, and/or teaching/mentoring experiences, maintains appropriate competencies, and is knowledgeable and proficient in providing non-clinical counseling services.

5. Ensure that all applicants for Title X funds certify that they provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 466 (2022))
6. No Title X services provider shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444, 466–67 (2022))

## Referral for Social and Medical Services

### Title X recipients:

1. Provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated and provide for the effective usage of contraceptive devices and practices. (42 CFR § 59.5(b)(1))
2. Provide for social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services which may be necessary to facilitate clinic attendance. (42 CFR § 59.5(b)(2))
3. Provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care. (42 CFR § 59.5(b)(8))
4. Ensure service sites and subrecipients have strong links to other community providers to ensure that clients have access to primary care. If a client does not have another source of primary care, priority should be given to providing related reproductive health services or providing referrals, as needed. Screening services such as, medical history; cervical cytology; clinical breast examination; mammography; and pelvic and genital examination should be provided for clients without a primary care provider, where applicable, and consistent with nationally recognized standards of care.<sup>2</sup> In addition, appropriate follow-up, if needed, should be provided while linking the client to a primary care provider. (QFP, p.20, [https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014\\_1.pdf](https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf))

## Financial Accountability

### Title X recipients:

1. Provide that no charge will be made for services provided to any clients from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge. Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” also includes members of families whose annual family income exceeds this amount, but who, as determined by the project

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<sup>2</sup> The decision to perform a pelvic and/or breast examination should be a shared decision between the patient and their provider and should be performed when indicated by medical history or symptoms.

director, are unable, for good reasons, to pay for family planning services. (Section 1006(c)(1), PHS Act; 42 CFR § 59.5(a)(7) and 42 CFR § 59.2)

2. Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (42 CFR § 59.2)
3. Provide that charges will be made for services to clients other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the [most recent Poverty Guidelines](#) issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR § 59.5(a)(8))

The schedule of discounts should be updated annually in accordance with the Federal Poverty Level (FPL).

The HRSA Health Center Program and the OPA Title X Program have unique Sliding Fee Discount Schedule (SFDS) program expectations, which include having differing upper limits. Title X agencies (or providers) that are integrated with or receive funding from the HRSA Health Center Program may have dual fee discount schedules: one schedule that ranges from 101% to 200% of the FPL for all health center services, and one schedule that ranges from 101% to 250% FPL for clients receiving **only** Title X family planning services directly related to preventing or achieving pregnancy, and as defined in their approved Title X project. (OPA PPN 2016-11)

4. Ensure that family income is assessed before determining whether copayments or additional fees are charged. (42 CFR § 59.5(a)(8))
5. Ensure that, with regard to insured clients, clients whose family income is at or below 250 percent of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. (42 CFR § 59.5(a)(8))
6. Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients' self-report. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income. (42 CFR § 59.5(a)(9))
7. Take all reasonable efforts to obtain the third-party payment without application of any discounts, if a third party (including a government agency) is authorized or legally obligated to pay for services. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX, or XXI agency is required. (42 CFR § 59.5(a)(10))
8. Provide that all services purchased for project participants will be authorized by the project director or their designee on the project staff. (42 CFR § 59.5(b)(7))
9. Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the recipient. The

recipient must be prepared to substantiate that these rates are reasonable and necessary. (42 CFR § 59.5(b)(9))

10. Comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements (GPS), (note any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 45 CFR Part 75, and the SF269 is now the SF-425), and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. (FY 22 Notice of Award Special Terms and Requirements)
11. Ensure that no mobile health unit(s) or other vehicle(s), even if proposed in the application for the Title X award, is purchased with award funds without prior written approval from the grants management officer. Requests for approval of such purchases must include a justification with a cost-benefit analysis comparing both purchase and lease options. Such requests must be submitted as a Budget Revision Amendment in Grant Solutions. (FY 22 Notice of Award Special Terms and Requirements)
12. Include financial support from sources other than Title X as no grant may be made for an amount equal to 100 percent of the project's estimated costs. Although projects are expected to identify additional sources of funding and not solely rely on Title X funds, there is no specific amount of level of financial match requirement for this program. (42 CFR § 59.7(c))  
This cost sharing requirement is waived for any grant made to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands. (PA-FPH-22-001 NOFO)
13. Ensure that program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives. Program Income may be used to meet the cost sharing or matching requirement of the federal award. The amount of the federal award stays the same. Program Income in excess of any amounts specified must be added to the federal funds awarded. They must be used for the purposes and conditions of this award for the duration of the Project period. (45 CFR § 75.307(e); FY 22 Notice of Award Special Terms and Requirements)
14. Ensure that Title X funds shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022))

## **Subrecipient Monitoring and Engagement**

### **Title X recipients:**

1. Detail a plan for monitoring the delivery of family planning services under the Title X project, including the monitoring and oversight of subrecipients. (45 CFR § 75.352)

2. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the required information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the recipient (i.e., pass-through entity) must provide the best information available to describe the federal award and subaward. As noted in 45 CFR § 75.352, the required information includes:
  - i. Federal Award Identification:
    - a. Subrecipient name (which must match the name associated with its unique entity identifier);
    - b. Subrecipient's unique entity identifier;
    - c. Federal Award Identification Number (FAIN);
    - d. Federal award date (see § 75.2 federal award date) of award to the recipient by the HHS awarding agency;
    - e. Subaward period of performance start and end date;
    - f. Amount of federal funds obligated by this action by the recipient to the subrecipient;
    - g. Total amount of federal funds obligated to the subrecipient by the recipient including the current obligation;
    - h. Total amount of the federal award committed to the subrecipient by the recipient;
    - i. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);
    - j. Name of HHS awarding agency, recipient, and contract information for awarding official of the recipient;
    - k. CFDA number and name; the recipient must identify the dollar amount made available under each federal award and the CFDA number at time of disbursement;
    - l. Identification of whether the award is R&D; and
    - m. Indirect cost rate for the federal award (including if the de minimis rate is charged per § 75.414).
  - ii. All requirements imposed by the recipient on the subrecipient so that the federal award is used in accordance with federal statutes, regulations and the terms and conditions of the federal award.
  - iii. Any additional requirements that the recipient imposes on the subrecipient in order for the recipient to meet its own responsibility to the HHS awarding agency including identification of any required financial and performance reports.
  - iv. An approved federally recognized indirect cost rate negotiated between the subrecipient and the federal government or, if no such rate exists, either a rate negotiated between the recipient and the subrecipient (in compliance with 45 CFR Part 75), or a de minimis indirect cost rate as defined in § 75.414(f).
  - v. A requirement that the subrecipient permit the recipient and auditors to have access to the subrecipient's records and financial statements as necessary for the recipient to meet the requirements of 45 CFR Part 75.
  - vi. Appropriate terms and conditions concerning closeout of the subaward.
3. Evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring in accordance with 45 CFR § 75.352(d) and (e). (45 CFR § 75.352(b)).
4. Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in 45 CFR § 75.207. (45 CFR § 75.352(c)).
5. In accordance with 45 CFR § 75.352(d), monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes,



regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipient monitoring of the subrecipient must include:

- i. Reviewing financial and performance reports required by the recipient.
  - ii. Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the federal award provided to the subrecipient from the recipient detected through audits, on-site reviews, and other means.
  - iii. Issuing a management decision for audit findings pertaining to the federal award provided to the subrecipient from the recipient as required by 45 CFR § 75.521.
6. Depending upon the recipient's assessment of risk posed by the subrecipient, employ the following monitoring tools that may be useful for the recipient to ensure proper accountability and compliance with program requirements and achievement of performance goals: providing subrecipients with training and technical assistance on program-related matters; and performing on-site reviews of the subrecipient's program operations; and arranging for agreed-upon-procedures engagements as described in 45 CFR § 75.425. (45 CFR § 75.352(e))
  7. Verify that every subrecipient is audited as required by Subpart F of 45 CFR Part 75 when it is expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 45 CFR § 75.501. (45 CFR § 75.352(f))
  8. Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the recipient's own records. (45 CFR § 75.352(g)).
  9. Consider taking enforcement action against noncompliant subrecipients as described in 45 CFR § 75.371 and in program regulations. (45 CFR § 75.352(h)).
  10. Provide that if an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential subrecipients which have previously provided or propose to provide family planning services to the area proposed to be served by the applicant. (42 CFR § 59.5(a)(11)(i))
  11. Provide an opportunity for maximum participation by existing or potential subrecipients in the ongoing policy decision making of the project. (42 CFR § 59.5(a)(11)(ii))

## **Community Education, Participation, and Engagement**

### **Title X recipients:**

1. Provide for opportunities for community education, participation, and engagement to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered, quality family planning services. (42 CFR § 59.5(b)(3))
2. Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. (42 CFR § 59.5(b)(10))

## Information and Education (I&E)

### Title X recipients:

1. Have an advisory committee (sometimes referred to as information and education committee) that reviews and approves print and electronic informational and educational materials developed or made available under the project, prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of Title X. The project shall not disseminate any materials which are not approved by the advisory committee. (Section 1006(d)(1) and (2), PHS Act; 42 CFR § 59.6(a))
2. Think specifically about the print and electronic materials made available to Title X clients under the Title X project when considering which materials require review and approval by the advisory committee. To help identify which materials require review and approval by the advisory committee, Title X projects should think specifically about the materials that they are making available to Title X clients under the Title X project. For Title X projects that provide non-Title X services (e.g., hospitals, FQHCs), this does not include all possible materials that a Title X client may find on the organization's website or as they walk through the building, but only those specific materials that are made available to the Title X client under the Title X project and those materials developed specifically for the Title X client. If the material is intended to be provided to the client as information and education, it should be reviewed by the advisory committee; this does not include tweets. (2021 Final Rule FAQs)
3. Establish and maintain an advisory committee that:
  - i. consists of no fewer than five members and up to as many members the recipient determines and
  - ii. includes individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality). (Section 1006(d)(2), PHS Act; 42 CFR § 59.6(b))
4. Ensure that the advisory committee, in reviewing materials:
  - i. consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed,
  - ii. consider the standards of the population or community to be served with respect to such materials,
  - iii. review the content of the material to assure that the information is factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma-informed,
  - iv. determine whether the material is suitable for the population or community to which is to be made available, and
  - v. establish and maintain a written record of its determinations. (Section 1006(d)(1), PHS Act; 42 CFR § 59.6(b))

## Staff Training

### Title X recipients:

1. Provide for orientation and in-service training for all project personnel. (42 CFR § 59.5(b)(4))
2. Ensure routine training of staff on federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking.
3. Ensure routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.
4. Are expected to provide routine training as noted above on an annual basis. In addition, OPA recommends Title X recipients provide routine training in accordance with the [RHNTC's Title X Training Requirements Summary Job Aid](#).

## Quality Improvement (QI) and Quality Assurance (QA)

### Title X recipients:

1. Develop and implement a quality improvement and quality assurance plan that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess patient satisfaction. (PA-FPH-22-001 NOFO)
2. Address oversight and service provision at the recipient level, the subrecipient level, and the service site level within their QI/QA plan. (PA-FPH-22-001 NOFO and FY 22 Notice of Award Special Terms and Requirements)
3. Submit a Family Planning Annual Report (FPAR). The information collection (reporting requirements) and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0479 (Expires 9/30/2024). The FPAR data elements, instrument, and instructions are found on the OPA Web site at <http://opa.hhs.gov>. Recipients are expected to use the FPAR data to inform their QI/QA activities. (PA-FPH-22-001 NOFO and FY 22 Notice of Award Special Terms and Requirements)

## Prohibition of Abortion

### Title X recipients must:

1. Not provide abortion as a method of family planning as part of the Title X project. (Section 1008, PHS Act; Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022); 42 CFR § 59.5(a)(5))
2. Prohibit providing services that directly facilitate the use of abortion as a method of family planning, such as providing transportation for an abortion, explaining and obtaining signed abortion consent forms from clients interested in abortions, negotiating a reduction in fees for an abortion, and scheduling or arranging for the performance of an abortion, promoting or advocating abortion within Title X program activities, or failing to preserve sufficient separation

between Title X program activities and abortion-related activities. (65 Fed. Reg. 41281 (July 3, 2000))

3. Prohibit promoting or encouraging the use of abortion as a method of family planning through advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning. Films that present only neutral, factual information about abortion are permissible. A Title X project may be a dues paying participant in a national abortion advocacy organization, so long as there are other legitimate program-related reasons for the affiliation (such as access to certain information or data useful to the Title X project). A Title X project may also discuss abortion as an available alternative when a family planning method fails in a discussion of relative risks of various methods of contraception. (65 Fed. Reg. 41281, 41282 (July 3, 2000))
4. Ensure that non-Title X abortion activities are separate and distinct from Title X project activities. Where recipients conduct abortion activities that are not part of the Title X project and would not be permissible if they were, the recipient must ensure that the Title X-supported project is separate and distinguishable from those other activities. What must be looked at is whether the abortion element in a program of family planning services is so large and so intimately related to all aspects of the program as to make it difficult or impossible to separate the eligible and non-eligible items of cost. The Title X project is the set of activities the recipient agreed to perform in the relevant grant documents as a condition of receiving Title X funds. A grant applicant may include both project and non-project activities in its grant application, and, so long as these are properly distinguished from each other and prohibited activities are not reflected in the amount of the total approved budget, no problem is created. Separation of Title X from abortion activities does not require separate recipients or even a separate health facility, but separate bookkeeping entries alone will not satisfy the spirit of the law. Mere technical allocation of funds, attributing federal dollars to non-abortion activities, is not a legally supportable avoidance of section 1008. Certain kinds of shared facilities are permissible, so long as it is possible to distinguish between the Title X supported activities and non-Title X abortion-related activities:
  - i. a common waiting room is permissible, as long as the costs properly pro-rated,
  - ii. common staff is permissible, so long as salaries are properly allocated, and all abortion related activities of the staff members are performed in a program which is entirely separate from the Title X project,
  - iii. a hospital offering abortions for family planning purposes and also housing a Title X project is permissible, as long as the abortion activities are sufficiently separate from the Title X project, and
  - iv. maintenance of a single file system for abortion and family planning patients is permissible, so long as costs are properly allocated. (65 Fed. Reg. 41281, 41282 (July 3, 2000))
5. A Title X project may not provide pregnancy options counseling which promotes abortion or encourages persons to obtain abortion, although the project may provide patients with complete factual information about all medical options and the accompanying risks and benefits. While a Title X project may provide a referral for abortion, which may include providing a patient with the name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider, the project may not take

further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the patient. (65 Fed. Reg. 41281 (July 3, 2000))

6. Where a referral to another provider who might perform an abortion is medically indicated because of the patient's condition or the condition of the fetus (such as where the woman's life would be endangered), such a referral by a Title X project is not prohibited by section 1008 and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications. (65 Fed. Reg. 41281 (July 3, 2000)).

## **Additional Expectations**

This section addresses expectations that are applicable to Title X family planning services recipients, and which are set out in authorities and documents that are not specific to Title X.

## **Additional Special Terms and Requirements and Standard Terms of the FY 22 Title X Notice of Award – OASH**

As noted in Chapter 2, the NOA includes applicable terms and conditions of the Title X award. Below are some of the FY 22 Title X NOA Special Terms and Requirements and Standard Terms. Title X recipients should refer to their NOAs for the specific terms and conditions that are applicable to their awards. Included at Appendix D is the FY 22 Title X NOA generic template that includes the complete list of Special Terms and Requirements; Standard Terms; Reporting Requirements; and Contacts.

### **Special Terms and Requirements**

1. Evaluation and Cooperation: Title X recipients are expected to participate in OPA research and evaluation activities, if selected, and must agree to follow all evaluation protocols established by OPA or its designee.
2. Grantee Meetings: Recipients are encouraged to actively participate in all OPA-supported Title X recipient meetings and recipient conferences.
3. Institutional Review Board (IRB): Recipients submit Institutional Review Board (IRB) approvals, when required, via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to receipt of the IRB approval. For more information on 45 CFR Part 46 Protection of Human Subjects, recipients should refer to the [HHS Office of Human Research Protections](#).

### **Standard Terms**

4. Salary Limitation (Further Consolidated Appropriations Act, 2022, Div. H, Title II, sec. 202): Recipients ensure that "None of the funds appropriated in the HHS Appropriations Act shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2022, the Executive Level II salary is \$203,700. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 467 (2022))

5. Reporting Subawards and Executive Compensation: Recipients report each action that obligates \$30,000 or more in federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111–5) for a subaward to an entity, unless they are exempt as defined in their NOA, Standard Terms. Additional details and the full text of this standard term are available in Appendix D. (2 CFR part 170)
6. Intellectual Property and Data Rights: Recipients may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes, and to authorize others to do so. The awardee is subject to applicable regulations governing patents and inventions, including government- wide regulations issued by the Department of Commerce at 37 CFR part 401. The federal government has the right to: obtain, reproduce, publish, or otherwise use the data produced under this award; and authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. (43 CFR § 75.322)
7. Acknowledgement of Federal Grant Support: Recipients acknowledge federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter “statements”)-- describing the projects or programs funded in whole or in part with HHS federal funds, the recipient must clearly state the percentage and dollar amount of the total costs of the program or project funded with federal money and the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources. When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement:
  - i. If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].
  - ii. The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the OASH federal project officer and the OASH grants management officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance to allow for coordination.

8. Whistleblower Protections: Recipients are given notice that the 48 CFR § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled “Enhancement of contractor protection from reprisal for disclosure of certain information”) applies to their Title X award.
9. Reporting of Matters Related to Recipient Integrity and Performance: Recipients refer to their NOA regarding the reporting of matters related to recipient integrity and performance, specifically the general reporting requirement; proceedings about which recipients must report; reporting procedures and frequency; definitions; and disclosure requirements.
10. Advancing Racial Equity and Support for Underserved Communities Through the Federal Government: Administer projects in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>
  - You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
  - For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
  - HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
  - For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.
11. Trafficking in Persons: Title X recipients are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104) and should refer to their NOA for more information.

12. Prohibition on certain telecommunications and video surveillance services or equipment: Recipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:
- i. procure or obtain,
  - ii. extend or renew a contract to procure or obtain, or
  - iii. enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
- (a) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
  - (b) Telecommunications or video surveillance services provided by such entities or using such equipment.
  - (c) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. (2 CFR § 200.216)

### **Non-Discrimination Legal Requirements - HHS Office for Civil Rights**

For more information about the obligations and prohibitions under federal civil rights laws described above in the NOA Standard Term “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government,” recipients should contact the HHS Office for Civil Rights at <https://www.hhs.gov/ocr/about-us/contact-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

### **Occupational Safety and Health Administration (OSHA)**

#### **Title X recipients:**

1. Ensure that their service sites and subrecipients meet applicable fire, building, and licensing codes and standards established by federal, state, and local governments and maintain Exit Routes, Emergency Action Plans, and Fire Prevention Plans in accordance with OSHA.

Recipients should refer to the [U.S. Department of Labor's OSHA](#) for more information.

### **Office of the National Coordinator for Health Information Technology (ONC)**

#### **Title X recipients:**

1. Must administer projects in compliance with health information technology legislation and regulations under ONC's authority.

Recipients should refer to the [Office of the National Coordinator for Health Information Technology](#) for more information.



## Chapter 4: Title X Monitoring, Oversight, and Reporting Requirements

Title X recipients are responsible for ensuring that their Title X projects, including their subrecipients and service sites, are compliant with all Title X program expectations. OPA is responsible for oversight and monitoring of Title X recipients to ensure compliance with program expectations, to identify areas for continuous quality improvement, and to provide technical assistance and support to help recipients improve program outcomes. The goal of OPA monitoring and technical assistance is to assist Title X recipients in providing access to equitable, affordable, client-centered, quality family planning services.

OPA monitors Title X recipient compliance by conducting ongoing monitoring calls and recipient correspondence, reviewing recipient progress reports and continuation applications, reviewing recipient Family Planning Annual Report (FPAR) data, and conducting compliance and quality monitoring visits (e.g., program reviews). In addition, OPA provides intensive support, training, and technical assistance to Title X recipients through the OPA-funded Reproductive Health National Training Center (RHNTC) and the National Clinical Training Center for Family Planning (NCTCFP), as well as through OPA contractors and OPA staff.

Through its monitoring and oversight activities, OPA may identify areas of non-compliance as well as areas for quality improvement within Title X recipient projects. OPA will document, in writing, any identified areas of concern and will provide a timeline for recipients to respond on how they plan to address any identified concerns. OPA is committed to working collaboratively with recipients and providing ongoing technical assistance and support for recipients to take actions necessary to demonstrate compliance and respond to recommendations for quality improvements. OPA will review the recipient's response and notify them when the identified concerns have been sufficiently addressed. If it is determined that compliance concerns cannot be resolved, OPA will work with the OASH Grants and Acquisition Management (GAM) Division to determine the appropriate next steps.

### Reporting Requirements

#### Financial Reporting Requirement—Federal Financial Report (FFR) SF 425

Recipients are required to submit their expenditure reporting using the SF-425 to OASH using the HHS Payment Management System (PMS) for any OASH awards with a project period ending October 1, 2020, or later. Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards. To assist in preparation for submission, the SF-425 and instructions are available here: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>. Recipients are required to complete all sections of the FFR.

FFRs are due 30 days after the end of each quarter in the federal fiscal year.

- Quarter ending September 30, the FFR is due October 30
- Quarter ending December 31, the FFR is due January 30
- Quarter ending March 30, the FFR is due April 30
- Quarter ending June 30, the FFR is due July 30.

If recipients have not submitted by the due date, they receive a message indicating the report is past due. Recipients should ensure their PMS account and contact information are up to date to receive notifications.

## **Annual Progress Report (APR) Requirement**

Recipients are required to submit APRs 90 days after the end of each performance reporting period unless otherwise required under NOA Special Terms and Requirements. Recipient progress reports must address content required by 45 CFR § 75.342(b)(2). Additional progress reporting may be required, as determined by the GMO, in accordance with the NOA Special Terms and Requirements, or specific circumstances warranting additional monitoring. Additional APR guidance is provided by the Program Office. Reports must be submitted electronically via the Performance Progress Report Module in Grant Solutions.

## **Audit Requirements**

The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501 *et seq.*) combined the audit requirements for all entities under one Act. An audit is required for all non-federal entities expending federal awards and must be consistent with the standards set out at 45 CFR Part 75, Subpart F (“Audit Requirements”). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <https://harvester.census.gov/facides/Account/Login.aspx>.

## **Closeout Requirements**

GAM will closeout federal awards when it determines that all applicable administrative actions and all required work of the federal award have been completed by the recipient in accordance with 45 CFR § 75.381. Closeout includes ensuring timely submission of all required reports and adjustments for amounts due to the recipient or OPA. Pursuant to 45 C.F.R. § 75.386(a), closeout of a grant does not automatically cancel any requirements for property accountability, record retention, or financial accountability. Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the federal government may recover amounts based on the results of an audit covering any part of the period of grant support.

Unless the GMO grants an extension, recipients must submit all financial, performance, and other reports as required by the terms and conditions of the federal award within the required timeframe (typically 120 days). Failure to submit timely and accurate final reports may affect future funding to the organization or awards with the same PI/PD.

Recipients should refer to their specific NOA for more information on award closeout requirements or review the generic template of the NOA Terms and Conditions included in Appendix D.

## **Additional Monitoring and Oversight**

### **Non-Competing Continuation (NCC)**

Generally, Title X grants will initially be for a budget period of one year and subsequent continuation awards will also be for one year at a time. A recipient must submit a separate NCC application to have the support continued for each subsequent year. The NCC application is the recipient’s official request to OPA for continued funding for the upcoming budget year. Additional NCC guidance, such as what to include in the application, is provided through Grants Solutions. Pursuant to 42 CFR § 59.8(b), decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as the recipient’s progress and management practices and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.

## Program Review

OPA conducts program reviews to ensure recipient compliance; provision of high-quality clinical care; and program integrity. The benefits of program reviews include:

- In-depth engagement with Title X recipients
- Observation of Title X operations
- Strengthen relationships with recipients
- Learn about client experiences
- Showcase recipient projects
- Provide one-on-one support and technical assistance from field experts
- Identify areas of improvement for future and/or ongoing technical assistance
- Provide an opportunity for OPA to learn more about the realities in the field and improve policies and strategies to support those in need of family planning services

This Title X Program Review Tool is intended for use by OPA staff and consultants to conduct program reviews. It can also be used by Title X recipients as a self-assessment and be adapted for use by recipients for monitoring their subrecipients and service sites. The tool is aligned with this document.

In cases where the recipient relies on other entities such as subrecipients to provide family planning services, the recipient is responsible for ensuring that subrecipients are in compliance with the Title X statute, regulations, legislative mandates, other program priorities and guidance. (45 CFR § 75.352)

## Grants Management Officer Prior-Approval Requirements

HHS anticipates that the recipient may need to modify their award budget or other aspects of its approved application during performance to accomplish the award's programmatic objectives. In general, recipients are allowed a certain degree of latitude to re-budget within and between budget categories to meet unanticipated needs and to make other types of post-award changes. In many cases, pursuant to 45 CFR § 75.308(c)(1) and section II of the HHS Grants Policy Statement, HHS requires prior written approval. Title X recipients are encouraged to discuss prior approval requests with their respective PO and GMS prior to submission. All amendment requests requiring prior approval must be signed by the recipient authorizing official and or PI/PD and submitted through the Grant Solutions Amendment Module. The post-award changes that are considered changes to budgets or program plans and require OASH approval are outlined below. For a complete list of these changes, see 45 C.F.R. § 75.308(c)(1).

- Change in scope which occurs when the recipient proposes changes to project's objectives, aims, or purposes identified in the approved application, such as changing the service area; applying a new technology; adding or eliminating a service delivery site; or making budget changes that cause a project to change substantially from what was originally approved. The [Title X Family Planning Change in Scope Worksheet](#) helps identify elements for clinic closures, new clinics, or other programmatic changes which may require a request for a change in scope to the current Title X family planning project. Recipients are not required to use the worksheet but may include the completed worksheet with their amendment submission in Grant Solutions.
- Changes in status of PI/PD or other key personnel named in the NOA such as the replacement, absence for any continuous period of 3 months or more, or reduction of time devoted to project by 25 percent or more from level in approved application.
- Significant revisions to the approved budget.
- Changes in the approved cost sharing or matching (i.e., non-federal share).
- Use of unobligated balances, request to revise the current NOA to authorize the recipient to spend excess funds for additional approved purposes (approval is intended to cover only prospective costs, not costs already incurred by the recipient).

## Chapter 5: HHS-Managed and OPA Systems

### HHS-Managed Systems

#### Grant Solutions

[Grant Solutions](#) is a web-based system that provides a way for grant recipients to view/print their grant awards, submit post-award actions such as amendments, apply for non-competing continuations and directed supplements, submit reports, etc. This HHS system is used to manage Title X grants throughout the grant lifecycle (project and budget periods). Although a Title X grant recipient may use several other systems for various aspects of the grant, Grant Solutions is the official grant management system for all OASH managed awards, including Title X federal awards.

PDs are required to establish accounts in the system and notify their POs and GMS of any additional recipient individual accounts needing access for the grant. Recipients should contact Grant Solutions User Support to establish an account if they do not have one. The GMS can create a Grant Solutions account for the recipient AO and PI/PD. Financial Officer accounts may only be established by Grant Solutions staff. All account requests should be signed by the prospective user and their supervisor or other authorized organization representative.

For assistance on Grant Solutions issues, recipients should contact:

- Grant Solutions User Support at (202) 401-5282, or 866-577-0771
- Email [help@grantsolutions.gov](mailto:help@grantsolutions.gov) Monday – Friday, 8 a.m. – 6 p.m. E.T.
- Frequently Asked Questions and answers are available on the [Grant Solutions website](#).

Title X POs are involved in nearly every aspect of the grant lifecycle. They work very closely with the assigned GMS to ensure that all grant administration and budget needs are aligned with HHS policies and procedures as well as Title X statutory and regulatory requirements. When reviewing a recipient's grant administration or budget needs, the GMO or GMS will consult with POs as well as refer to Title X statute, regulations, and guidance on whether the requested change is allowable, allocable, necessary, and reasonable.

Once a recipient submits an amendment, or change, in Grants Solutions, GAM will review the request first, and then forward the request to the PO for further review and assessment. Programmatic leadership and, finally, the GMO reviews these requests. If approved, you will receive an updated NOA. Additional details on amendments are provided by the PO and GMS upon award; during the award orientation process; and if recipients have questions.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within Grant Solutions. Recipients should include the grant number (or FAIN) and signature of the authorized organizational representative or authorized official and the project director on all such correspondence.

#### Payment Management System (PMS)

All payments for Title X federal awards are made through the HHS [Payment Management System](#) (PMS). PMS is administered by the Program Support Center (PSC). HHS recipients are now required to certify at the time of each drawdown whether the cash drawdown request is either reimbursement of actual expenditures or an advance for immediate disbursement and assert that award funds are used in compliance with all award conditions and federal statutory requirements.

Recipients will also submit their Federal Financial Reports (SF-425) through PMS. On the FFR, line item 10A-Cash Receipts & 10B Cash Disbursements will now be populated based on the recipient's Cash Drawdown. Recipients will no longer need to enter the cash transaction section. Recipients will be able to edit interim data, but not final data, in the cash transaction section. To assist in the preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>.

To establish a PMS account, recipients should request [new user access](#) on the PMS website. Inquiries regarding payments should be directed to [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov) or Payment Management Services, P.O. Box 6021, Rockville, MD 20852; or 1-877-614-5533. Recipients can also sign up for the standard FFR trainings listed on the PMS website.

## OPA Systems

### Title X Family Planning Clinic Locator and Database

The [Title X Family Planning Clinic Locator](#) provides information to the public about all Title X family planning clinics and the specific services available at each clinic. The goal of the Title X Family Planning Clinic Locator and Database is to make information about the location, hours, and services of Title X clinics easily accessible to the public to help connect potential clients to available Title X services. Recipients are required through a Special Term on the Notice of Award to keep their organization's records up to date in the Clinic Locator database, which updates the publicly accessible Clinic Locator. It is important for recipients to regularly review and maintain their Clinic Locator database records of service sites and subrecipients to ensure that all records reflect the most current and accurate clinic information available to the public.

This locator website and database are owned and operated by OPA in coordination with OPA's support contractor. The database includes the addresses, hours of operation, and contact information for all open and operating Title X delivery sites such as clinics, service sites, and satellite sites, including mobile clinics. Information is maintained by the Title X recipient on a continuous basis. Title X POs regularly approve service site openings and closures made by recipients and subrecipients, in cases where the recipient has delegated them the authority and access to submit entries.

To maintain an accurate record of current Title X service sites in the Clinic Locator, recipients are expected to:

- Obtain a database login to add and update their organization's information in the database. The support contractor creates the recipient record and shares the database access login information with the recipient which enables them to update their information. Title X recipients should send requests to add subrecipients to the support contractor if they would like their subrecipients to have access to the database.
- Provide notice to OPA of any changes to the name, physical location, services provided on-site, and contact information for Title X recipients, service sites, and subrecipients.
- Submit the appropriate amendment in Grant Solutions and receive approval for changes in scope related to deletion and addition of service sites and subrecipients prior to making these changes into the database for publishing on the publicly accessible locator.
- Enter changes to the Title X database within 30 days from the official approval of the change. All changes should be reviewed and approved by the recipient prior to being posted on the Clinic Locator and viewable to the public. PO approval is required for site openings and closures.

For assistance, Title X recipients should contact the support mailbox [OPAsupport@icf.com](mailto:OPAsupport@icf.com). Recipients can also access quick start guides and frequently asked questions under [the help section](#) on the Clinic Locator website.

## **MAX.gov**

[MAX.gov](#) is a suite of advanced collaboration, information sharing, data collection, publishing, business intelligence and authentication tools and services used to facilitate collaboration and knowledge management. The MAX.gov system is utilized across federal departments, including many agencies within HHS.

The OPA MAX.gov website is frequently utilized by OPA's staff and Title X program recipients to provide easy access to guidance documents, maintain the most recent recipient administrative contact information, and to share resources broadly to recipients in one central location. In addition, the system allows for highlighting important information such as trainings and approaching deadlines, as well as an easily accessible archive of the Grantee Digest. OPA continues to explore ways to utilize MAX.gov as a collaboration platform for recipients and will continue to use the site for future Program Reviews as well as to share vital resources and guidance to the Title X network.

## **Family Planning Annual Report (FPAR)**

[FPAR](#) is the only source of uniform reporting by all Title X services recipients. It provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue. Annual submission of FPAR is required of all Title X services recipients for purposes of monitoring and reporting program performance. Title X administrators and recipients use FPAR data to:

- Monitor compliance with statutory requirements.
- Comply with accountability and federal performance reporting requirements for Title X family planning funds, including, but not limited to, the Government Performance and Results Modernization Act and the Office of Management and Budget (OMB).
- Guide strategic and financial planning and respond to inquiries from policy makers about the program.
- Estimate the impact of Title X-funded activities on key reproductive health outcomes, including prevention of unintended pregnancy, infertility, and invasive cervical cancer.

FPAR collects data on Title X activities conducted during each calendar year from January 1 through December 31. Recipients need to collect FPAR data elements from all subrecipients and service sites included in their Title X projects during the calendar year, or for any part of the year that a subrecipient or service site was part of the Title X project. Subrecipients should not submit an FPAR report; instead, subrecipients should follow recipient instructions for collecting and reporting FPAR-related data to the recipient. Recipients compile data from their whole Title X project and submit results through the FPAR data system on or around February 15 of each year.

FPAR 2.0 is the next iteration of FPAR data reporting and will collect encounter-level data for Title X family planning services recipients. FPAR 2.0 will allow for improved data collection, reporting, and analysis that will ultimately allow for more opportunities to improve service delivery. Aggregate level FPAR 1.0 data reporting will end in 2022, except in cases where a recipient has an approved FPAR 2.0 waiver allowing them to report FPAR 1.0 data in 2022.

Recipients will start collecting encounter-level data in 2022 and report it for the first time in 2023. A new data system for recipients to upload FPAR data is in development. OPA will work with recipients to

provide features, analyses, and reports that utilize FPAR data and will help inform quality improvement efforts.

For additional FPAR 1.0 and 2.0 information and resources, visit the <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report>.

## Chapter 6: OPA Communication Channels

OPA maintains and updates the following communication channels that are intended to provide federal award recipients and the public with information about OPA programs and additional information pertinent to these programs.

### OPA Website

The [OPA website](#) provides OPA program and research information, grant information, reproductive and adolescent health information, and other resources. Title X recipients are encouraged to bookmark this website and refer to it for Title X information and resources.

### OPA Grantee Digest

The OPA grantee digest is a weekly e-newsletter sent to all OPA recipients and staff only. It is a closed list on the GovDelivery email platform. Individuals at the recipient organization can be added to the closed distribution list to receive this digest; these individuals should be responsible for disseminating the digest to the rest of the recipient's network. Archived copies of the grantee digest are easily accessible on MAX.gov. All Title X recipients are encouraged to add individuals to the closed distribution list. Requests for addition or removal from the grantee digest closed distribution list should be directed to the PO.

### OPA Bulletin

The OPA bulletin is a bimonthly e-newsletter to all public subscribers (currently over 40,000); anyone can sign up to receive the bulletin on the OPA website. Title X recipient, subrecipient, and service site staff are encouraged to [subscribe](#) to receive the OPA bulletin.

### OPA Social Media

#### Twitter

The OPA Twitter handle is [@HHSPopAffairs](#) and OPA has more than 17K followers. Title X recipient, subrecipient, and service site staff are encouraged to follow OPA on Twitter.

#### YouTube

OPA also has a [YouTube channel](#) where OPA posts informational and educational videos and webinars.



## Chapter 7: Other Pertinent HHS Programs & Resources

In some cases, Title X may interact or collaborate with other HHS programs and offices which include but are not limited to those listed below.

### OPA Programs

#### OPA's Teen Pregnancy Prevention (TPP) Program

OPA's TPP Program is a national, evidence-based program that provides funding to implement effective programs and develop, test, and evaluate innovative approaches to prevent teen pregnancy across the United States. The TPP Program was established in 2010 with a Congressional mandate to fund medically accurate and age-appropriate programs to reduce teen pregnancy. With an annual budget of approximately \$101 million, the TPP Program focuses on reaching populations with the greatest need with the goal of improving sexual and reproductive health outcomes for adolescents and promoting positive youth development.

The TPP Program reaches over 200,000 young people each year. In addition to providing young people and their families with evidence-based and innovative prevention programs, TPP program staff connect young people and their families to a wide range of support services, including sexual and reproductive health services. OPA encourages Title X recipients to partner and establish referral systems with TPP recipients in their communities to ensure the reproductive and sexual health needs of their adolescent populations are met.

To learn more about the TPP Program and its current recipients, visit <https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tpp>.

#### OPA's Embryo Adoption Awareness and Services (EAA) Program

OPA's EAA program is a national program that supports grants, cooperative agreements and contracts that aim to increase public awareness of embryo donation and adoption. Program recipients may facilitate the adoption or donation of embryos through public awareness campaigns, medical/administrative services that address common financial and legal obstacles to embryo adoption, or both. OPA encourages Title X recipients to partner with EAA recipients in their communities to promote increased awareness of embryo donation and adoption in the Title X network.

To learn more about the EAA Program and its current recipients, visit <https://opa.hhs.gov/grant-programs/embryo-adoption-awareness-eaa>.

### Other HHS Programs and Offices

#### HRSA's Health Center Program

The Health Center Program is authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. § 254b) ("section 330") and is administered by HRSA. Title X recipients who are also funded under the Health Center Program, as well as those that have been determined to meet section 330 requirements but do not receive grant funding under that program, are required to demonstrate compliance with both Title X expectations and Health Center Program requirements. The Health Center Program Compliance Manual is the principal resource to assist health centers in understanding and demonstrating compliance with Health Center Program requirements. OPA's Program Policy Notice 2016-

11: Integrating with Primary Care Providers, addresses issues commonly faced by integrated Title X and Health Center program providers and is discussed in Chapter 2 above.

To learn more about the HRSA Health Center Program, visit <https://bphc.hrsa.gov/>.

## **CDC's Division of Reproductive Health**

The Division of Reproductive Health sits in the CDC's National Center for Chronic Disease Prevention and Health Promotion and is the focal point for issues related to reproductive health, maternal health, and infant health. It released, and continues to update, the [U.S. Medical Eligibility Criteria for Contraceptive Use](#) (U.S. MEC) which includes recommendations for the use of specific contraceptive methods by women and men who have certain characteristics or medical conditions. The recommendations in the U.S. MEC are intended to assist health care providers when they counsel women, men, and couples about contraceptive method choice. In addition, it released, and continues to update, the [U.S. Selected Practice Recommendations for Contraceptive Use](#) (U.S. SPR) which addresses a select group of common issues regarding initiation and use of specific contraceptive methods. The recommendations in the U.S. SPR are intended to serve as a source of clinical guidance for health care providers and provide evidence-based guidance to reduce medical barriers to contraception access and use. Health care providers in Title X settings are encouraged to utilize these recommendations to ensure accessible, equitable, and high-quality service delivery.

To learn more about CDC's Division of Reproductive Health, visit <https://www.cdc.gov/reproductivehealth/index.html>.

## **CDC's Division of STD Prevention**

The Division of STD Prevention within the CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention is charged with the mission of providing national leadership, research, policy development, and scientific information to help people live safer, healthier lives by the prevention of STDs and their complications. It maintains, updates, and releases the [STI Treatment Guidelines](#) which provide current evidence-based prevention, diagnostic and treatment recommendations. The recommendations are intended to be a source for clinical guidance. Health care providers in Title X settings are encouraged to utilize these recommendations to ensure accessible, equitable, and high-quality service delivery.

To learn more about CDC's Division of STD Prevention, visit <https://www.cdc.gov/std/dstdp/default.htm>.

## **Office of Infectious Disease and HIV/AIDS Policy (OIDP)**

Located within OASH, OIDP's mission is to provide strategic leadership and management, while encouraging collaboration, coordination, and innovation among federal agencies and stakeholders to reduce the burden of infectious diseases. OIDP spearheads the federal HIV/AIDS response through a number of activities: [Ending the HIV Epidemic: A Plan for America Initiative](#), [HIV.gov](#), [Minority HIV/AIDS Fund](#), [National HIV/AIDS Strategy](#), and the [Presidential Advisory Council on HIV/AIDS](#).

To learn more about OASH's Office of Infectious Disease and HIV/AIDS Policy, visit <https://www.hhs.gov/oidp/index.html>.

## Chapter 8: Title X Program Training and Technical Assistance & OPA Contractual Support

### Title X Program Training and Technical Assistance

#### National Clinical Training Center for Family Planning (NCTCFP)

Since 2006, OPA has funded the [NCTCFP](#) to collaboratively deliver continuous, high-quality clinical skills training and resources to health care providers within the Title X and related public health communities. By providing current clinical protocols using new technologies and national standards, the NCTCFP trains and supports clinical family planning providers at varying levels of intensity (universal, selected, and targeted) using diverse modalities, including but not limited to, in-person or online training and follow-up support, training of trainers, individual or group technical assistance, coaching, mentoring, peer-to-peer support, interviews and podcasts, videos, syntheses of available research and best practices, development of resources and tools, and virtual skills-building. The NCTCFP also hosts the annual National Reproductive Health Conference. Title X recipients, service sites, and subrecipient staff are encouraged to [subscribe to NCTCFP's mailing list](#) to receive their emails, training notifications, monthly newsletter, *Clinical Connections*, and updates about the annual conference.

#### Reproductive Health National Training Center (RHNTC)

OPA funds and collaborates with the [RHNTC](#) to address the needs of Title X family planning service delivery recipients and TPP recipients through training and technical assistance (TA). The RHNTC exists to ensure that personnel working in OPA-funded Title X and TPP projects have the knowledge, skills, and attitudes necessary to deliver high-quality services and programs. Title X recipients may request the RHNTC to provide targeted TA to help them address Title X implementation challenges they may encounter. The RHNTC collaborates closely with NCTCFP to address the needs of Title X family planning service recipients and providers in a continuous and comprehensive manner. Title X recipients, service sites, and subrecipient staff are encouraged to [subscribe to RHNTC's mailing list](#) to receive their monthly newsletter, which includes new resources, webinars, and training opportunities.

### OPA Contractual Support

#### FPAR 2.0 Contract

OPA and its contractor are tasked with providing comprehensive TA using a collaborative and coordinated approach to help recipients transition to the new FPAR 2.0 data system. The FPAR 2.0 contractor collaborates closely with the RHNTC and the NCTCFP to ensure that Title X recipients receive the support they need to successfully transition to FPAR 2.0 data collection and reporting. These activities include group and individualized TA to end users of the system via formal trainings, written materials, and other documentation. TA materials and assistance is available to recipients, subrecipients, and electronic health record vendors. Inquiries regarding the data system, data elements, implementation guide, waiver process, or FAQs can be emailed to the help desk at [FPARSupport@mathematica-mpr.com](mailto:FPARSupport@mathematica-mpr.com) and to the assigned OPA PO. Title X recipients are encouraged to refer to the FPAR 2.0 resources and frequently asked questions on the [OPA FPAR webpage](#) and [MAX.gov](#).

## **Clinic Locator and Database Contract**

OPA's Clinic Locator and Database contractor operates, enhances, and maintains the OPA Clinic Locator and Database. The contractor works closely with OPA POs and Title X recipients to ensure that the information in the Clinic Locator and Database is accurate. Title X POs assist recipients with any Clinic Locator and Database issues in coordination with the contractor. Refer to Chapter 5, for more information on the Clinic Locator and Database.

## Appendices

### A. Resources

Resource	Link
Title X of the Public Health Service Act, 42 U.S.C. § 300 <i>et seq.</i>	<a href="https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf">https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf</a>
42 CFR Part 59, Subpart A “Project Grants for Family Planning Services”	<a href="https://www.ecfr.gov/current/title-42/part-59/subpart-A">https://www.ecfr.gov/current/title-42/part-59/subpart-A</a>
Title X Final Rule: “Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services” (86 Fed. Reg. 56144, Oct. 7, 2021).	<a href="https://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21542.pdf">https://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21542.pdf</a>
2021 Title X Final Rule Resources	<a href="https://opa.hhs.gov/2021TitleXRule">https://opa.hhs.gov/2021TitleXRule</a>
2021 Title X Final Rule Frequently Asked Questions	<a href="https://community.max.gov/download/attachments/2137218186/Title%20X%202021%20Final%20Rule%20FAQs_Final%2011.15.2021.pdf?version=1&amp;modificationDate=1638284508890&amp;api=v2">https://community.max.gov/download/attachments/2137218186/Title%20X%202021%20Final%20Rule%20FAQs_Final%2011.15.2021.pdf?version=1&amp;modificationDate=1638284508890&amp;api=v2</a>
42 CFR Part 50, Subpart B “Sterilization of Persons in Federally Assisted Family Planning Projects”	<a href="https://www.ecfr.gov/cgi-bin/text-idx?SID=f93c09d3dad79124016304b202ac9860&amp;mc=true&amp;node=pt42.1.50&amp;rgn=div5#sp42.1.50.b">https://www.ecfr.gov/cgi-bin/text-idx?SID=f93c09d3dad79124016304b202ac9860&amp;mc=true&amp;node=pt42.1.50&amp;rgn=div5#sp42.1.50.b</a>
Sterilization Consent Form: English	<a href="https://opa.hhs.gov/sites/default/files/2020-07/consent-for-sterilization-english-updated.pdf">https://opa.hhs.gov/sites/default/files/2020-07/consent-for-sterilization-english-updated.pdf</a>
Sterilization Consent Form: Spanish	<a href="https://opa.hhs.gov/sites/default/files/2020-07/consent-for-sterilization-spanish-updated.pdf">https://opa.hhs.gov/sites/default/files/2020-07/consent-for-sterilization-spanish-updated.pdf</a>
Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP)	<a href="https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning">https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning</a>
American College of Obstetricians and Gynecologists (ACOG), Clinical Guidance: Committee Opinion – The Utility of And Indications for Routine Pelvic Examination	<a href="https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/the-utility-of-and-indications-for-routine-pelvic-examination">https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/the-utility-of-and-indications-for-routine-pelvic-examination</a>
American College of Obstetricians and Gynecologists (ACOG), Clinical Guidance: Practice Bulletin – Breast Cancer Risk Assessment and Screening in Average Risk Women	<a href="https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/07/breast-cancer-risk-assessment-and-screening-in-average-risk-women">https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/07/breast-cancer-risk-assessment-and-screening-in-average-risk-women</a>

Program Policy Notice 2016-11: Integrating with Primary Care Providers	<a href="https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/program-policy-notice-2016-11-integrating-with-primary-care-providers">https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/program-policy-notice-2016-11-integrating-with-primary-care-providers</a>
Provision of Abortion-Related Services in Family Planning Services Projects (65 Fed. Reg. 41281, July 3, 2000)	<a href="https://opa.hhs.gov/sites/default/files/2021-09/provision-abortion-services-family-planning-july-2000.pdf">https://opa.hhs.gov/sites/default/files/2021-09/provision-abortion-services-family-planning-july-2000.pdf</a>
45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.	<a href="https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75">https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75</a>
HHS Office for Civil Rights: Non-Discrimination Requirements	<ul style="list-style-type: none"> <li>• <a href="https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html">https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html</a></li> <li>• <a href="https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html">https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html</a></li> </ul>
HHS Office for Civil Rights: Federal Religious and Conscience Protection Nondiscrimination Laws	<ul style="list-style-type: none"> <li>• <a href="https://www.hhs.gov/conscience/conscience-protections/index.html">https://www.hhs.gov/conscience/conscience-protections/index.html</a></li> <li>• <a href="https://www.hhs.gov/conscience/religious-freedom/index.html">https://www.hhs.gov/conscience/religious-freedom/index.html</a></li> </ul>
Trafficking Victims Protection Act of 2000	<a href="https://www.govinfo.gov/content/pkg/USCODE-2010-title22/html/USCODE-2010-title22-chap78-sec7104.htm">https://www.govinfo.gov/content/pkg/USCODE-2010-title22/html/USCODE-2010-title22-chap78-sec7104.htm</a> )
HHS Policy on Promoting Efficient Spending	<a href="https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/">https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/</a>
Federal Program Information Act, 31 U.S.C. § 6101 <i>et seq.</i>	<a href="https://www.govinfo.gov/link/uscode/31/6101">https://www.govinfo.gov/link/uscode/31/6101</a>
Single Audit Act Amendments of 1996, 31 U.S.C. § 7501 <i>et seq.</i>	<a href="https://www.govinfo.gov/link/uscode/31/7501">https://www.govinfo.gov/link/uscode/31/7501</a>
HHS Grants Policy Statement	<a href="https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf">https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf</a>
340B Drug Pricing Program	<a href="https://www.hrsa.gov/opa/index.html">https://www.hrsa.gov/opa/index.html</a>
Grant Solutions	<a href="https://home.grantsolutions.gov/home/">https://home.grantsolutions.gov/home/</a>
Payment Management System	<a href="https://pms.psc.gov/">https://pms.psc.gov/</a>
OPA Clinical Locator Database	<a href="https://www.opa-fpclinicdb.com/">https://www.opa-fpclinicdb.com/</a>
Family Planning Annual Report	<a href="https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report">https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report</a>
OPA website	<a href="https://opa.hhs.gov/">https://opa.hhs.gov/</a>
OPA social media	<ul style="list-style-type: none"> <li>• <a href="https://twitter.com/hhspopaffairs">https://twitter.com/hhspopaffairs</a></li> <li>• <a href="https://www.youtube.com/c/HHSOfficeofPopulationAffairs">https://www.youtube.com/c/HHSOfficeofPopulationAffairs</a></li> </ul>

Health Center Program	<a href="https://bphc.hrsa.gov/">https://bphc.hrsa.gov/</a>
Teen Pregnancy Prevention Program	<a href="https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tpp/about-tpp">https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tpp/about-tpp</a>
U.S. Medical Eligibility Criteria for Contraceptive Use	<a href="https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html">https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html</a>
U.S. Selected Practice Recommendations for Contraceptive Use	<a href="https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/s/summary.html">https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/s/summary.html</a>
STI Treatment Guidelines	<a href="https://www.cdc.gov/std/treatment-guidelines/default.htm">https://www.cdc.gov/std/treatment-guidelines/default.htm</a>
National Clinical Training Center for Family Planning	<a href="https://www.ctcfp.org/">https://www.ctcfp.org/</a>
Reproductive Health National Training Center	<a href="https://rhntc.org/">https://rhntc.org/</a>
Family Planning Annual Report 2.0	<a href="https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report/fpar2">https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report/fpar2</a>
Healthy People 2030	<a href="https://health.gov/healthypeople">https://health.gov/healthypeople</a>

## **B. Title X Statute: POPULATION RESEARCH AND VOLUNTARY FAMILY PLANNING PROGRAMS**

(Note: References in brackets [] are to title 42, United States Code)

### **PROJECT GRANTS AND CONTRACTS FOR FAMILY PLANNING SERVICES SEC. 1001 [300]**

#### **(a) Authority of Secretary**

The Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents). To the extent practicable, entities which receive grants or contracts under this subsection shall encourage family participation<sup>1</sup> in projects assisted under this subsection.

#### **(b) Factors determining awards; establishment and preservation of rights of local and regional entities**

In making grants and contracts under this section the Secretary shall take into account the number of patients to be served, the extent to which family planning services are needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance. Local and regional entities shall be assured the right to apply for direct grants and contracts under this section, and the Secretary shall by regulation fully provide for and protect such right.

#### **(c) Reduction of grant amount**

The Secretary, at the request of a recipient of a grant under subsection (a), may reduce the amount of such grant by the fair market value of any supplies or equipment furnished the grant recipient by the Secretary. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment on which the reduction of such grant is based. Such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.

#### **(d) Authorization of appropriations**

For the purpose of making grants and contracts under this section, there are authorized to be appropriated \$30,000,000 for the fiscal year ending June 30, 1971; \$60,000,000 for the fiscal year ending June 30, 1972; \$111,500,000 for the fiscal year ending June 30, 1973, \$111,500,000 each for the fiscal years ending June 30, 1974, and June 30, 1975; \$115,000,000 for fiscal year 1976; \$115,000,000 for the fiscal year ending September 30, 1977; \$136,400,000 for the fiscal year ending September 30, 1978; \$200,000,000 for the fiscal year ending September 30, 1979; \$230,000,000 for the fiscal year ending September 30, 1980; \$264,500,000 for the fiscal year ending September 30, 1981; \$126,510,000 for the fiscal year ending September 30, 1982; \$139,200,000 for the fiscal year ending September 30, 1983; \$150,030,000 for the fiscal year ending September 30, 1984; and \$158,400,000 for the fiscal year ending September 30, 1985.

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<sup>1</sup> So in law. See section 931(b)(l) of Public Law 97-35 (95 Stat. 570). Probably should be "family".



## **FORMULA GRANTS TO STATES FOR FAMILY PLANNING SERVICES SEC. 1002 [300a]**

### **(a) Authority of Secretary; prerequisites**

The Secretary is authorized to make grants, from allotments made under subsection (b), to State health authorities to assist in planning, establishing, maintaining, coordinating, and evaluating family planning services. No grant may be made to a State health authority under this section unless such authority has submitted, and had approved by the Secretary, a State plan for a coordinated and comprehensive program of family planning services.

### **(b) Factors determining amount of State allotments**

The sums appropriated to carry out the provisions of this section shall be allotted to the States by the Secretary on the basis of the population and the financial need of the respective States.

### **(c) "State" defined**

For the purposes of this section, the term "State" includes the Commonwealth of Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, the District of Columbia, and the Trust Territory of the Pacific Islands.

### **(d) Authorization of appropriations**

For the purpose of making grants under this section, there are authorized to be appropriated \$10,000,000 for the fiscal year ending June 30, 1971; \$15,000,000 for the fiscal year ending June 30, 1972; and \$20,000,000 for the fiscal year ending June 30, 1973.

## **TRAINING GRANTS AND CONTRACTS; AUTHORIZATION OF APPROPRIATIONS SEC. 1003 [300a-1]**

(a) The Secretary is authorized to make grants to public or nonprofit private entities and to enter into contracts with public or private entities and individuals to provide the training for personnel to carry out family planning service programs described in section 1001 or 1002 of this title.

(b) For the purpose of making payments pursuant to grants and contracts under this section, there are authorized to be appropriated \$2,000,000 for the fiscal year ending June 30, 1971; \$3,000,000 for the fiscal year ending June 30, 1972; \$4,000,000 for the fiscal year ending June 30, 1973; \$3,000,000 each for the fiscal years ending June 30, 1974 and June 30, 1975; \$4,000,000 for fiscal year ending 1976; \$5,000,000 for the fiscal year ending September 30, 1977; \$3,000,000 for the fiscal year ending September 30, 1978; \$3,100,000 for the fiscal year ending September 30, 1979; \$3,600,000 for the fiscal year ending September 30, 1980; \$4,100,000 for the fiscal year ending September 30, 1981; \$2,920,000 for the fiscal year ending September 30, 1982; \$3,200,000 for the fiscal year ending September 30, 1983; \$3,500,000 for the fiscal year ending September 30, 1984; and \$3,500,000 for the fiscal year ending September 30, 1985.

## **RESEARCH SEC. 1004 [300a-2]**

The Secretary may –

- (1) conduct, and

(2) make grants to public or nonprofit private entities and enter into contracts with public or private entities and individuals for projects for,

research in the biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population.

## **INFORMATIONAL AND EDUCATIONAL MATERIALS**

### **SEC. 1005 [300a-3]**

(a) The Secretary is authorized to make grants to public or nonprofit private entities and to enter into contracts with public or private entities and individuals to assist in developing and making available family planning and population growth information (including educational materials) to all persons desiring such information (or materials).

(b) For the purpose of making payments pursuant to grants and contracts under this section, there are authorized to be appropriated \$750,000 for the fiscal year ending June 30, 1971; \$1,000,000 for the fiscal year ending June 30, 1972; \$1,250,000 for the fiscal year ending June 30, 1973; \$909,000 each for the fiscal years ending June 30, 1974, and June 30, 1975; \$2,000,000 for fiscal year 1976; \$2,500,000 for the fiscal year ending September 30, 1977; \$600,000 for the fiscal year ending September 30, 1978; \$700,000 for the fiscal year ending September 30, 1979; \$805,000 for the fiscal year ending September 30, 1980; \$926,000 for the fiscal year ending September 30, 1981; \$570,000 for the fiscal year ending September 30, 1982; \$600,000 for the fiscal year ending September 30, 1983; \$670,000 for the fiscal year ending September 30, 1984; and \$700,000 for the fiscal year ending September 30, 1985.

## **REGULATIONS AND PAYMENTS**

### **SEC. 1006 [300a-4]**

#### **(a) Promulgation of regulations governing execution; amount of grants**

Grants and contracts made under this subchapter shall be made in accordance with such regulations as the Secretary may promulgate. The amount of any grant under any section of this title shall be determined by the Secretary; except that no grant under any such section for any program or project for a fiscal year beginning after June 30, 1975, may be made for less than 90 per centum of its costs (as determined under regulations of the Secretary) unless the grant is to be made for a program or project for which a grant was made (under the same section) for the fiscal year ending June 30, 1975, for less than 90 per centum of its costs (as so determined), in which case a grant under such section for that program or project for a fiscal year beginning after that date may be made for a percentage which shall not be less than the percentage of its costs for which the fiscal year 1975 grant was made.

#### **(b) Payment of grants**

Grants under this title shall be payable in such installments and subject to such conditions as the Secretary may determine to be appropriate to assure that such grants will be effectively utilized for the purposes for which made.

#### **(c) Prerequisites; "low-income family" defined**

A grant may be made or contract entered into under section 1001 or 1002 for a family planning service project or program only upon assurances satisfactory to the Secretary that—

(1) priority will be given in such project or program to the furnishing of such services to persons from low-income families; and

(2) no charge will be made in such project or program for services provided to any person from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized or is under legal obligation to pay such charge.

For purposes of this subsection, the term "low-income family" shall be defined by the Secretary in accordance with such criteria as he may prescribe so as to insure that economic status shall not be a deterrent to participation in the programs assisted under this title.

**(d) Suitability of informational or educational materials**

(1) A grant may be made or a contract entered into under section 1001 or 1005 only upon assurances satisfactory to the Secretary that informational or educational materials developed or made available under the grant or contract will be suitable for the purposes of this title and for the population or community to which they are to be made available, taking into account the educational and cultural background of the individuals to whom such materials are addressed and the standards of such population or community with respect to such materials.

(2) In the case of any grant or contract under section 1001, such assurances shall provide for the review and approval of the suitability of such materials, prior to their distribution, by an advisory committee established by the grantee or contractor in accordance with the Secretary's regulations. Such a committee shall include individuals broadly representative of the population or community to which the materials are to be made available.

**VOLUNTARY PARTICIPATION  
SEC. 1007 [300a-5]**

The acceptance by any individual of family planning services or family planning or population growth information (including educational materials) provided through financial assistance under this title (whether by grant or contract) shall be voluntary and shall not be a prerequisite to eligibility for or receipt of any other service or assistance from, or to participation in, any other program of the entity or individual that provided such service or information.

**PROHIBITION OF ABORTION  
SEC. 1008<sup>2</sup> [300a-6]**

None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.

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<sup>2</sup> Section 1009 was repealed by section 601(a)(1)(G) of Public Law 105-362 (112 Stat. 3285).

## **C. Title X Final Rule: “Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services” (86 Fed. Reg. 56144, Oct. 7, 2021)**

### **42 CFR Part 59, Subpart A - Project Grants for Family Planning Services**

59.1 To what programs do these regulations apply?

59.2 Definitions.

59.3 Who is eligible to apply for a family planning services grant?

59.4 How does one apply for a family planning services grant?

59.5 What requirements must be met by a family planning project?

59.6 What procedures apply to assure the suitability of informational and educational material (print and electronic)?

59.7 What criteria will the Department of Health and Human Services use to decide which family planning services projects to fund and in what amount?

59.8 How is a grant awarded?

59.9 For what purposes may grant funds be used?

59.10 Confidentiality.

59.11 Additional conditions.

Authority: 42 U.S.C. 300a-4.

#### **§ 59.1 To what programs do these regulations apply?**

The regulations of this subpart are applicable to the award of grants under section 1001 of the Public Health Service Act (42 U.S.C. 300) to assist in the establishment and operation of voluntary family planning projects. These projects shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children.

#### **§ 59.2 Definitions.**

As used in this subpart:

*Act* means the Public Health Service Act, as amended.

*Adolescent-friendly health services* are services that are accessible, acceptable, equitable, appropriate and effective for adolescents.

*Clinical services provider* includes physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care.

*Client-centered care* is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions.

*Culturally and linguistically appropriate services* are respectful of and responsive to the health beliefs, practices and needs of diverse patients.

*Family* means a social unit composed of one person, or two or more persons living together, as a household.

*Family planning services* include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services.

*Health equity* is when all persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

*Inclusive* is when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

*Low-income family* means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources.

*Nonprofit*, as applied to any private agency, institution, or organization, means that no part of the entity’s net earnings benefit, or may lawfully benefit, any private shareholder or individual.

*Quality healthcare* is safe, effective, client-centered, timely, efficient, and equitable.

*Secretary* means the Secretary of Health and Human Services (HHS) and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

*Service site* is a clinic or other location where Title X services are provided to clients. Title X recipients and/or their subrecipients may have service sites.

*State* includes, in addition to the several States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et al.), the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau.

*Trauma-informed* means a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

### **§ 59.3 Who is eligible to apply for a family planning services grant?**

Any public or nonprofit private entity in a State may apply for a grant under this subpart.

### **§ 59.4 How does one apply for a family planning services grant?**

(a) Application for a grant under this subpart shall be made on an authorized form.

(b) An individual authorized to act for the applicant and to assume on behalf of the applicant the obligations imposed by the terms and conditions of the grant, including the regulations of this subpart, must sign the application.

(c) The application shall contain

(1) A description, satisfactory to the Secretary, of the project and how it will meet the requirements of this subpart;

(2) A budget and justification of the amount of grant funds requested;

(3) A description of the standards and qualifications which will be required for all personnel and for all facilities to be used by the project; and

(4) Such other pertinent information as the Secretary may require.

### **§ 59.5 What requirements must be met by a family planning project?**

(a) Each project supported under this part must:

(1) Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, preconception health services, and adolescent-friendly health services). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of acceptable and effective medically approved family planning methods and services. Title X service sites that are unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services, must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested.

(2) Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the applicant.<sup>1</sup>

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<sup>1</sup> 42 U.S.C. 300a-8 provides that any officer or employee of the United States, officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or person who receives, under any program receiving Federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.

(3) Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed; protects the dignity of the individual; and ensures equitable and quality service delivery consistent with nationally recognized standards of care.

(4) Provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.

(5) Not provide abortion as a method of family planning.<sup>2</sup> A project must:

(i) Offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options:

(A) Prenatal care and delivery;

(B) Infant care, foster care, or adoption; and

(C) Pregnancy termination.

(ii) If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and, referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling.

(6) Provide that priority in the provision of services will be given to clients from low-income families.

(7) Provide that no charge will be made for services provided to any clients from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge.

(8) Provide that charges will be made for services to clients other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

(i) Family income should be assessed before determining whether copayments or additional fees are charged.

(ii) With regard to insured clients, clients whose family income is at or below 250 percent of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

(9) Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients' self-report. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income.

(10) If a third party (including a Government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any

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<sup>2</sup> Providers may be covered by federal statutes protecting conscience and/or civil rights.

discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX, or XXI agency is required.

(11) (i) Provide that if an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential subrecipients which have previously provided or propose to provide family planning services to the area proposed to be served by the applicant.

(ii) Provide an opportunity for maximum participation by existing or potential subrecipients in the ongoing policy decision making of the project.

(b) In addition to the requirements of paragraph (a) of this section, each project must meet each of the following requirements unless the Secretary determines that the project has established good cause for its omission. Each project must:

(1) Provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.

(2) Provide for social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services which may be necessary to facilitate clinic attendance.

(3) Provide for opportunities for community education, participation, and engagement to:

(i) Achieve community understanding of the objectives of the program;

(ii) Inform the community of the availability of services; and

(iii) Promote continued participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered, quality family planning services.

(4) Provide for orientation and in-service training for all project personnel.

(5) Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.

(6) Provide that family planning medical services will be performed under the direction of a clinical services provider, with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning.

(7) Provide that all services purchased for project participants will be authorized by the project director or their designee on the project staff.

(8) Provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care.



(9) Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the recipient. The recipient must be prepared to substantiate that these rates are reasonable and necessary.

(10) Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

### **§ 59.6 What procedures apply to assure the suitability of informational and educational material (print and electronic)?**

(a) A grant under this section may be made only upon assurance satisfactory to the Secretary that the project shall provide for the review and approval of informational and educational materials (print and electronic) developed or made available under the project by an Advisory Committee prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of Title X of the Act. The project shall not disseminate any such materials which are not approved by the Advisory Committee.

(b) The Advisory Committee referred to in paragraph (a) of this section shall be established as follows:

(1) Size. The committee shall consist of no fewer than five members and up to as many members the recipient determines, except that this provision may be waived by the Secretary for good cause shown.

(2) Composition. The committee shall include individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality).

(3) Function. In reviewing materials, the Advisory Committee shall:

(i) Consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed;

(ii) Consider the standards of the population or community to be served with respect to such materials;

(iii) Review the content of the material to assure that the information is factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed;

(iv) Determine whether the material is suitable for the population or community to which is to be made available; and

(v) Establish a written record of its determinations.

### **§ 59.7 What criteria will the Department of Health and Human Services use to decide which family planning services projects to fund and in what amount?**

(a) Within the limits of funds available for these purposes, the Secretary may award grants for the establishment and operation of those projects which will in the Department's judgment best promote the purposes of section 1001 of the Act, taking into account:

- (1) The number of clients, and, in particular, the number of low-income clients to be served;
- (2) The extent to which family planning services are needed locally;
- (3) The ability of the applicant to advance health equity;
- (4) The relative need of the applicant;
- (5) The capacity of the applicant to make rapid and effective use of the federal assistance;
- (6) The adequacy of the applicant's facilities and staff;
- (7) The relative availability of non-federal resources within the community to be served and the degree to which those resources are committed to the project; and
- (8) The degree to which the project plan adequately provides for the requirements set forth in these regulations.

(b) The Secretary shall determine the amount of any award on the basis of an estimate of the sum necessary for the performance of the project. No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project which was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975.

(c) No grant may be made for an amount equal to 100 percent for the project's estimated costs.

### **§ 59.8 How is a grant awarded?**

(a) The notice of grant award specifies how long HHS intends to support the project without requiring the project to re compete for funds. This anticipated period will usually be for three to five years.

(b) Generally, the grant will initially be for one year and subsequent continuation awards will also be for one year at a time. A recipient must submit a separate application to have the support continued for each subsequent year. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as the recipient's progress and management practices and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.

(c) Neither the approval of any application nor the award of any grant commits or obligates the United States in any way to make any additional, supplemental, continuation, or other award with respect to any approved application or portion of an approved application.

## **§ 59.9 For what purpose may grant funds be used?**

Any funds granted under this subpart shall be expended solely for the purpose for which the funds were granted in accordance with the approved application and budget, the regulations of this subpart, the terms and conditions of the award, and the applicable cost principles prescribed in 45 CFR Part 75.

## **§59.10 Confidentiality.**

(a) All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipient must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client.

(b) To the extent practical, Title X projects shall encourage family participation.<sup>3</sup> However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.

## **§59.11 Additional conditions.**

The Secretary may, with respect to any grant, impose additional conditions prior to, at the time of, or during any award, when in the Department's judgment these conditions are necessary to assure or protect advancement of the approved program, the interests of public health, or the proper use of grant funds.

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<sup>3</sup> 42 U.S.C. 300(a).

## D. Generic Template: FY 22 Title X Notice of Award Terms and Conditions

(Note: The generic NOA template is set out below. Title X recipients should refer to their own NOAs for the specific terms and conditions applicable to their awards.)

### SPECIAL TERMS AND REQUIREMENTS

**1. Program Income Use.** Program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives. Box 28 on this Notice of Award (NoA) indicates Other. Program Income may be used to meet the cost sharing or matching requirement of the federal award. The amount of the federal award stays the same. Program Income in excess of any amounts specified must be added to the federal funds awarded. They must be used for the purposes and conditions of this award for the duration of the Project period. 45 C.F.R. § 75.307 (e).

**2. Program Specific Regulation.** In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 42 CFR Part 59, Subpart A.

**3. OPA Program Priorities.** All recipients must comply with the requirements regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.) and the implementing regulations (42 C.F.R. Part 59, Subpart A), and any legislative mandates. In addition, sterilization of clients as part of the Title X program must be consistent with 42 C.F.R. Part 50, Subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”).

In addition to the statute, regulations, legislative mandates, and additional program guidance that apply to Title X, OPA establishes program priorities that represent overarching goals for the Title X program. OPA expects recipients to develop and implement plans to address program priorities. The current priorities are: 1) advance health equity through the delivery of Title X services; 2) improve and expand access to Title X services; and 3) deliver Title X services of the highest quality.

**4. Notice of Change in Service Sites.** In order to maintain an accurate record of current Title X service sites, grantees must provide notice to the Office of Population Affairs (OPA) of any deletions, additions, or changes to the name, location, street address and email, services provided on-site, and contact information for Title X grantees and service sites. This database will also be used to verify eligibility for 340B program registration and recertification. You must enter your changes to the Title X database within 30 days from the official approval of the change at <https://opa-fpclinicdb.hhs.gov/>. This does not replace the prior approval requirement under HHS grants policy for changes in project scope, including clinic closures.

**5. 304B Program Participation.** If you or your sub-recipient(s) enrolls in the 340B Program, you must comply with all 340B Program requirements. You may be subject to audit at any time regarding 340B Program compliance. 340B Program requirements are available at <https://www.hrsa.gov/opa/program-requirements/index.html>.

**6. FPAR reporting.** For each calendar year covered by the project period, you will be required to submit a Family Planning Annual Report (FPAR). The information collection (reporting requirements) and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0479 (Expires 9/30/2024). The FPAR data elements, instrument, and instructions are found on the OPA Web site at <http://opa.hhs.gov>. You are expected to use the FPAR data to inform your QI/QA activities.

**7. Evaluation Cooperation.** The grantee is expected to participate in OPA research and evaluation activities, if selected, and must agree to follow all evaluation protocols established by OPA or its designee.

**8. Grantee Meetings.** The grantee is encouraged to actively participate in all OPA-supported Title X grantee meetings and grantee conferences. In addition to training and technical assistance available from the Reproductive Health National Training Center and the National Clinical Training Center for Family Planning, OPA is planning to conduct two Title X grantee trainings in 2022 and a Title X grantee conference in 2023.

**9. Institutional Review Board (IRB).** Institutional Review Board (IRB) approvals, when required, must be submitted via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to your receipt of the IRB approval.

**10. Maximizing Access.** In furtherance of maximizing access and best serving individuals in need in the service areas, recipients should make reasonable efforts to avoid duplication of effort in the provision of services across the Title X network. For example, Title X recipients' coverage areas may overlap geographically, but duplication of subrecipient sites could be minimized or avoided to create more opportunities for services.

**11. Prior Approval for Vehicle Purchases.** No mobile health unit(s) or other vehicle(s), even if proposed in the application for this award, may be purchased with award funds without prior written approval from the grant management officer. Requests for approval of such purchases must include a justification with a cost-benefit analysis comparing both purchase and lease options. Such requests must be submitted as a Budget Revision Amendment in Grant Solutions.

## STANDARD TERMS

**1. Compliance with Terms and Conditions.** You must comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements (GPS), (note any references in the GPS to 45 C.F.R. Part 74 or 92 are now replaced by 45 C.F.R. Part 75, and the SF-269 is now the SF-425), and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. By drawing or otherwise obtaining funds for the award from the grant payment system or office, you accept the terms and conditions of the award and agree to perform in accordance with the requirements of the award. The HHS Grants Policy Statement is available at: <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Uniform

Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards are at 45 C.F.R. Part 75.

**2. Grants Management Officer Prior Approval Requirements.** Certain changes to your project or personnel require prior approval from the Grants Management Officer (GMO). (See Part II, HHS Grants Policy Statement (GPS), any references in the GPS to 45 C.F.R. Part 74 or 92 are now replaced by 45 C.F.R. Part 75). All amendment requests requiring prior approval must be signed by the grantee authorizing official and or PI/PD and submitted through the GrantSolutions Amendment Module. Only responses signed by the GMO are considered valid. If you take action on the basis of responses from other officials or individuals, you do so at your own risk. Such responses will not be considered binding by or upon any OASH Office or HHS component. Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within the GrantSolutions system. Include the federal grant number and signature of the authorized business official and the project director on all such correspondence.

**3. Salary Limitation (Further Consolidated Appropriations Act, 2022, Div. H, Title II, sec. 202).** “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.”

The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2022, the Executive Level II salary is \$203,700. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual’s direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual’s salary amount in excess of the salary cap with non-federal funds.

#### **4. Reporting Subawards and Executive Compensation.**

##### A. Reporting of first-tier subawards.

###### 1) Applicability.

Unless you are exempt as provided in paragraph D. of this award term, you must report each action that obligates \$30,000 or more in federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111–5) for a subaward to an entity (see definitions in paragraph e. of this award term).

###### 2) Where and when to report.

You must report each obligating action described in paragraph A.1. of this award term to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FFRS). For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

###### 3) What to report.

You must report the information about each obligating action as specified in the submission instructions posted at <http://www.fsr.gov>.

## B. Reporting Total Compensation of Recipient Executives.

### 1) Applicability and what to report.

You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

a) The total federal funding authorized to date under this award is \$30,000 or more;

b) In the preceding fiscal year, you received—

(1) 80 percent or more of your annual gross revenues from federal procurement contracts (and subcontracts) and federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts) and federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. §170.320 (and subawards); and

c) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

### 2) Where and when to report.

You must report executive total compensation described in paragraph B.1. of this award term:

a) As part of your registration profile in the System for Award Management (SAM).

b) By the end of the month following the month in which this award is made, and annually thereafter.

## C. Reporting of Total Compensation of Subrecipient Executives.

### 1) Applicability and what to report.

Unless you are exempt as provided in paragraph D of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

a) In the subrecipient's preceding fiscal year, the subrecipient received—

(1) 80 percent or more of its annual gross revenues from federal procurement contracts (and subcontracts) and federal financial assistance subject to the Transparency Act, as defined at 2 C.F.R. § 170.320 (and subawards); and

(2) \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and subawards); and

b) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

2) Where and when to report.

You must report subrecipient executive total compensation described in paragraph C.1. of this award term:

a) To the recipient.

b) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions.

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

1) Subawards, and

2) The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions.

For purposes of this award term:

1) "Entity"

This term means all of the following, as defined in 2 C.F.R. Part 25:

a) A Governmental organization, which is a State, local government, or Indian tribe;



- b) A foreign public entity;
- c) A domestic or foreign nonprofit organization;
- d) A domestic or foreign for-profit organization;
- e) A federal agency, but only as a subrecipient under an award or subaward to a non-federal entity.

2) "Executive"

This term means officers, managing partners, or any other employees in management positions.

3) "Subaward":

- a) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
- b) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II .210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
- c) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4) "Subrecipient"

This term means an entity that:

- a) Receives a subaward from you (the recipient) under this award; and
- b) Is accountable to you for the use of the federal funds provided by the subaward.

5) "Total compensation"

This term means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 C.F.R. § 229.402(c)(2)):

- a) Salary and bonus.
- b) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

c) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization, or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.

d) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

e) Above-market earnings on deferred compensation which is not tax-qualified.

f) Other compensation, if the aggregate value of all such other compensation (e.g., severance, termination payments, value of life insurance paid on behalf of the employee, perquisites, or property) for the executive exceeds \$10,000.

## **5. Intellectual Property and Data Rights.**

A. Data. The federal government has the right to: 1) Obtain, reproduce, publish, or otherwise use the data produced under this award; and 2) Authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

B. Copyright. The awardee may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes, and to authorize others to do so.

C. Patents and Inventions. The awardee is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401.

**6. Acknowledgement of Federal Grant Support.** When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as toolkits, resource guides, websites, and presentations (hereafter "statements")--describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and,

2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the OASH federal project officer and the OASH grants management officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance to allow for coordination.

**7. Whistleblower Protections.** You are hereby given notice that the 48 C.F.R. § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled “Enhancement of contractor protection from reprisal for disclosure of certain information”) applies to this award.

## **8. Reporting of Matters Related to Recipient Integrity and Performance.**

### **A. General Reporting Requirement**

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

## B. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- 1) Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;
- 2) Reached its final disposition during the most recent five-year period; and
- 3) If one of the following:
  - a) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
  - b) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
  - c) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
  - d) Any other criminal, civil, or administrative proceeding if:
    - (1) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
    - (2) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
    - (3) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

## C. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph B of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

## D. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph A of this award term and condition, you must report proceedings information through SAM for the most recent five-year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have federal contract, grant, and cooperative

agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

#### E. Definitions

For purposes of this award term and condition:

- 1) Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- 2) Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- 3) Total value of currently active grants, cooperative agreements, and procurement contracts includes—
  - a) Only the federal share of the funding under any federal award with a recipient cost share or match; and
  - b) The value of all expected funding increments under a federal award and options, even if not yet exercised.

#### F. Disclosure Requirements.

Consistent with 45 C.F.R. § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

HHS OASH Grants and Acquisitions Management  
1101 Wootton Parkway, Plaza Level  
Rockville, MD 20852

AND

US Department of Health and Human Services Office of Inspector General  
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES PO Box 23489  
Washington, DC 20026

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp>

(Include "Mandatory Grant Disclosures" in subject line)

Fax: 1-800-223-8164 (Include "Mandatory Grant Disclosures" in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371 ("Remedies for noncompliance"), including suspension or debarment (See also 2 C.F.R. Parts 180 & 376 and 31 U.S.C. § 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

**9. Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.** You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

-- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see

<https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.

-- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

-- HHS funded health and education programs must be administered in an environment free of sexual harassment, see

<https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.

-- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

**10. Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104)

A. Provisions applicable to a recipient that is a private entity.

1) You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not

a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

b) Procure a commercial sex act during the period of time that the award is in effect; or

c) Use forced labor in the performance of the award or subawards under the award.

2) We as the federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

a) Is determined to have violated a prohibition in paragraph A.1 of this award term; or

b) Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph A.1 of this award term through conduct that is either-

(1) Associated with performance under this award; or

(2) Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

B. Provision applicable to a recipient other than a private entity.

We as the federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

1) Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

2) Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either

a) Associated with performance under this award; or

b) Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 C.F.R. Part 376.

C. Provisions applicable to any recipient.

1) You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph A.1 of this award term

2) Our right to terminate unilaterally that is described in paragraph A.2 or B of this section:

a) Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7104(g)), and

b) Is in addition to all other remedies for noncompliance that are available to us under this award.

3) You must include the requirements of paragraph A.1 of this award term in any subaward you make to a private entity.

D. Definitions. For purposes of this award term:

1) "Employee" means either:

a) An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or

b) Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2) "Forced labor" means:

Labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3) "Private entity":

a) Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 C.F.R. § 175.25.

b) Includes:

(1) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 C.F.R. § 175.25(b).

(2) A for-profit organization.

4) "Severe forms of trafficking in persons," "commercial sex act," and "coercion"



These terms have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. § 7102)

#### **11. Prohibition on certain telecommunications and video surveillance services or equipment.**

A. As described in CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- 1) Procure or obtain,
- 2) Extend or renew a contract to procure or obtain; or
- 3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical

technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

- a) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
- b) Telecommunications or video surveillance services provided by such entities or using such equipment.
- c) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

## **REPORTING REQUIREMENTS**

**1. Financial Reporting Requirement—Federal Financial Report (FFR) SF 425.** Effective October 1, 2020, you must submit your SF-425 to OASH using the Department of Health and Human Services (HHS) Payment Management System for any OASH awards with a project period ending October 1, 2020, or later. Failure to submit the FFR in the correct system by the due date may delay processing of any pending requests or applications.

OASH and the Program Support Center are collaborating in the submission of the SF-425 to reduce the burden on grantees and assist with the reconciliation of expenditures and disbursements, and to allow for timely closeout of grants. Your submission must be through the HHS Payment Management System. SF-425 submissions through Grant Solutions will no longer be accepted for OASH awards.

You must use the SF-425 Federal Financial Report (FFR) for expenditure reporting. To assist in your preparation for submission you may find the SF-425 and instructions for completing the form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>. You must complete all sections of the FFR.

A. Quarterly FFR Due Date.

Your FFR is due 30 days after the end of each Quarter in the federal fiscal year. That is for the:

Quarter ending September 30, your FFR is due October 30  
Quarter ending December 31, your FFR is due January 30  
Quarter ending March 30, your FFR is due April 30  
Quarter ending June 30, your FFR is due July 30.

B. Final FFR Due Date.

Your final FFR covering the entire project is due 90 days after the end date for your project period.

C. Past due reports.

If you have not submitted by the due date, you will receive a message indicating the report is Past Due. Please ensure your Payment Management System account and contact information are up to date so you receive notifications.

D. Electronic Submission.

Electronic Submissions are accepted only via the HHS Payment Management System – No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module when submitting. If you encounter any difficulties, contact the HHS Payment Management System Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of your assigned Grants Management Specialist.

**2. Annual Progress Report Requirements.** You must submit annual progress reports 90 days after the end of each performance reporting period unless otherwise required under the Special Terms and Requirements for this award. Your progress reports must address content required by 45 CFR § 75.342(b) (2). Additional progress reporting may be required under Special Terms and Requirements as required by statute, regulation, or specific circumstances warranting additional monitoring. Additional guidance may be provided by the Program Office. Reports must be submitted electronically via upload to Grant Notes in GrantSolutions.

**3. Audit Requirements.** The Single Audit Act Amendments of 1996 (31 U.S.C. §§ 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all non-federal entities expending federal awards and must be consistent with the standards set out at 45 CFR Part 75, Subpart F (“Audit Requirements”). The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <https://harvester.census.gov/facides/Account/Login.aspx>.

## CONTACTS

**1. Fraud, Waste, and Abuse.** The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG through various channels.

Internet: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

Phone: 1-800-HHS-TIPS (1-800-447-8477)

Mail: US Department of Health and Human Services Office of Inspector General

ATTN: OIG HOTLINE OPERATIONS PO Box 23489

Washington, DC 20026

For additional information visit <https://oig.hhs.gov/fraud/report-fraud/index.asp>

**2. Payment Procedures.** Payments for grants awarded by OASH Program Offices are made through Payment Management Services (previously known as the Division of Payment Management) <https://pms.psc.gov/home.html> PMS is administered by the Program Support Center (PSC), HHS. NOTE: Please contact the Payment Management Services to establish an account if you do not have one.

Inquiries regarding payments should be directed to <https://pms.psc.gov/home.html>; or Payment Management Services, P.O. Box 6021, Rockville, MD 20852; or 1-877-614-5533.

**3. Use of Grant Solutions.** GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Principal Investigator/Program Director roles. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official.

For assistance on GrantSolutions issues please contact: GrantSolutions User Support at 202-401-5282 or 866-577-0771, email [help@grantsolutions.gov](mailto:help@grantsolutions.gov), Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at <https://grantsolutions.secure.force.com/>.

**4. Grants Administration Assistance.** For assistance on grants administration issues please contact the Grants Management Specialist listed in Box 9 on page 1 of this Notice of Award or mail:

OASH Grants and Acquisitions Management Division

Department of Health and Human Services

Office of the Secretary

Office of the Assistant Secretary for Health

1101 Wootton Parkway, Rockville, MD 20852