

**From:** [jessica.killeen@governor.virginia.gov](mailto:jessica.killeen@governor.virginia.gov) on behalf of [FOIA\\_rr](#)  
**To:** [Bill Marshall](#)  
**Subject:** FOIA Request  
**Date:** Tuesday, March 12, 2019 5:46:36 PM  
**Attachments:** [Responsive Documents.pdf](#)

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Dear Mr. Marshall,

The Office of the Governor is in receipt of your request under the Virginia Freedom of Information Act, § 2.2-3700, et seq. You requested:

All internal records of communications, including but not limited to emails and text messages, sent to or from Governor Ralph Northam or members of his staff related to abortion, blackface, the Ku Klux Klan (**KKK**), and/or the possible resignation of Governor Northam.

Pursuant to our conversations, you clarified you limited your request specifically to internal communications and no external communications, such as constituent correspondence, press inquiries and public documents (such as press releases). You clarified you were seeking records from the Governor's Office.

Therefore, please see the attached documents responsive to your request.

There are approximately 24 additional documents responsive to your request. However, the Office is withholding the record pursuant to Virginia Code Section 2.2-3705.7(2) (some of those documents also contain attorney-client privilege).

Below is a break-down of charges for processing your request:

Staff Person	Time (Hours)	Hourly Rate	Total Charges
Jessica Killeen, Deputy Counsel	4	\$22.50	\$90.00
Connor Andrews, Policy Analyst	1	\$12.00	\$12.00
TOTAL	5		\$102.00

In order to pay, please send a check payable to the Treasurer of Virginia, to the following address:

Office of the Governor  
ATTN: Jessica R. Killeen  
1111 East Broad Street  
Richmond, Virginia 23219

Best,

Jessica

--

Jessica R. Killeen  
Deputy Counsel to Governor Ralph S. Northam  
Office of the Governor  
Patrick Henry Building

1111 East Broad Street  
Richmond, Virginia 23219  
Office Number: (804) 663-7880



Yheskel, Ofirah &lt;ofirah.yheskel@governor.virginia.gov&gt;

**Fwd: Topline messages for Northam**

1 message

**Berger, Gena** <gena.berger@governor.virginia.gov>

Wed, Jan 30, 2019 at 5:45 PM

To: Alena Yarmosky &lt;alena.yarmosky@governor.virginia.gov&gt;, Ofirah Yheskel &lt;ofirah.yheskel@governor.virginia.gov&gt;

----- Forwarded message -----

From: **Missy Wesolowski** <mwesolowski@ppav.org>

Date: Wed, Jan 30, 2019 at 5:31 PM

Subject: Fwd: Topline messages for Northam

To: &lt;gena.berger@governor.virginia.gov&gt;

Begin forwarded message:

**From:** Alexis Rodgers <arodgers@ppav.org>**Date:** January 30, 2019 at 5:20:43 PM EST**To:** Missy Wesolowski <mwesolowski@ppav.org>**Subject:** Topline messages for Northam**Topline messages for Northam:**

- Let's set the record straight: There is no such thing as an abortion up until birth. The idea that this bill somehow allows a woman to have an abortion up to or as she gives birth is flat-out untrue — it's simply not how medical care works, and it's frankly irresponsible to imply that it is.
- Let's be clear -- doctors and patients must have the ability to make the best health care decisions for the patient in the privacy of the exam room.
- Making a decision about whether to continue a pregnancy is a complex and personal decision. Politicians have no place in this process. A patient's health must drive important medical decisions.
- As a physician, I know how important it is to trust my patients and for my patients to trust me. Every person should be able to make the best health care decisions for their circumstance.
- Despite sensationalized and insensitive commentary from anti-abortion extremists, we are talking about circumstances in which the health and life of the pregnant person is at risk. These are complicated medical decisions that families deserve to make in private without political interference.

**Tricky Q&A****Q: Can a woman get an abortion if she's in labor? (if possible, answer on background, not for attribution)**

The way politicians and anti-abortion groups are characterizing safe, legal abortion is completely inaccurate and misleading. If a woman is in labor, she couldn't and wouldn't have an abortion. That

suggestion is not only misleading, it's callous. The truth is, abortions later in pregnancy are extremely rare, and are almost exclusively done for reasons of maternal health or severe fetal impairment.

**Q: Can a woman get an abortion for mental health reasons?**

The way politicians and anti-abortion groups are characterizing medical care and abortion is completely inaccurate and misleading. Physicians must provide their best clinical judgment in treating the whole person. Every person's situation is different and many times there are no simple answers. Making a decision to continue or end a pregnancy can be a complex medical and personal decision. In the end, every woman's circumstances are unique and politicians' judgment should not be substituted for that of a woman and her doctor.

**Q: Why can't we have a bright-line rule with some exceptions carved out?**

A: Laws that ban the provision of abortion after a certain week with limited exceptions fail to take into account the complex range of circumstances that each woman and her family may face. Simply put, physicians must be able to make a case-by-case determination of whether a fetus is viable. Because each situation is different, we should not deny a woman the ability to make her own decisions in consultation with those she trusts the most.

Bright-line rules with carve-outs can require physicians to ignore the best available medical evidence and prove that the pregnancy falls within the limited exceptions written by politicians, who are not generally medical experts. Furthermore, when politicians draft exceptions into law they are typically too narrow or vague for physicians to have confidence that they would avoid prosecution, even if in their medical judgment their patient fits into a stated exception. Therefore, these laws often effectively ban all abortions after a certain cut-off, even when a woman's health is at risk or her fetus is diagnosed with a severe fetal anomaly.

**Q: When does life begin?**

Questions about when life begins are personal, and it's just not that simple. For some it's based on faith, for others it's a matter of science or medicine. One thing I do know is that politicians aren't the experts--and it's not an issue that the American people want to be legislated.

**Q: If pressed on whether you support/oppose abortion in specific instances:**

It's just not that simple. I don't know a woman's specific situation--I am not in her shoes. Ultimately, decisions about whether to choose adoption end a pregnancy, or raise a child must be left to a woman, her family and her faith, with the counsel of her doctor.

**Q: When is viability?**

The precise date of viability is inexact and may vary with each pregnancy. In a healthy pregnancy, viability is generally reached around 24 weeks. Some pregnancies — no matter how many weeks — will never be viable. We can all agree that it's important for a woman to have medically accurate information about her health and the health of her pregnancy in these tragic situations—and not shaming, judgment and government interference.

--

Gena Boyle Berger, MPA  
Deputy Secretary of Health and Human Resources  
804.225.3048 (o)  
gena.berger@governor.virginia.gov



Mansell, Matt &lt;matt.mansell@governor.virginia.gov&gt;

## Votes on 2012 Ultrasound Bill

Hutchinson, Carter <carter.hutchinson@governor.virginia.gov>  
To: "Mansell, Matt" <matt.mansell@governor.virginia.gov>

Thu, Jan 31, 2019 at 9:58 AM

Pasted below and attached:

**2012: SB 484 Abortion; ultrasound required at least 24 hours prior to undergoing procedure.**  
(link to bill)

01/26/12 - Senate: Reported from Education and Health with substitute (8-Y 7-N)

YEAS--Martin, Newman, Blevins, Smith, McWaters, Black, Carrico, Garrett--8.

NAYS--Saslaw, Lucas, Howell, Locke, Barker, Northam, Miller, J.C.--7.

Floor: 01/30/12 - Senate: Amendment by Senator Howell rejected (19-Y 21-N)

YEAS--Barker, Blevins, Deeds, Ebbin, Edwards, Favola, Herring, Howell, Locke, Lucas, Marsden, Marsh, McEachin, Miller, J.C., Miller, Y.B., Petersen, Puckett, Puller, Saslaw--19.

NAYS--Black, Carrico, Colgan, Garrett, Hanger, Martin, McDougle, McWaters, Newman, Norment, Northam, Obenshain, Reeves, Ruff, Smith, Stanley, Stosch, Stuart, Vogel, Wagner, Watkins--21.

Senator Blevins stated that he voted yea on the question of agreeing to the amendment offered by Senator Howell to S.B. 484, whereas he intended to vote nay.

02/15/12 - House: Reported from Courts of Justice (14-Y 4-N)

YEAS--Albo, Kilgore, Bell, Robert B., Cline, Iaquinto, Gilbert, Miller, Loupassi, Villanueva, Habeeb, Farrell, Minchew, Morris, Johnson--14.

NAYS--Watts, Toscano, Herring, McClellan--4.

Floor: 02/21/12 - House: Motion to pass by indefinitely rejected (32-Y 68-N)

YEAS--Alexander, BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, McClellan, McQuinn, Morrissey, Plum, Scott, J.M., Sickles, Spruill, Surovell, Tata, Torian, Toscano, Tyler, Ward, Ware, O., Watts--32.

NAYS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Marshall, R.G., Massie, May, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Rust, Scott, E.T., Sherwood, Stolle, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--68.

Floor: 02/22/12 - House: Motion to rerefer to committee rejected (33-Y 67-N)

YEAS--Alexander, BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Johnson, Keam, Kory, Lewis, Lopez, McClellan, McQuinn, Morrissey, Plum, Scott, J.M., Sickles, Spruill, Surovell, Tata, Torian, Toscano, Tyler, Ward, Ware, O., Watts--33.

Obtained via Virginia FOIA by Judicial Watch, Inc.

NAYS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Marshall, R.G., Massie, May, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Rust, Scott, E.T., Sherwood, Stolle, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--67.

Floor: 02/22/12 - House: Substitute by Delegate Albo agreed to 12105599-H2 (66-Y 33-N)

YEAS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Massie, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Scott, E.T., Sherwood, Stolle, Tata, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--66.

NAYS--BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, Marshall, R.G., May, McClellan, McQuinn, Morrissey, Plum, Rust, Scott, J.M., Sickles, Spruill, Surovell, Torian, Toscano, Tyler, Ward, Ware, O., Watts--33.

NOT VOTING--Alexander--1.

Delegate Alexander was recorded as not voting. Intended to vote nay.

Floor: 02/22/12 - House: Passed House with substitute (65-Y 32-N 1-A)

YEAS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Massie, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Putney, Ramadan, Ransone, Robinson, Rush, Scott, E.T., Sherwood, Stolle, Tata, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--65.

NAYS--BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, May, McClellan, McQuinn, Morrissey, Plum, Rust, Scott, J.M., Sickles, Spruill, Surovell, Torian, Toscano, Tyler, Ward, Ware, O., Watts--32.

ABSTENTIONS--Marshall, R.G.--1.

NOT VOTING--Alexander, Purkey--2.

Delegate Alexander was recorded as not voting. Intended to vote nay.

Floor: 02/24/12 - Senate: Stricken from Senate calendar (31-Y 2-N)

YEAS--Barker, Blevins, Carrico, Colgan, Deeds, Ebbin, Edwards, Favola, Hanger, Herring, Howell, Locke, Lucas, Marsden, Marsh, McDougale, McEachin, Miller, J.C., Miller, Y.B., Newman, Normont, Northam, Puckett, Puller, Ruff, Saslaw, Stosch, Stuart, Vogel, Wagner, Watkins--31.

NAYS--Garrett, Reeves--2.

RULE 36--0.

NOT VOTING--Black, Martin, McWaters, Obenshain, Petersen, Smith, Stanley--7.

--  
Carter Hutchinson

3/8/2019

Commonwealth of Virginia Mail - Votes on 2012 Ultrasound Bill

Deputy Policy Director  
Office of Governor Northam  
540-292-0397

Obtained via Virginia FOIA by Judicial Watch, Inc.



**Votes on 2012 Transvaginal Ultrasound bill.docx**  
14K



**2012: SB 484 Abortion; ultrasound required at least 24 hours prior to undergoing procedure.**  
(link to bill)

01/26/12 - Senate: Reported from Education and Health with substitute (8-Y 7-N)

YEAS--Martin, Newman, Blevins, Smith, McWaters, Black, Carrico, Garrett--8.

NAYS--Saslaw, Lucas, Howell, Locke, Barker, Northam, Miller, J.C.--7.

Floor: 01/30/12 - Senate: Amendment by Senator Howell rejected (19-Y 21-N)

YEAS--Barker, Blevins, Deeds, Ebbin, Edwards, Favola, Herring, Howell, Locke, Lucas, Marsden, Marsh, McEachin, Miller, J.C., Miller, Y.B., Petersen, Puckett, Puller, Saslaw--19.

NAYS--Black, Carrico, Colgan, Garrett, Hanger, Martin, McDougale, McWaters, Newman, Norment, Northam, Obenshain, Reeves, Ruff, Smith, Stanley, Stosch, Stuart, Vogel, Wagner, Watkins--21.

Senator Blevins stated that he voted yea on the question of agreeing to the amendment offered by Senator Howell to S.B. 484, whereas he intended to vote nay.

02/15/12 - House: Reported from Courts of Justice (14-Y 4-N)

YEAS--Albo, Kilgore, Bell, Robert B., Cline, Iaquinto, Gilbert, Miller, Loupassi, Villanueva, Habeeb, Farrell, Minchew, Morris, Johnson--14.

NAYS--Watts, Toscano, Herring, McClellan--4.

Floor: 02/21/12 - House: Motion to pass by indefinitely rejected (32-Y 68-N)

YEAS--Alexander, BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, McClellan, McQuinn, Morrissey, Plum, Scott, J.M., Sickles, Spruill, Surovell, Tata, Torian, Toscano, Tyler, Ward, Ware, O., Watts--32.

NAYS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Marshall, R.G., Massie, May, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Rust, Scott, E.T., Sherwood, Stolle, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--68.

Floor: 02/22/12 - House: Motion to rerefer to committee rejected (33-Y 67-N)

YEAS--Alexander, BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Johnson, Keam, Kory, Lewis, Lopez, McClellan, McQuinn, Morrissey, Plum, Scott, J.M., Sickles, Spruill, Surovell, Tata, Torian, Toscano, Tyler, Ward, Ware, O., Watts--33.



NAYS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Marshall, R.G., Massie, May, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Rust, Scott, E.T., Sherwood, Stolle, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--67.

Floor: 02/22/12 - House: Substitute by Delegate Albo agreed to 12105599-H2 (66-Y 33-N)

YEAS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Massie, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Scott, E.T., Sherwood, Stolle, Tata, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--66.

NAYS--BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, Marshall, R.G., May, McClellan, McQuinn, Morrissey, Plum, Rust, Scott, J.M., Sickles, Spruill, Surovell, Torian, Toscano, Tyler, Ward, Ware, O., Watts--33.

NOT VOTING--Alexander--1.

Delegate Alexander was recorded as not voting. Intended to vote nay.

Floor: 02/22/12 - House: Passed House with substitute (65-Y 32-N 1-A)

YEAS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Massie, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Putney, Ramadan, Ransone, Robinson, Rush, Scott, E.T., Sherwood, Stolle, Tata, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--65.

NAYS--BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, May, McClellan, McQuinn, Morrissey, Plum, Rust, Scott, J.M., Sickles, Spruill, Surovell, Torian, Toscano, Tyler, Ward, Ware, O., Watts--32.

ABSTENTIONS--Marshall, R.G.--1.

NOT VOTING--Alexander, Purkey--2.

Delegate Alexander was recorded as not voting. Intended to vote nay.

Floor: 02/24/12 - Senate: Stricken from Senate calendar (31-Y 2-N)

YEAS--Barker, Blevins, Carrico, Colgan, Deeds, Ebbin, Edwards, Favola, Hanger, Herring, Howell, Locke, Lucas, Marsden, Marsh, McDougale, McEachin, Miller, J.C., Miller, Y.B., Newman, Norment, Northam, Puckett, Puller, Ruff, Saslaw, Stosch, Stuart, Vogel, Wagner, Watkins--31.

NAYS--Garrett, Reeves--2.

RULE 36--0.

NOT VOTING--Black, Martin, McWaters, Obenshain, Petersen, Smith, Stanley--7.



Hutchinson, Carter &lt;carter.hutchinson@governor.virginia.gov&gt;

## Votes on 2012 Ultrasound Bill

1 message

Hutchinson, Carter <carter.hutchinson@governor.virginia.gov>  
To: "Mansell, Matt" <matt.mansell@governor.virginia.gov>

Thu, Jan 31, 2019 at 9:58 AM

Pasted below and attached:

**2012: SB 484 Abortion; ultrasound required at least 24 hours prior to undergoing procedure.**  
(link to bill)

01/26/12 - Senate: Reported from Education and Health with substitute (8-Y 7-N)

YEAS--Martin, Newman, Blevins, Smith, McWaters, Black, Carrico, Garrett--8.

NAYS--Saslaw, Lucas, Howell, Locke, Barker, Northam, Miller, J.C.--7.

Floor: 01/30/12 - Senate: Amendment by Senator Howell rejected (19-Y 21-N)

YEAS--Barker, Blevins, Deeds, Ebbin, Edwards, Favola, Herring, Howell, Locke, Lucas, Marsden, Marsh, McEachin, Miller, J.C., Miller, Y.B., Petersen, Puckett, Puller, Saslaw--19.

NAYS--Black, Carrico, Colgan, Garrett, Hanger, Martin, McDougle, McWaters, Newman, Norment, Northam, Obenshain, Reeves, Ruff, Smith, Stanley, Stosch, Stuart, Vogel, Wagner, Watkins--21.

Senator Blevins stated that he voted yea on the question of agreeing to the amendment offered by Senator Howell to S.B. 484, whereas he intended to vote nay.

02/15/12 - House: Reported from Courts of Justice (14-Y 4-N)

YEAS--Albo, Kilgore, Bell, Robert B., Cline, Iaquinto, Gilbert, Miller, Loupassi, Villanueva, Habeeb, Farrell, Minchew, Morris, Johnson--14.

NAYS--Watts, Toscano, Herring, McClellan--4.

Floor: 02/21/12 - House: Motion to pass by indefinitely rejected (32-Y 68-N)

YEAS--Alexander, BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, McClellan, McQuinn, Morrissey, Plum, Scott, J.M., Sickles, Spruill, Surovell, Tata, Torian, Toscano, Tyler, Ward, Ware, O., Watts--32.

NAYS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Marshall, R.G., Massie, May, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Rust, Scott, E.T., Sherwood, Stolle, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--68.

Floor: 02/22/12 - House: Motion to rerefer to committee rejected (33-Y 67-N)

YEAS--Alexander, BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Johnson, Keam, Kory, Lewis, Lopez, McClellan, McQuinn, Morrissey, Plum, Scott, J.M., Sickles, Spruill, Surovell, Tata, Torian, Toscano, Tyler, Ward, Ware, O., Watts--33.

NAYS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Marshall, R.G., Massie, May, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Rust, Scott, E.T., Sherwood, Stolle, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--67.

Floor: 02/22/12 - House: Substitute by Delegate Albo agreed to 12105599-H2 (66-Y 33-N)

YEAS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Massie, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Scott, E.T., Sherwood, Stolle, Tata, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--66.

NAYS--BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, Marshall, R.G., May, McClellan, McQuinn, Morrissey, Plum, Rust, Scott, J.M., Sickles, Spruill, Surovell, Torian, Toscano, Tyler, Ward, Ware, O., Watts--33.

NOT VOTING--Alexander--1.

Delegate Alexander was recorded as not voting. Intended to vote nay.

Floor: 02/22/12 - House: Passed House with substitute (65-Y 32-N 1-A)

YEAS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Massie, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Putney, Ramadan, Ransone, Robinson, Rush, Scott, E.T., Sherwood, Stolle, Tata, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--65.

NAYS--BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, May, McClellan, McQuinn, Morrissey, Plum, Rust, Scott, J.M., Sickles, Spruill, Surovell, Torian, Toscano, Tyler, Ward, Ware, O., Watts--32.

ABSTENTIONS--Marshall, R.G.--1.

NOT VOTING--Alexander, Purkey--2.

Delegate Alexander was recorded as not voting. Intended to vote nay.

Floor: 02/24/12 - Senate: Stricken from Senate calendar (31-Y 2-N)

YEAS--Barker, Blevins, Carrico, Colgan, Deeds, Ebbin, Edwards, Favola, Hanger, Herring, Howell, Locke, Lucas, Marsden, Marsh, McDougle, McEachin, Miller, J.C., Miller, Y.B., Newman, Norment, Northam, Puckett, Puller, Ruff, Saslaw, Stosch, Stuart, Vogel, Wagner, Watkins--31.

NAYS--Garrett, Reeves--2.

RULE 36--0.

NOT VOTING--Black, Martin, McWaters, Obenshain, Petersen, Smith, Stanley--7.

--  
Carter Hutchinson

3/12/2019

Commonwealth of Virginia Mail - Votes on 2012 Ultrasound Bill  
Obtained via Virginia FOIA by Judicial Watch, Inc.

Deputy Policy Director  
Office of Governor Northam  
540-292-0397



**Votes on 2012 Transvaginal Ultrasound bill.docx**  
14K

**2012: SB 484 Abortion; ultrasound required at least 24 hours prior to undergoing procedure.**  
([link to bill](#))

01/26/12 - Senate: Reported from Education and Health with substitute (8-Y 7-N)

YEAS--Martin, Newman, Blevins, Smith, McWaters, Black, Carrico, Garrett--8.

NAYS--Saslaw, Lucas, Howell, Locke, Barker, Northam, Miller, J.C.--7.

Floor: 01/30/12 - Senate: Amendment by Senator Howell rejected (19-Y 21-N)

YEAS--Barker, Blevins, Deeds, Ebbin, Edwards, Favola, Herring, Howell, Locke, Lucas, Marsden, Marsh, McEachin, Miller, J.C., Miller, Y.B., Petersen, Puckett, Puller, Saslaw--19.

NAYS--Black, Carrico, Colgan, Garrett, Hanger, Martin, McDougale, McWaters, Newman, Norment, Northam, Obenshain, Reeves, Ruff, Smith, Stanley, Stosch, Stuart, Vogel, Wagner, Watkins--21.

Senator Blevins stated that he voted yea on the question of agreeing to the amendment offered by Senator Howell to S.B. 484, whereas he intended to vote nay.

02/15/12 - House: Reported from Courts of Justice (14-Y 4-N)

YEAS--Albo, Kilgore, Bell, Robert B., Cline, Iaquinto, Gilbert, Miller, Loupassi, Villanueva, Habeeb, Farrell, Minchew, Morris, Johnson--14.

NAYS--Watts, Toscano, Herring, McClellan--4.

Floor: 02/21/12 - House: Motion to pass by indefinitely rejected (32-Y 68-N)

YEAS--Alexander, BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, McClellan, McQuinn, Morrissey, Plum, Scott, J.M., Sickles, Spruill, Surovell, Tata, Torian, Toscano, Tyler, Ward, Ware, O., Watts--32.

NAYS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Marshall, R.G., Massie, May, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Rust, Scott, E.T., Sherwood, Stolle, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--68.

Floor: 02/22/12 - House: Motion to rerefer to committee rejected (33-Y 67-N)

YEAS--Alexander, BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Johnson, Keam, Kory, Lewis, Lopez, McClellan, McQuinn, Morrissey, Plum, Scott, J.M., Sickles, Spruill, Surovell, Tata, Torian, Toscano, Tyler, Ward, Ware, O., Watts--33.

NAYS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Marshall, R.G., Massie, May, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Rust, Scott, E.T., Sherwood, Stolle, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--67.

Floor: 02/22/12 - House: Substitute by Delegate Albo agreed to 12105599-H2 (66-Y 33-N)

YEAS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Massie, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Purkey, Putney, Ramadan, Ransone, Robinson, Rush, Scott, E.T., Sherwood, Stolle, Tata, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--66.

NAYS--BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, Marshall, R.G., May, McClellan, McQuinn, Morrissey, Plum, Rust, Scott, J.M., Sickles, Spruill, Surovell, Torian, Toscano, Tyler, Ward, Ware, O., Watts--33.

NOT VOTING--Alexander--1.

Delegate Alexander was recorded as not voting. Intended to vote nay.

Floor: 02/22/12 - House: Passed House with substitute (65-Y 32-N 1-A)

YEAS--Albo, Anderson, Bell, Richard P., Bell, Robert B., Byron, Cline, Cole, Comstock, Cosgrove, Cox, J.A., Cox, M.K., Crockett-Stark, Dudenhefer, Edmunds, Fariss, Farrell, Garrett, Gilbert, Greason, Habeeb, Head, Helsel, Hodges, Hugo, Iaquinto, Ingram, Johnson, Jones, Kilgore, Knight, Landes, LeMunyon, Lingamfelter, Loupassi, Marshall, D.W., Massie, Merricks, Miller, Minchew, Morefield, Morris, O'Bannon, O'Quinn, Orrock, Peace, Pogge, Poindexter, Putney, Ramadan, Ransone, Robinson, Rush, Scott, E.T., Sherwood, Stolle, Tata, Villanueva, Ware, R.L., Watson, Webert, Wilt, Wright, Yancey, Yost, Mr. Speaker--65.

NAYS--BaCote, Brink, Bulova, Carr, Dance, Englin, Filler-Corn, Herring, Hope, Howell, A.T., James, Joannou, Keam, Kory, Lewis, Lopez, May, McClellan, McQuinn, Morrissey, Plum, Rust, Scott, J.M., Sickles, Spruill, Surovell, Torian, Toscano, Tyler, Ward, Ware, O., Watts--32.

ABSTENTIONS--Marshall, R.G.--1.

NOT VOTING--Alexander, Purkey--2.

Delegate Alexander was recorded as not voting. Intended to vote nay.

Floor: 02/24/12 - Senate: Stricken from Senate calendar (31-Y 2-N)



YEAS--Barker, Blevins, Carrico, Colgan, Deeds, Ebbin, Edwards, Favola, Hanger, Herring, Howell, Locke, Lucas, Marsden, Marsh, McDougle, McEachin, Miller, J.C., Miller, Y.B., Newman, Norment, Northam, Puckett, Puller, Ruff, Saslaw, Stosch, Stuart, Vogel, Wagner, Watkins--31.

NAYS--Garrett, Reeves--2.

RULE 36--0.

NOT VOTING--Black, Martin, McWaters, Obenshain, Petersen, Smith, Stanley--7.

**From:** [jessica.killeen@governor.virginia.gov](mailto:jessica.killeen@governor.virginia.gov) on behalf of [FOIA, rr](#)  
**To:** [Bill Marshall](#)  
**Subject:** FOIA Request  
**Date:** Tuesday, March 12, 2019 5:46:33 PM  
**Attachments:** [Responsive Documents.pdf](#)

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Dear Mr. Marshall,

The Office of the Governor is in receipt of your request under the Virginia Freedom of Information Act, § 2.2-3700, et seq. You requested:

1. All records of communications, including but not limited to emails and text messages, sent to or from Governor Ralph Northam or members of his staff related to abortion, women's reproductive health, and/or Virginia House Bill 2491.
2. All records of communications, including but not limited to emails, text messages and instant chats, between Gov. Northam and/or members of his staff on the one hand and Virginia State Representative Kathy Tran and/or members of Ms. Tran's staff on the other hand, regarding abortion, women's reproductive health, and/or Virginia House Bill 2491.
3. All records of communications , including but not limited to emails, text messages and instant chats, between Gov. Northam and/ or members of his staff on the one hand and Hillary Clinton and/or members of Mrs. Clinton's staff on the other hand.
4. All records of communications, including but not limited to emails and text messages, between Governor Northam and/or members of his staff on the one hand, and officials, employees and representative s of Planned Parenthood and/or Emily's List on the other hand.

The time frame for the requested records is October 28, 2018 through January 28, 2019.

Pursuant to our conversations, you clarified you limited your request specifically to internal communications and no external communications, such as constituent correspondence, press inquiries and public documents (such as press releases). You clarified you were seeking records from the Governor's Office.

Therefore, please see the attached documents responsive to your request.

There are approximately 66 additional documents responsive to your request. However, the Office is withholding the record pursuant to Virginia Code Section 2.2-3705.7(2) (some of these documents also contain attorney-client privilege). Additionally, the Office redacted portions of two records pursuant to Virginia Code Section 2.2-3705.7(2).

Below is a break-down of charges for processing your request:

Staff Person	Time (Hours)	Hourly Rate	Total Charges
Jessica Killeen, Deputy Counsel	6	\$22.50	\$135.00

Connor Andrews, Policy Analyst	1.5	\$12.00	\$18.00
TOTAL	7.5		\$153.00

In order to pay, please send a check payable to the Treasurer of Virginia, to the following address:

Office of the Governor  
ATTN: Jessica R. Killeen  
1111 East Broad Street  
Richmond, Virginia 23219

Best,

Jessica

--

Jessica R. Killeen  
Deputy Counsel to Governor Ralph S. Northam  
Office of the Governor  
Patrick Henry Building  
1111 East Broad Street  
Richmond, Virginia 23219  
Office Number: (804) 663-7880



O'holleran, Jennie &lt;jennie.oholleran@governor.virginia.gov&gt;

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**Fwd: NARAL VA Press Conference Invitation**

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**Berger, Gena** <gena.berger@governor.virginia.gov>  
To: "O'holleran, Jennie" <jennie.oholleran@governor.virginia.gov>

Fri, Jan 4, 2019 at 9:20 AM

FYI.

Gena Boyle Berger, MPA  
Deputy Secretary of Health and Human Resources  
804.225.3048 (o)  
gena.berger@governor.virginia.gov

----- Forwarded message -----

From: **Tarina Keene** <tkeene@naralva.org>  
Date: Thu, Jan 3, 2019 at 10:35 PM  
Subject: NARAL VA Press Conference Invitation  
To: **Caumont, Carrie** <carrie.caumont@governor.virginia.gov>  
Cc: **alena.yarmosky**@governor.virginia.gov <alena.yarmosky@governor.virginia.gov>, **Berger, Gena (GOV)** <Gena.Berger@governor.virginia.gov>

Hello Carrie,

I hope you are well and you enjoyed your holidays.

NARAL Pro-Choice Virginia is currently seeking legislator signatures for our biannual *Statement of Intent* supporting the protection and advancement of reproductive health and rights in the Commonwealth. We plan to host a press conference in the next couple of weeks to rollout the *Statement of Intent*. We would be so honored if Governor Northam could join us as he did when he was lieutenant governor. We are looking at Thursday the 17<sup>th</sup>, but we are open to scheduling based on Governor Northam's availability. We would be thrilled to have the Governor headline this event. The event will also include pro-choice members of the General Assembly and advocates.

The *Statement of Intent* is a document that is signed by legislators and demonstrates its signatories' steadfast support for our 2019 legislative priorities and beyond as well as reaffirm Virginia women's constitutional right to make personal, private medical decisions free from political interference.

Attached you'll find a copy of the *Statement of Intent*.

Thank you so much for your help, Carrie. For any questions or further information, please contact our communications manager, Michelle Woods, at [Michelle.Woods@naralva.org](mailto:Michelle.Woods@naralva.org) or by phone at (516) 965-8058.

All my best,

Tarina

*Tarina D. Keene*, MPA

Executive Director

NARAL Pro-Choice Virginia

[www.naralva.org](http://www.naralva.org)

**HQ:** 901 N Washington St., Ste. 603, Alexandria, VA 22314

**Richmond Bureau:** 1108 E Main St., Ste 1003, Richmond, VA 23219

**Office:** 571.312.0189

**Mobile:** 757.287.3356

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 **2019 Statement of Intent .pdf**  
103K



### **Statement of Intent by Virginia Lawmakers**

*To support Virginians in their ability to make their own reproductive healthcare decisions and have real access to comprehensive reproductive healthcare.*

Reproductive rights are under attack across the country and existentially threatened by the current White House Administration and the Supreme Court of the United States. Therefore, Virginia legislators have an obligation to both protect and expand reproductive rights in the Commonwealth and to be the bulwark against encroachments on these rights from wherever they may come.

As a member of the Virginia General Assembly, duly elected to represent the citizens of my district and to govern on behalf of all Virginians, I express my support to advance policies to:

- Defend a person's right to make personal, private reproductive health decisions, including whether to decide to use contraception, carry a pregnancy to term or have an abortion.
- Protect and improve affordable access to the full range of contraceptive services and options for all Virginians, including emergency contraception.
- Protect and advance reproductive health through scientifically and medically accurate, age-appropriate, effective sexuality education and access to family planning and birth control.
- Protect and promote a person's ability to have healthy pregnancies and births, including her right to parent her children or to choose adoption.
- Address inequities in reproductive health care access, particularly those that disproportionately affect low-income people and people of color.
- Defend a person's right to access reproductive health care free from intimidation, threats, coercion, or violence.
- Support a Constitutional Amendment to the Virginia Constitution enshrining the fundamental human right to bodily autonomy and reproductive freedom.

Signed,



Peeler, Melissa &lt;melissa.peeler@governor.virginia.gov&gt;

---

**Re: HB1863 and HB2491**

1 message

**Berger, Gena** <gena.berger@governor.virginia.gov>

Mon, Jan 28, 2019 at 9:53 AM

To: "Hilbert, Joseph" &lt;joe.hilbert@vdh.virginia.gov&gt;

Cc: "Buskey, Robin" &lt;robin.buskey@vdh.virginia.gov&gt;, Kristin Burhop &lt;kristin.burhop@governor.virginia.gov&gt;, Melissa Peeler &lt;melissa.peeler@governor.virginia.gov&gt;, Vanessa Walker Harris &lt;vanessa.walkerharris@vdh.virginia.gov&gt;

I will be there.

On Mon, Jan 28, 2019 at 8:31 AM Hilbert, Joseph &lt;joe.hilbert@vdh.virginia.gov&gt; wrote:

Gena:

HB1863 and HB2491 are both being heard in Courts Subcommittee 4 today immediately upon adjournment of the House. Both bills deal with abortion. HB2491 is a Governor's Bill. According to ELAS, the Governor's position on HB2491 is Strongly Support, while the position on HB1863 is support.

Will someone from the Administration be present to provide the position on both of these bills, or do you want VDH staff to do so?

Thanks

----- Forwarded message -----

From: **Buskey, Robin** <robin.buskey@vdh.virginia.gov>

Date: Mon, Jan 28, 2019 at 7:45 AM

Subject: HB1863 and HB2491

To: Joseph Hilbert &lt;joe.hilbert@vdh.virginia.gov&gt;

Joe,

Can you confirm if Gena Berger will state the Administration's position at the House Courts of Justice Subcommittee #4 meeting today?

Robin Buskey  
Policy Analyst  
Office of Family Health Services  
Virginia Department of Health  
804-864-7253

--

Joseph Hilbert  
Deputy Commissioner for Governmental and Regulatory Affairs  
Virginia Department of Health  
804-864-7006

--  
Gena Boyle Berger, MPA  
Deputy Secretary of Health and Human Resources  
804.225.3048 (o)  
gena.berger@governor.virginia.gov





Yarmosky, Alena &lt;alena.yarmosky@governor.virginia.gov&gt;

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**REQUEST: WJLA re Melendez v. Virginia Board of Health**

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Yarmosky, Alena <alena.yarmosky@governor.virginia.gov>  
To: "Yheskel, Ofirah" <ofirah.yheskel@governor.virginia.gov>

Fri, Jan 25, 2019 at 8:13 PM

Yep, will let him know.

On Fri, Jan 25, 2019 at 8:10 PM Yheskel, Ofirah <ofirah.yheskel@governor.virginia.gov> wrote:

Can you make sure this person gets a corrected statement? Marissa sent out the wrong version, it should be what's below:

"My commitment to ensuring reproductive healthcare access to women across Virginia remains steadfast. The Commonwealth anticipates minimal, if any, impacts to providers."

The Virginia Department of Health has the discretion to issue temporary variances to impacted facilities.

###

On Fri, Jan 25, 2019 at 6:57 PM Yarmosky, Alena <alena.yarmosky@governor.virginia.gov> wrote:

----- Forwarded message -----

From: **Trevor Stafford-Walter** <tswalter@sbgvtv.com>

Date: Fri, Jan 25, 2019 at 6:29 PM

Subject: Question Re: Governor Northam Statement on Letter Opinion in Melendez v. Virginia Board of Health

To: Alena.Yarmosky@governor.virginia.gov <Alena.Yarmosky@governor.virginia.gov>

CC: cgomer@oag.state.va.us <cgomer@oag.state.va.us>

Hello,

You wouldn't happen to have a copy of this decision, would you. It appears the Clerk's Office for the Henrico Circuit Court Closed at 5P.

Any help is much appreciated.

All the best,

Trevor Stafford-Walter

Assignment Editor

ABC7-WJLA & WJLA 24/7 News

703-236-9488

**From:** WJLA News Desk  
**Sent:** Friday, January 25, 2019 5:51 PM  
**To:** &Washington-WJLA-Webnews <WJLA-Webnews@sbgvtv.com>  
**Subject:** Fw: Governor Northam Statement on Letter Opinion in Melendez v. Virginia Board of Health

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**From:** Template List <GOV-PRESSCONTACTS@LISTSERV.COV.VIRGINIA.GOV> on behalf of Press, Governor Northam <press@GOVERNOR.VIRGINIA.GOV>  
**Sent:** Friday, January 25, 2019 5:32 PM  
**To:** GOV-PRESSCONTACTS@LISTSERV.COV.VIRGINIA.GOV  
**Subject:** Governor Northam Statement on Letter Opinion in Melendez v. Virginia Board of Health



***Commonwealth of Virginia***  
***Office of Governor Ralph S. Northam***

**FOR IMMEDIATE RELEASE**

**Date:** January 25, 2019

**Office of the Governor**

**Contact:** Alena Yarmosky

**Email:** [Alena.Yarmosky@governor.virginia.gov](mailto:Alena.Yarmosky@governor.virginia.gov)

# Governor Northam Statement on Letter Opinion in Melendez v. Virginia Board of Health

**RICHMOND**—Governor Ralph Northam today released the following statement after the Henrico Circuit Court issued a letter opinion in *Melendez v. Virginia Board of Health*.

“My commitment to ensuring reproductive healthcare access to women across Virginia remains steadfast. The Commonwealth is nearing the final stages of finalizing the regulations impacted by today’s opinion, and we anticipate minimal, if any, impacts to providers.”

[Full Release](#)

###



Yarmosky, Alena &lt;alena.yarmosky@governor.virginia.gov&gt;

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**Fw: Media Advisory: NARAL Pro-Choice Virginia, Whole Woman's Health Alliance and Allied Lawmakers Unveil "Statement of Intent" In Support of Reproductive Rights with Governor Ralph Northam, Lieutenant Governor Justin Fairfax, and Attorney General Mark Her**

Yarmosky, Alena <alena.yarmosky@governor.virginia.gov>  
To: Michelle Woods <michelle.woods@naralva.org>

Thu, Jan 17, 2019 at 8:57 AM

Thanks Michelle -- you too!

On Thu, Jan 17, 2019 at 8:04 AM Michelle Woods <michelle.woods@naralva.org> wrote:  
Good morning, Alena!

FYI- updated press advisory. Amy Hagstrom Miller, President and CEO of Whole Woman's Health Alliance will be speaking as well.

I hope you win the day :)

Best,

Michelle

---

**From:** Michelle Woods

**Sent:** Thursday, January 17, 2019 8:02 AM

**Subject:** Media Advisory: NARAL Pro-Choice Virginia, Whole Woman's Health Alliance and Allied Lawmakers Unveil "Statement of Intent" In Support of Reproductive Rights with Governor Ralph Northam, Lieutenant Governor Justin Fairfax, and Attorney General Mark Herring

FOR PLANNING PURPOSES

**Contact:** Michelle Woods (516) 965-8058, [michelle.woods@naralva.org](mailto:michelle.woods@naralva.org)

**Advisory for Thursday, January 17<sup>th</sup>: 10:30am**

**NARAL Pro-Choice Virginia, Whole Woman's Health Alliance and Allied Lawmakers Unveil "Statement of Intent" In Support of Reproductive Rights**

*Legislators and Statewide Elected Officials Express their Values and Principles for Reproductive Rights through Statement of Intent*

*Richmond, VA* – On Thursday January 17<sup>th</sup>, NARAL Pro-Choice Virginia and Amy Hagstrom Miller, President and CEO of Whole Woman's Health Alliance joined Governor Ralph Northam, Lieutenant Governor Justin Fairfax, Attorney General Mark Herring and pro-choice members of the General Assembly to unveil a 2019 "Statement of Intent" in support of Virginians in their ability to make their own reproductive healthcare decisions and have real access to comprehensive reproductive healthcare.

Reproductive rights are under attack across the country and existentially threatened by the current White House Administration and the Supreme Court of the United States. Therefore, Virginia legislators have an obligation to both protect and expand reproductive rights in the Commonwealth and to be the bulwark against encroachments on these rights from wherever they may come.

In addition, attendees will hear from legislators sponsoring two critical proactive reproductive health and rights bills during the 2019 General Assembly session, the Reproductive Freedom Act (RFA) and the Repro Equal Access Laws (REPEAL Act), as well as receive an update on expected anti-abortion legislative attacks.

**WHO:** Tarina Keene, Executive Director of NARAL Pro-Choice Virginia, Amy Hagstrom Miller, President and CEO of Whole Woman's Health Alliance, Governor Ralph Northam, Lieutenant Governor Justin Fairfax, Attorney General Mark Herring, Senator Jennifer Boysko, Senator Jennifer McClellan, Delegate Kathy Tran, and Delegate Charniele Herring.

**WHAT:** Unveiling of 2019 "Statement of Intent" in support of Virginians in their ability to make their own reproductive healthcare decisions and have real access to comprehensive reproductive healthcare.

**WHEN:** Thursday, January 17<sup>th</sup> at 10:30am.

**WHERE:** Pocahontas House Briefing Room, Virginia General Assembly Building, Richmond (ground level floor)

###



Yarmosky, Alena &lt;alena.yarmosky@governor.virginia.gov&gt;

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## NARAL VA Press Conference Invitation

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**Yarmosky, Alena** <alena.yarmosky@governor.virginia.gov>  
To: Chelyen Davis <Chelyen.Davis@governor.virginia.gov>

Wed, Jan 16, 2019 at 10:33 AM

FYI re: NARAL VA talking points

----- Forwarded message -----

From: **Berger, Gena** <gena.berger@governor.virginia.gov>

Date: Wed, Jan 16, 2019 at 10:27 AM

Subject: Re: NARAL VA Press Conference Invitation

To: Michelle Woods &lt;michelle.woods@naralva.org&gt;

Cc: Caumont, Carrie &lt;carrie.caumont@governor.virginia.gov&gt;, Tarina Keene &lt;keene@naralva.org&gt;, alena.yarmosky@governor.virginia.gov &lt;alena.yarmosky@governor.virginia.gov&gt;, Galina Varchena &lt;galina@naralva.org&gt;

Thanks, Michelle. I am working on the talking points so it would be very helpful if you could send those and the briefing form to me and I will get the final to scheduling this afternoon.

Gena Boyle Berger, MPA  
Deputy Secretary of Health and Human Resources  
804.225.3048 (o)  
[gena.berger@governor.virginia.gov](mailto:gena.berger@governor.virginia.gov)

On Wed, Jan 16, 2019 at 9:31 AM Michelle Woods <michelle.woods@naralva.org> wrote:  
Good morning, Carrie,

I will send over the completed briefing form and get that back to you well before 2:00pm.

I'll also send over some talking points in case they're helpful.

We are grateful and looking forward to having the Governor at the press conference tomorrow.

Best,

Michelle

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**From:** Caumont, Carrie <carrie.caumont@governor.virginia.gov>

**Sent:** Wednesday, January 16, 2019 9:26 AM

**To:** Tarina Keene

**Cc:** [alena.yarmosky@governor.virginia.gov](mailto:alena.yarmosky@governor.virginia.gov); Berger, Gena (GOV); Galina Varchena; Michelle Woods

**Subject:** Re: NARAL VA Press Conference Invitation

Good morning Tarina,

Would someone on your staff be able to complete the attached briefing form for tomorrow's event. I will need the completed information by 2pm today.

Thank you for your assistance. The Governor looks forward to seeing you all tomorrow.

Best,  
Carrie

On Tue, Jan 8, 2019 at 12:10 AM Tarina Keene <[tkeene@naralva.org](mailto:tkeene@naralva.org)> wrote:  
Carrie,

Thank you! This is wonderful news. We are so glad he can fit us in his schedule. Let me circle back to you shortly to confirm time and place. Is it possible to hold those two blocks for a day so we can finalize our logistics?

Thanks again and as always, please feel free to reach out with any questions.

My best,

-Tarina

On Jan 7, 2019, at 1:50 PM, Caumont, Carrie <[carrie.caumont@governor.virginia.gov](mailto:carrie.caumont@governor.virginia.gov)> wrote:

Good afternoon Tarina,

Governor Northam would be happy to lend his name to NARAL's statement of intent. What time were you looking to host the press conference? The Governor would currently be available at either 10:30 or 11am the morning of Jan 17th.

Best,  
Carrie

On Thu, Jan 3, 2019 at 10:35 PM Tarina Keene <[tkeene@naralva.org](mailto:tkeene@naralva.org)> wrote:

Hello Carrie,

I hope you are well and you enjoyed your holidays.

NARAL Pro-Choice Virginia is currently seeking legislator signatures for our biannual *Statement of Intent* supporting the protection and advancement of reproductive health and rights in the Commonwealth. We plan to host a press conference in the next couple of weeks to rollout the *Statement of Intent*. We would be so honored if Governor Northam could join us as he did when he was lieutenant governor. We are looking at Thursday the 17<sup>th</sup>, but we are open to scheduling based on Governor Northam's availability. We would be thrilled to have the Governor headline this event. The event will also include pro-choice members of the General Assembly and advocates.

The *Statement of Intent* is a document that is signed by legislators and demonstrates its signatories' steadfast support for our 2019 legislative priorities and beyond as well as reaffirm Virginia women's constitutional right to make personal, private medical decisions free from political interference.

Attached you'll find a copy of the *Statement of Intent*.

Thank you so much for your help, Carrie. For any questions or further information, please contact our communications manager, Michelle Woods, at [Michelle.Woods@naralva.org](mailto:Michelle.Woods@naralva.org) or by phone at (516) 965-8058.



All my best,

Tarina

*Tarina D. Keene*, MPA

Executive Director

NARAL Pro-Choice Virginia

[www.naralva.org](http://www.naralva.org)

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Peeler, Melissa &lt;melissa.peeler@governor.virginia.gov&gt;

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**Re: Maternal Mortality Bills**

1 message

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**Peeler, Melissa** <melissa.peeler@governor.virginia.gov>  
To: "Berger, Gena" <gena.berger@governor.virginia.gov>

Mon, Jan 21, 2019 at 8:30 AM

Sounds good!

On Mon, Jan 21, 2019 at 8:26 AM Berger, Gena <gena.berger@governor.virginia.gov> wrote:  
Let's chat today.

Gena Boyle Berger, MPA  
Deputy Secretary of Health and Human Resources  
804.225.3048 (o)  
gena.berger@governor.virginia.gov

----- Forwarded message -----

From: **LaTonya Joyner-Gregory** <ljoyner-gregory@ppav.org>  
Date: Sun, Jan 20, 2019 at 9:44 PM  
Subject: Maternal Mortality Bills  
To: Berger, Gena <gena.berger@governor.virginia.gov>  
Cc: Missy Wesolowski <mwesolowski@ppav.org>

Hi Gena,

Posted below are concerns raised by our national partners regarding the maternal mortality bills introduced by Delegates Kory and Robinson (HB 2581 and HB 2546, respectively).

1. consider adding socioeconomic status and/or insurance status as factors that should be considered in doing the review.

How are they classifying opioid and drug related deaths in pregnant women? If they are not including them in this review committee, how will they be captured?

2. should specify that there must be at least a certain number of community members/ reps from community groups on the team who can provide perspectives from their experiences

The team should also include health care professionals besides doctors/nurses such as doulas, home health workers, midwives, etc, for breadth of experience and perspective

will team members be term limited?

will any of the information from the case summaries (subsection (E)) be made available to the public? Seems could be helpful as long as they are de-identified and any potentially identifying details are redacted.

3. recommend adding explicit language that requires training for healthcare providers on implicit bias, structural racism, and/or cultural sensitivity; perhaps even the role of toxic stress on maternal health outcomes.

Should you have any questions, please feel free to contact me.

Best,

LaTonya

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LaTonya Joyner-Gregory, Public Policy Analyst  
Planned Parenthood Advocates of Virginia  
P.O. Box 7271, 201 N. Hamilton St., Richmond, VA 23221

3/8/2019

Obtained via VA FOIA by Judicial Watch, Inc.  
Commonwealth of Virginia Mail - Re: Maternal Mortality Bills

Melissa Peeler, MSW  
Policy Advisor  
Office of Governor Northam  
o (804)692-0331  
c (804)357-7609



Peeler, Melissa &lt;melissa.peeler@governor.virginia.gov&gt;

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**Re: SB1451 - Abortion**

1 message

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**Berger, Gena** <gena.berger@governor.virginia.gov>

Wed, Jan 16, 2019 at 1:03 PM

To: "Hilbert, Joseph" &lt;joe.hilbert@vdh.virginia.gov&gt;

Cc: Kristin Burhop &lt;kristin.burhop@governor.virginia.gov&gt;, Melissa Peeler &lt;melissa.peeler@governor.virginia.gov&gt;, Vanessa Walker Harris &lt;vanessa.walkerharris@vdh.virginia.gov&gt;, Forlano Laurie bjc81795 &lt;laurie.forlano@vdh.virginia.gov&gt;

I will be handling all the repro health bills up in Senate Ed and Health tomorrow. Thanks.

Gena Boyle Berger, MPA  
Deputy Secretary of Health and Human Resources  
804.225.3048 (o)  
gena.berger@governor.virginia.gov

On Wed, Jan 16, 2019 at 1:00 PM Hilbert, Joseph <joe.hilbert@vdh.virginia.gov> wrote:

Gena:

This bill is up in Ed&Health tomorrow. VDH is lead on the Bill. Do you want VDH to provide the Adminsitration position (Support) during the meeting or do you want someone else from the Administration to do so?

Thanks

--

Joseph Hilbert  
Deputy Commissioner for Governmental and Regulatory Affairs  
Virginia Department of Health  
804-864-7006

**WITHHELD  
EMAIL**

**WITHHELD  
EMAIL**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**AGENCY: Office of the Assistant Secretary for Health, Office of Population Affairs**

**FUNDING OPPORTUNITY TITLE: Announcement of Availability of Funds for Title X  
Family Planning Services Grants**

**ACTION: Notice**

**ANNOUNCEMENT TYPE: INITIAL COMPETITIVE GRANT**

**FUNDING OPPORTUNITY NUMBER: PA-FPH-19-001**

**CFDA NUMBER: 93.217**

**CFDA PROGRAM: Family Planning Services**

**DATES:**

Technical Assistance: A technical assistance webinar for potential applicants will be held within 30 days of the posting date of this FOA. Please visit [www.hhs.gov/opa](http://www.hhs.gov/opa) for more information.

**We recommend you review the entire announcement promptly so you can have any questions answered well in advance of the application due date. We also recommend you subscribe to this announcement in Grants.gov so you receive any amendments, question and answer documents, or other updates.**

Applications: Your application is due January 14, 2019 by 6 p.m. Eastern Time. To receive consideration, you must submit your application electronically via Grants.gov no later than this due date and time. If you do not submit your application by the specified deadline, we will return it to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the



Director, HHS/Office of the Assistant Secretary for Health (OASH) Office of Grants Management (OGM). To obtain an exemption, you must request one via email from the HHS/OASH OGM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (for example, GRANT####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to [ogm.oash@hhs.gov](mailto:ogm.oash@hhs.gov). Note: failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

**The HHS/OASH OGM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. See Section D.7 ("Other Submission Requirements") for information on application submission mechanisms.**

*Executive Order 12372 comment due date:* The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section D.4 Intergovernmental Review.

**To ensure adequate time to submit your application successfully, HHS/OASH recommends that you register as early as possible in Grants.gov** since the registration process can take up to one month. You must register an authorizing official for your organization. HHS/OASH does not determine your organization's authorizing official; your organization makes that designation. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or [support@grants.gov](mailto:support@grants.gov).

**Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.**

**EXECUTIVE SUMMARY:** The Office of Population Affairs announces the availability of funds for Fiscal Year (FY) 2019 grant awards under the authority of Title X of the Public Health Service Act. This notice solicits applications from entities to provide Title X family planning services throughout the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, and Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands (hereafter, States). The Office of Population Affairs intends to make available approximately \$260 million for competing grants throughout the States. While there is not a fixed cost-sharing percentage or amount, entities must show financial support from sources other than Title X, such as private funding, state funding, and income from private and public

insurance for reimbursable services. The proposed budget should reflect financial support in addition to Title X funds on both the Standard Form (SF) 424A, Budget Information for Non-Construction Programs, and in the budget narrative. Grant funds under this announcement will be awarded to public and/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 fertility awareness-based methods (previously referred to as natural family planning), infertility services, and services for adolescents. HHS seeks a broad competition for Title X grant awards and is interested in innovative strategies to provide a diversity of options for clients with the intention of improving overall service provision, increasing the number of clients served, and expanding the breadth of services available in the states, territories and throughout the regions.

All activities funded under this announcement must be in compliance with requirements of the Title X statute, any legislative mandates, and any program regulations, as of the time the requirement is applicable and in effect. Copies of the Title X statute, regulations, and legislative mandates may be downloaded from the Office of Population Affairs web site at <https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/statutes-and-regulations/index.html>.

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

#### **A. PROGRAM DESCRIPTION:**

This announcement seeks applications from public and private nonprofit entities to

establish and operate voluntary family planning services projects, which shall provide family planning services to all persons desiring such services, with priority for services to persons from low-income families. Section 1001 (b) assures the right of local and regional entities to apply directly to the Secretary for Title X grant funds. In a single application, applicants may propose to serve any combination of service areas or subset of a single service area listed. Applicants should use Table 1 – Estimated Funds Available as a guide when developing proposals.

Applicants proposing to serve an entire state (or territory), should base their Federal request (Title X funding request) on the estimated amount for the state listed in Table 1. These estimates are calculated using the number of women in each state (or territory) in need of publically funded contraceptive services (those with family incomes of 0 - 250% of the federal poverty level) as a ratio of the number of women in the 50 states and the District of Columbia in need of publically funded contraceptive services. This ratio is then used to distribute the money available to each state through approved appropriation funding. The estimated funding available in Table 1 has been updated to reflect current reported data of women in need of publically funded contraceptive services.

Applicants proposing to serve a subsection of a state should first determine the total number of women in need of publically funded contraceptive services<sup>1</sup> proposed to be served as part of the project and divide that number by the total number of females in need of publically funded contraceptive services for the state. That ratio should be multiplied by the total funding proposed for the state to provide guidance for the applicant's request for federal funding. For proposals that cover a geographic area in multiple states, complete this process for each

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<sup>1</sup> This site (<https://data.guttmacher.org/states>) may provide guidance to identify the number of women in need of publicly funded contraceptive services for each state. Information is available by county within each state.

subsection of each state to provide guidance for request for federal funding.

HHS intends to fund services in all areas listed within Table I. Award decisions (entities and amounts) will be based on the quality of applications received (as stated in the Application Review Information section starting on pg. 47), eligibility of applicants (as stated in the Eligibility Information section starting on pg. 17) and extent of geographic area proposed to be served. Local and regional entities are assured the right to apply. Award amounts made to a successful applicant or applicants that provide Title X services within the same area or areas may be greater or less than the estimated funds presented in Table 1.

**Table 1**

<b>PROPOSED AREA TO BE SERVED</b>	<b>ESTIMATED FUNDS AVAILABLE</b>
Alabama	\$ 5,300,000
Alaska	\$ 1,600,000
Arizona	\$ 5,400,000
Arkansas	\$ 3,900,000
California	\$ 22,000,000
Colorado	\$ 3,900,000
Connecticut	\$ 2,500,000
Delaware	\$ 1,100,000
The District of Columbia	\$ 1,300,000
Florida	\$ 11,800,000
Georgia	\$ 8,300,000
Hawaii	\$ 2,000,000
Idaho	\$ 1,800,000
Illinois	\$ 8,500,000
Indiana	\$ 5,000,000
Iowa	\$ 3,800,000
Kansas	\$ 2,500,000
Kentucky	\$ 5,200,000
Louisiana	\$ 4,600,000
Maine	\$ 1,800,000
Maryland	\$ 4,000,000
Massachusetts	\$ 5,800,000

Michigan	\$ 7,600,000
Minnesota	\$ 3,300,000
Mississippi	\$ 4,300,000
Missouri	\$ 5,000,000
Montana	\$ 1,900,000
Nebraska	\$ 2,000,000
Nevada	\$ 3,200,000
New Hampshire	\$ 1,400,000
New Jersey	\$ 8,300,000
New Mexico	\$ 3,100,000
New York	\$ 14,600,000
North Carolina	\$ 7,700,000
North Dakota	\$ 1,000,000
Ohio	\$ 8,800,000
Oklahoma	\$ 4,300,000
Oregon	\$ 3,200,000
Pennsylvania	\$ 12,700,000
Rhode Island	\$ 1,100,000
South Carolina	\$ 5,500,000
South Dakota	\$ 1,000,000
Tennessee	\$ 6,600,000
Texas	\$ 16,000,000
Utah	\$ 2,100,000
Vermont	\$ 800,000
Virginia	\$ 4,600,000
Washington	\$ 4,200,000
West Virginia	\$ 2,400,000
Wisconsin	\$ 3,800,000
Wyoming	\$ 900,000
Puerto Rico	\$ 3,400,000
U.S. Virgin Islands	\$ 900,000
America Samoa	\$ 300,000
Commonwealth of the Northern Mariana Islands	\$ 200,000
Federated States of Micronesia	\$ 400,000
Guam	\$ 300,000
Republic of the Marshall Islands	\$ 200,000
Republic of Palau	\$ 200,000

An applicant may propose a family planning service project that either is comprised of a single provider or a group of partnering providers who deliver coordinated and comprehensive

family planning services. For applicants that will not provide all services directly, the applicant must document the process and criteria it will use for selecting subrecipients as well as a plan to monitor their performance. The applicant will take into consideration the extent to which the subrecipient(s) indicates it can provide the required services and best serve individuals in need throughout the proposed service area (or part thereof). If an applicant plans to only provide a limited range of family planning methods, they must select subrecipients who offer additional family planning methods or act as a subrecipient for another applicant. In order to fulfill the requirements in the Title X statute, the project, made up of the applicant, and any subrecipients, must provide a broad range of family planning methods to clients throughout the proposed service area. A broad range of family planning services should include several categories of methods, such as: abstinence counseling, hormonal methods (oral contraceptives, rings and patches, injection, hormonal implants, intrauterine devices or systems), barrier methods (diaphragms, condoms), fertility awareness-based methods and permanent sterilization. A “broad range” would not necessarily need to include all categories, but should include hormonal methods since these are requested most frequently by clients and among the methods shown to be most effective in preventing pregnancy. The application shall ensure that if family planning services are provided by contract or other similar arrangements with actual providers of services, those 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 applicant. The applicant must be prepared to substantiate that these rates are reasonable and necessary (42 CFR § 59.5(b)(9)).

Family planning services are those services offered to women and men that assist them in preventing or achieving pregnancy. These should be client-centered such that care is respectful

of, and responsive to, individual client preferences, needs, and values. Successful Title X projects will provide the following core family planning services:

1. Discussion with the client about their reproductive life plan.  
<https://www.cdc.gov/preconception/planning.html>.
2. A broad range of acceptable and effective family planning methods and services for delaying or preventing pregnancy, which should include:
  - Counseling, especially for adolescents, that avoiding sex is the only 100% effective method to prevent pregnancy and STDs; therefore, delaying the onset of sexual activity, or if already sexually active, choosing to avoid sexual activity for a defined period of time, is an option; and
  - Instruction in fertility awareness-based methods (previously referred to as natural family planning) that includes staff who are specifically trained in providing instruction in these methods; and
  - Availability of several categories of contraceptive methods, such as:  
hormonal methods (oral contraceptives, rings and patches, injection, implants, intrauterine devices or systems), barrier methods (diaphragms, condoms), and/or permanent sterilization.
3. The broad range of family planning services does not include abortion as a method of family planning.
4. Pregnancy testing and counseling
5. Services centered around pre-conception health and achieving pregnancy, which should include:
  - Basic infertility services;



- STD prevention education, screening, and treatment;
- HIV testing and referral for treatment when appropriate; and
- Screening for substance use disorders and referral when appropriate to help reduce adverse pregnancy-related outcomes and improve individuals' reproductive health generally.

Title X projects may also include other reproductive health and related preventive health services that are considered beneficial to reproductive health such as HPV vaccination, provision of HIV pre-exposure prophylaxis (PrEP), breast and cervical cancer screening, and screening for obesity, smoking, drug and alcohol use, mental health, and intimate partner violence.

### **Program Priorities**

Title X Priorities include all of the legal requirements covered within the Title X statute, regulations, and legislative mandates. All applicants 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 CFR part 59, subpart A), as applicable. 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").

***Title X Statute and Regulations:*** Title X of the Public Health Service Act (the Act) authorizes the Secretary of Health and Human Services (HHS) to award grants to entities to provide family planning services to those desiring such services, with priority given to persons from low-income families. Therefore, in order to ensure that all prospective low income clients are able to access services, no charge will be made for services to persons from a low-income

family (families whose annual incomes do not exceed 100 percent of the most recent federal poverty guidelines), except to the extent that payment will be made by a third party, including a government agency, which is authorized or under legal obligation to pay this charge. For persons whose annual family incomes do not exceed 250 percent of the federal poverty guidelines, charges must be based on a schedule of discounts, and individuals whose family incomes exceed 250 percent of the federal poverty guidelines are charged a schedule of fees designed to recover the reasonable cost of providing services. All Title X projects must have the ability to bill third parties (through public or private insurance) for the cost of services without the application of discounts, and reasonable efforts must be made to collect charges without jeopardizing client confidentiality.

Section 1001 of the Act, as amended, authorizes grants “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).” Natural family planning methods are now referred to as fertility awareness-based methods.

Family planning includes a broad range of services related to achieving and preventing pregnancy, assisting women, men, and couples with achieving their desired number and spacing of children. A broad range of acceptable and effective methods of family planning services including, contraception must be provided within each funded applicant’s project, and the project must also include meaningful provision of fertility awareness-based methods (FABM) by including access to providers with training specific to these methods. Entities that provide only one method of family planning can participate as part of a project, as long as the entire project provides a broad range of family planning methods. A broad range of family planning services

should include several categories of methods, such as: abstinence counseling, hormonal methods (oral contraceptives, rings and patches, injection, hormonal implants, intrauterine devices or systems), barrier methods (diaphragms, condoms), fertility awareness-based methods and/or permanent sterilization. A “broad range” would not necessarily need to include all categories, but should include hormonal methods since these are requested most frequently by clients and among the methods shown to be most effective in preventing pregnancy.

Services for adolescents must be provided as a part of the broad range of family planning services. Section 1001 of the statute requires that, to the extent practicable, Title X applicants shall encourage family participation in family planning services projects. This is particularly important in relation to adolescents seeking family planning services. Basic infertility services and services to aid individuals and couples in achieving pregnancy also must be provided within the project as part of the broad range of family planning services. Pregnancy information and counseling must be provided in accordance with Title X regulations.

Services must be provided in a manner that protects the dignity of individuals, and services must be voluntary and free from coercion. Projects must not discriminate in the provision of services, on the basis of religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status.

Family planning medical services must be performed under the direction of a physician with special training or experience in family planning, and each family planning project must refer to other medical facilities when medically indicated, including in medical emergencies. Projects must also provide informational and educational programs that inform the community about the availability of services, and should promote participation in the development, implementation, and evaluation of the project by persons broadly representative of the

community to be served. Informational and educational materials made available through the project must be approved by an Advisory Committee that conforms to Title X regulations. The review of materials must take into account the educational and cultural background of individuals for whom the materials are intended, must consider the standards of the population or community, must ensure that the content is factually correct and is suitable for the intended population or community. The review and approval of such materials must be documented. Section 1008 of the Act, as amended, requires, “None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”

***Legislative Mandates:*** The following legislative mandates have been part of the Title X appropriations language for a number of years. In addition, FY2019 appropriation language states that funds would be available “Provided, 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.” Title X family planning services should include administrative, clinical, counseling, and referral services as well as training of staff necessary to ensure adherence to these requirements.

- “None of the funds appropriated in this Act may be made available to any entity under Title X of the PHS Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;” and
- “Notwithstanding any other provision of law, no provider of services under Title X of

the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

OPA expects every Title X project will comply with applicable state laws in the proposed service area and will have project-wide monitoring and state-specific policies and procedures related to reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking. These policies and procedures will include details related to: 1) annual staff training on policies and procedures, 2) implementation of policies, 3) applicant monitoring throughout the project to ensure training and state-specific reporting is being followed, and (4) maintenance of documentation concerning compliance. These efforts will ensure clear understanding of and compliance with reporting processes, as well as permitting oversight and monitoring. In addition, any minor who presents with an STD, pregnancy, or any suspicion of abuse will be subject to preliminary screening to rule out victimization. Such screening is required for any individual who is under the age of consent in the State of the proposed service area.

### **Key Issues**

While the requirements derived from statute, regulations, and legislative mandates described above are program priorities, there are additional key issues that represent overarching goals for the Title X program. These are determined based on priorities set by the Office of the Assistant Secretary of Health (OASH) and the Office of the Secretary (OS) of the Department of Health and Human Services (HHS). Applicants should provide documentation of how they will address these key issues in their application. The FY 2019 key issues are as follows:

1. Assuring innovative quality family planning and related preventive health services that lead to improved reproductive health outcomes and overall optimal health, which is

defined as a state of complete physical, mental and social well-being and not merely the absence of disease. Guidance regarding the delivery of quality family planning services is spelled out in the April 25, 2014, MMWR, “*Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*”

(<https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>). Periodic updates have been made to this publication and are available on the OPA website

(<https://www.hhs.gov/opa/guidelines/clinical-guidelines/index.html>). It is expected that the core family planning services listed in the Program Description, and which also are included in the *Quality Family Planning Services* document referenced above, will be provided by each project;

2. Providing the tools necessary for the inclusion of substance abuse disorder screening into family planning services offered by Title X applicants;
3. Following a model that promotes optimal health outcomes for the client (physical, mental and social health) by emphasizing comprehensive primary health care services, along with family planning services preferably in the same location or through nearby referral providers;
4. Providing resources that prioritize optimal health outcomes (physical, mental, and social health) for individuals and couples with the goal of healthy relationships and stable marriages as they make decisions about preventing or achieving pregnancy;
5. Providing counseling for adolescents that encourages sexual risk avoidance by delaying the onset of sexual activity as the healthiest choice, and developing tools to communicate the public health benefit and protective factors for the sexual health of adolescents found by delaying the onset of sexual activity thereby reducing the overall number of lifetime

sexual partners;

6. Communicating the growing body of information for a variety of fertility awareness-based methods of family planning and providing tools for applicants to use in patient education about these methods;
7. Fostering interaction with community and faith-based organizations to develop a network for client referrals when needs outside the scope of family planning are identified;
8. Accurately collecting and reporting data, such as the Family Planning Annual Report (FPAR), for use in monitoring performance and improving family planning services;
9. Promoting the use of a standardized instrument, such as the OPA Program Review Tool, to regularly perform quality assurance and quality improvement activities with clearly defined administrative, clinical, and financial accountability for applicants and subrecipients; and
10. Increasing attention to CDC screening recommendations for chlamydia and other STDs (as well as HIV testing) that have potential long-term impact on fertility and pregnancy.

**AUTHORITY: Section 1001 of the Public Health Service Act**

**B. FEDERAL AWARD INFORMATION**

The Office of Population Affairs intends to make funds available for competing grants. We will fund awards in annual increments (budget periods) and generally for a project period of up to three (3) years, although we may approve longer or shorter project periods. Budget periods may also vary from the estimate indicated below due to timing of award issuance or other administrative factors. Funding for all approved budget periods beyond the first is generally level with the initial award amount, and is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the

**Government.**

**Award Information**

Estimated Federal Funds Available: \$260,000,000

Anticipated Number of Awards: 60 - 100

Award Ceiling (Federal Funds including indirect costs): \$22,000,000 per budget period

Award Floor (Federal Funds including indirect costs): \$100,000 (See Table 1)

Anticipated Start Date: 04/01/2019

Estimated Project Period: 3 years, although we may approve longer or shorter project periods

Anticipated Initial Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY, unless an exemption is granted**

**C. ELIGIBILITY INFORMATION**

**1. *Eligible Applicants.*** Any public or private nonprofit entity located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, 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) is eligible to apply for a grant under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are also eligible to apply for Title X family planning services grants.

**2. *Cost Sharing or Matching:*** Program regulations stipulate that projects must identify additional sources of funding and not rely solely upon Title X grant funds. While there is not a



fixed cost-sharing percentage or amount, projects must include financial support from sources other than Title X, such as private funding, state funding, and income from private and public insurance for reimbursable services. The proposed project's budgets should reflect financial support in addition to Title X funds on both the Standard Form (SF) 424A, Budget Information, and in the budget justification. The amount and source(s) of these funds must be clearly identified separately from the requested Title X support as indicated on the SF 424A, as well as on the SF 424, Application for Federal Assistance. Note: OASH allows program income generated by fees collected to be used for cost sharing. The OASH Office of Grants Management will review applications to ensure that the requested amount of Title X funding is in compliance with this business requirement. The cost sharing requirements outlined above are waived for any grant made to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands. Although projects are expected to identify additional sources of funding and not solely rely on Title X funds, there is no specific amount or level of financial match requirement for this program.

### ***3. Other Eligibility Information:***

#### **Application Responsiveness Criteria**

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

The applicant appears to have demonstrated:

- Evidence that a broad range of acceptable and effective family planning methods and services will be provided by the proposed application as stipulated in the Title X statute and regulations and described earlier in Program Description;
- Evidence that, for applicants that will not provide all services directly, the applicant has documented the process and criteria it will use for selecting subrecipients and has included a plan for monitoring their performance; and
- Evidence of cost-sharing as described in this announcement (pgs. 3 and 17).

### **Application Disqualification Criteria**

If you successfully submit an application, we will screen it to ensure it meets the below requirements. If we determine your application fails to meet the criteria described below we will disqualify it, that is, we will **not** review it, and it will receive **no** further consideration.

- a) You must submit your application electronically via [www.grants.gov](http://www.grants.gov) (unless an exemption was granted 2 business days prior to the deadline) by the date and time indicated in the DATES section of this announcement.
- b) If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- c) HHS/OASH/OGM deems your application eligible according to section C.1 Eligible Applicants.
- d) You must complete the required forms in the application package: SF-424, SF-424A, SF-424B, SF-LLL, and Project Abstract Summary.

- e) Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
- f) Your Project Narrative **must not exceed 65 pages**. NOTE: The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
- g) Your total application, including the Project Narrative plus Appendices, **must not exceed 150 pages**. NOTE: items listed in "f" immediately above do not count toward total page limit.
- h) Your Federal funds request including indirect costs must **not exceed** the maximum indicated in Award Ceiling.
- i) Your Federal funds request including indirect costs must **not** be below the minimum indicated in Award Floor.
- j) Your application must meet the **Application Responsiveness Criteria** outlined above.

#### **D. APPLICATION AND SUBMISSION INFORMATION**

##### **1. Address to Request Application Package**

You may obtain an application package electronically by accessing Grants.gov at <http://www.grants.gov/>. You can find it by searching on the CFDA number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

Office of Grants Management

Phone: 240-453-8822

Email: [ogm.oash@hhs.gov](mailto:ogm.oash@hhs.gov)

## 2. **Content and Form of Application Submission**

### i. **Application Format**

Your application must be prepared using the forms and information provided in the online application package.

**The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section C.**

The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete. **If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5" X 11" paper by HHS/OASH/OGM, we will not review it. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.**

**You must double-space the Project Narrative pages.**

You should use an easily readable typeface, such as Times New Roman or Arial. You must use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

#### **Appendices Format**

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading "Appendices" in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the

same formatting specified for the Project Narrative. However, documents such as résumés/CVs, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

#### **Project Abstract Summary Format**

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. If your project is funded, HHS may publish information from your form; therefore, do not include sensitive or proprietary information.

#### **Budget Narrative Format**

The Budget Narrative should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

### **ii. Application Content**

Successful applications will contain the following information:

#### **Project Narrative Content**

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether your project meets the minimum requirements for an award under this announcement. The Project Narrative should

provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

1. The administrative, management, and clinical capability of the applicant organization including all services that will be provided with Title X grant funds;
2. The need for the proposed Title X services and a detailed description of the geographic area to be served including a demographic description of the specific population(s) in need of service;
3. Evidence that the proposed project will address the family planning needs of all those in need of service throughout the proposed area to be covered;
4. The applicant's experience in providing clinical health services and qualifications to provide core family planning services, previously defined in the Program Description, for women, men, and adolescents that conform with current professional and medical standards of care;
5. Evidence of a system for ensuring quality family planning services, including:
  - a process for ensuring that all of the core family planning services, previously defined in the Program Description, will be provided within each project;
  - defined performance measures (see Performance Measures, page 61), including an agreement from applicant and subrecipients to collect required data and report those measures annually in the Family Planning Annual Report,
  - a process for systematically assessing the quality of services provided throughout the defined project;

- a methodology for ensuring that health care practitioners have the knowledge and skills necessary to provide effective, quality family planning and related preventive health services that are consistent with current, national standards of care.
6. Goals and related outcomes that reflect the primary purposes and achievements of the proposed project. Goal statement(s) and related outcome objectives must be specific, measurable, achievable, realistic and time-framed (S.-M.-A.-R.-T);
  7. A staffing plan which is reasonable and adheres to the Title X regulatory requirement that family planning medical services be performed under the direction of a physician with special training or experience in family planning;
  8. Evidence that staff providing clinical services (e.g., physicians, state-recognized advanced practice nurses, physician assistants) will be licensed and function within the applicable professional practice acts for the state where they practice;
  9. Evidence, including signed referral agreements with relevant referral agencies, that the applicant has a plan to facilitate access to the following:
    - comprehensive primary care services, if not provided by the project, and
    - other needed health and social services for clients served in the Title X-funded family planning projects, such as HIV care and treatment services;
  10. The plan for ensuring that all family planning services offered by the applicant and any subrecipients are provided in:
    - compliance with the Title X statute and program regulations, including the requirement that Title X funds will not be used for abortion as a method of

family planning, as well as with regulations regarding sterilization of persons in federally-assisted family planning projects;

- compliance with state laws applicable in the proposed service area(s) specific to requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking; and
- compliance with the legislative mandate to encourage family participation in the decision of minors to seek family planning services, and incorporate resistance skills for minors to resist/avoid exploitation and/or sexual coercion;

11. A plan for how the applicant and subrecipients propose to incorporate the Key Issues identified in the Program Description;
12. The processes in place to ensure that persons from low-income families, with incomes that fall at or below 100% of the current Federal Poverty Level, (FPL), will not be charged except where third parties are authorized or legally obligated to pay; and that all reasonable efforts will be made to obtain third party payment without the application of any discounts;
13. Evidence that the applicant has the ability to bill third parties, including private and public insurance such as Medicaid, when appropriate, and the ability to facilitate enrollment of clients into Medicaid;
14. A description of how the schedule of discounts was developed; or for applicants with multiple subrecipients, a policy that is applicable to subrecipients which meets the criteria set out in the Title X regulations at 42 CFR § 59.5(a)(7)-(9);



15. A plan for providing community informational and educational programs which promote understanding about the availability of services. The plan should include a strategy for maintaining records of community education activities;
16. A plan for an information and education advisory committee that is consistent with the Title X statute and regulations and that ensures that all informational and educational materials are current, factual, and medically accurate, as well as suitable for the population or community to which they will be made available; and
17. Evidence of the capability to collect and report the required program data for the Title X annual data collection system, the Family Planning Annual Report (FPAR).

#### **Budget Narrative Content**

You must complete the required budget forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF 424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Costs below for further information.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section D.6 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes explanatory text and line-item detail, for the first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, **do not** include costs beyond the first budget year in the object class budget in box 6 of the SF- 424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget year.

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

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when

required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

*Sample Budget Table*

Object Class	Federal Funds Requested (Title X funds)	Non-federal Resources (non-Title X funds)	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

**Object Class Descriptions and Required Justifications**

**Personnel Description:** Costs of staff salaries and wages, excluding benefits.

**Personnel Justification:** Clearly identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time

you submit your application (see D.6 Funding Restrictions, *Salary Rate Limitation* for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

*Sample Personnel Table*

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary (Title X funds)	Non-federal Salary (non-Title X funds)	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

**Fringe Benefits Description:** Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

**Fringe Benefits Justification:** Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

**Travel Description:** Costs of travel by staff of the applicant organization only.

**Travel Justification:** For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other

transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors.

**Equipment Description:** "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with your organization's regular written accounting practices.)

**Equipment Justification:** For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

**Supplies Description:** Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

**Supplies Justification:** Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

**Contractual Description:** Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

**Contractual Justification:** Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 CFR § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134, as amended by 2 CFR § 200.88, and currently set at \$150,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

**Note:** Whenever you intend to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each

subrecipient/contractor, by agency title, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, the applicant must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

**Other Description:** Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

**Other Justification:** Provide computations, a narrative description, and a justification for each cost under this category.

**Indirect Costs Description:** Total amount of indirect costs. This category has one of two methods that an applicant may select. You may only select one.

1) Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

2) Per 45 CFR § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used

indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

This method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

**Indirect Costs Justification:** Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

**Program Income Description:** Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest



earned on any of them. See also 45 CFR §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

**Program Income Justification:** Describe and estimate the sources and amounts of Program Income that this project may generate if funded. Unless being used for cost sharing, if applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

**Non-Federal Resources Description:** Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306. For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. For awards that do not require matching or cost sharing by statute or regulation, where "cost sharing" refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Your failure to provide voluntary cost sharing of non-federal resources

that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. Note, you will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

**Non-federal Resources Justification:** You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424.

Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Cost sharing must be documented by budget period (or by project period for fully-funded awards).

If your application does not include the required supporting documentation, it will not be disqualified from competitive review; however, it may impact your score under the evaluation criteria in Section V.1 of this announcement.

#### **Plan for Oversight of Federal Award Funds**

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

- how your organization will provide oversight of federal funds (including a plan to monitor subrecipients' compliance with Title X statute, regulations, and

legislative mandates) and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.

- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.

### **iii. Appendices**

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

#### **Work Plan**

Your Work Plan should reflect, and be consistent with, the Project Narrative and Budget Narrative, and must cover all years of the project period. However, each year's activities should be fully attainable in one budget year. You may propose multi-year

activities, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. Your Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, your work plan should identify the timeframes involved (including start and end dates), and the lead person responsible for completing the task.

You must include a detailed list of all the family planning services proposed to be provided by your project. If some or all of the services will be provided by subrecipients, you must include a list of these entities. This list ***must detail*** the following information for each subrecipient: name of the entity, the county and/or city of the population(s) who will receive services, the days and hours of operation, services provided on-site under the Title X project, contraceptive methods provided under the Title X project, number of estimated Title X clients to be served, and estimated amount of Title X grant funds provided to this site. (You may refer to the OPA website for an example table – [www.hhs.gov/opa](http://www.hhs.gov/opa)). Only information/content specified under this section of the application may be submitted on a sheet which may exceed the equivalent of 8 ½" x 11" inch page size, and should include 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points, but may not be larger than 8 ½" x 14" inch page size.

#### **Schedule of Discounts**

A schedule of discounts, based on ability to pay, is required for those from families with incomes between 101-250% of the Federal Poverty Level. For those from

families whose income exceeds 250% of the Federal Poverty Level, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. The applicant will include in the appendix section, a schedule of discounts for their projects and the methodology for how they will develop this schedule. If the applicant proposes to have the sub recipient(s) develop their own schedule(s) of discounts, the applicant should include guidance on how the schedule(s) of discounts are developed and how it intends on monitoring sub recipient development and implementation of the schedule of discounts.

### **Coverage Map**

You must include a coverage map of the areas you propose to serve indicating the location of proposed Title X service sites.

### **Letters of Commitment from Referral Entities**

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

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or

interest to work together in the future, but they lack specificity. You should NOT provide letters of support, and letters of support such as this will not be considered during the review.

### **Curriculum Vitae/Resume for Key Project Personnel**

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

### **3. Unique Entity Identifier and System for Award Management (SAM)**

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal awards through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- You will find instructions on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

- Your organization must register online in the System for Award Management (SAM). **Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.**
- If you are registering a new entity or renewing your registration, you must submit a notarized letter formally appointing an Entity Administrator to [SAM.GOV](https://www.sam.gov) For detailed instructions on the content of the letter and process for domestic entities see: [https://www.fsd.gov/fsd-gov/answer.do?sysparm\\_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm\\_search=kb0013183](https://www.fsd.gov/fsd-gov/answer.do?sysparm_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm_search=kb0013183)
- A quick start guide for registrants is available at [https://www.sam.gov/sam/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf). You should allow a *minimum* of five days to complete an initial SAM registration. Allow up to 10 business days *after you submit* your registration for it to be active in SAM. This timeframe may be longer if SAM flags the information you provide for manual validation. You will receive an email alerting you when your registration is active.
- If your organization is already registered in SAM, you must renew your SAM registration *each* year. Organizations registered to apply for Federal awards through <http://www.grants.gov> will need to *renew* their registration in SAM.
- You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this information must be included on a Notice of Award. For instructions on updating this information see

[https://gsafsd.service-now.com/fsd-gov/answer.do?sysparm\\_kbid=c3d982af6fb8d5006f348d412e3ee47e](https://gsafsd.service-now.com/fsd-gov/answer.do?sysparm_kbid=c3d982af6fb8d5006f348d412e3ee47e)

- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should *ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.*
- If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 CFR § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

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

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

#### **4. Submission Dates and Times**

You must submit your application for this funding opportunity by **the date and time indicated in the DATES section of this announcement.** Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.



**If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration.** You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov> . Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

#### **5. Intergovernmental Review**

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, you should discuss the project with the State Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the SPOCs is available at <https://www.whitehouse.gov/wp-content/uploads/2017/11/SPOC-Feb.-2018.pdf>.

The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240-453-8822.

**6. Funding Restrictions**

Direct and Indirect Costs proposed and, if successful, charged to the HHS/OASH award must meet the cost requirements of 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles. These requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 CFR § 75.414. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

***Pre-Award Costs:***

Pre-award costs are not allowed.

***Salary Rate Limitation:***

Each year’s appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 7, 2018, the Executive Level II salary is \$189,600. This amount reflects an individual’s base salary exclusive of fringe benefits and any income that an individual

working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

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

Individual's <i>actual</i> base full time salary: \$350,000	
50% of time devoted to project, i.e. .5 FTE	
Direct salary (\$350,000 x .5)	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<b>Amount that may be claimed on the application budget due to the legislative salary rate limitation:</b>	
Individual's base full time salary <i>adjusted</i> to Executive Level II: \$189,600 with	
50% of time devoted to the project	
Direct salary (\$189,600 x .5)	\$94,800
Fringe (25% of salary)	\$23,700
Total amount allowed	\$118,500

**Appropriate salary rate limits will apply as required by law.**

## **7. Other Submission Requirements**

### ***Electronic Submission***

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via

any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <http://www.grants.gov>.

**Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below).** One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. HHS/OASH strongly recommends that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission you may prevent any unintentional formatting that might occur with submission of an editable document. Please note, even though Grants.gov allows you to attach any file format as part of your application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files.

Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

#### **Important Grants.gov Information**

You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Contacts below. See Section D.3 for requirements related to DUNS numbers and SAM registration.

#### *Program Specific Requirements*

##### **Family Participation**

Applicants must include a written statement in the application certifying that, if funded, their Title X Family Planning Services Projects will encourage family participation in the decision of minors to seek family planning services, and that they will provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

#### *Non-profit Status*

If you are a non-profit organization, you must submit documentation of nonprofit status as part of your application. Any of the following constitutes acceptable proof of such status:

- a) A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;
- b) A copy of a currently valid IRS tax exemption certificate;
- c) A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or

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

#### **E. APPLICATION REVIEW INFORMATION**

1. **Criteria:** Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

Within the limits of funds available for these purposes, grants will be awarded which best promote the purposes of section 1001 of Title X of the Public Health Service Act, taking into account:

- a. The number of patients, and, in particular, the number of low-income patients proposed to be served, and the extent to which family planning services are needed in the proposed service area (15 points);
- b. The relative need of the applicant for the requested federal funds as evidenced by the budget narrative/justification (10 points);
- c. The capacity of the applicant to make rapid and effective use of the Federal assistance as documented by available administrative staff and a detailed plan for the selection of qualified subrecipients, Applicants must demonstrate/explain how they propose to provide oversight for the use of federal funds to provide family planning services to the patient population(s) proposed to be served in the application (15 points);
- d. The adequacy of the applicant's and any subrecipients' facilities and staff, demonstrating they are well-trained to provide clinical family planning services, including a plan for monitoring the clinical quality of those services according to the priorities outlined in this announcement (20 points);
- e. The ability of the applicant to make use of non-federal resources (i.e., non-Title X funds) within the community to be served and the degree to which those resources are used to enhance the range of family planning services provided through the

project as evidenced by the budget object class descriptions and justifications (15 points);

- f. The degree to which the applicant describes a detailed plan for ensuring compliance, including by any subrecipients, with the Title X statute, regulations and legislative mandates as described in the budget narrative (15 points); and
- g. The degree to which the project plan adequately provides for the effective and efficient implementation of the key issues outlined in this funding announcement (10 points).

## **2. Review and Selection Process**

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above. An independent review panel will evaluate applications that meet the responsiveness criteria, if applicable, and are not disqualified. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

The Deputy Assistant Secretary for Population Affairs (DASPA) will provide recommendations for funding to the Grants Management Officer to conduct risk analysis. In providing these recommendations, the DASPA will take into consideration the following additional factor(s):



- a. The extent to which the project provides geographic distribution of services;
- b. The extent to which funds requested for a project maximize access for the population in need within the proposed service area;
- c. The extent to which the project provides the area to be served with a variety and breadth of effective family planning methods that are readily available and best serve individuals in need throughout the area to be served; and
- d. The extent to which project best promotes the purposes of Section 1001 of the Public Health Service Act, within the limits of funds available for each project

### **3. Review of Risk Posed by Applicant**

HHS/OASH will evaluate, in accordance with 45 CFR § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis.

OASH will use a risk-based approach and may consider any items such as the following:

- (a) Your financial stability;
- (b) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
- (c) History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if

applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(d) Reports and findings from audits performed; and

(e) Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$150,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 CFR § 75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 CFR § 75.205(a)(2); see also 45 CFR § 75.212 for additional information.

#### **4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates**

**Upon completion of risk analysis and concurrence of the Grants Management Officer, HHS/OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including level of funding if an award is made, are final, and you may not appeal.**

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later project period start date.

## **F. FEDERAL AWARD ADMINISTRATION INFORMATION**

### **1. Federal Award Notices**

HHS/OASH does not release information about individual applications during the review process. If you would like to track your application, please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>. The official document notifying you that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH OGM. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the project period, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable. If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization’s information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may

require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by HHS/OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but unfunded. These applications may be kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

## **2. Administrative and National Policy Requirements**

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, or other Department regulations and policies in effect at the time of the award, or that become effective during the period of the award.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> Please note HHS plans to revise the HHS GPS to reflect

changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

### **Program Specific Terms and Conditions**

#### **Ensuring an Accurate Family Planning Service Site Database**

In order to maintain an accurate record of current Title X service sites, applicants are expected to provide timely notice (within 30 days) to the Office of Population Affairs (OPA) through its website contractor, as well as to the appropriate HHS project officer, of any deletions, additions, or changes to the name, location, street address and email,

and contact information for Title X applicants and service sites. This includes identifying all services provided by individual service sites in the database. All changes will be reviewed and approved by the relevant HHS project officer prior to being posted in the OPA clinic database and available on the OPA website. Note this does not replace the prior approval requirement under HHS grants policy for changes in project scope, including clinic closures.

### **Closeout of Award**

Upon expiration of your project period, if we do not receive acceptable final performance, financial, and/or cash reports in a timely fashion within the closeout period, and we determine that closeout cannot be complete with your cooperation or that of the Principal Investigator/ Project Director, we may elect to complete a unilateral closeout. (See F.3 Reporting below for closeout reporting requirements.) As a result, we may determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

### **Lobbying Prohibitions**

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending

regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

#### **Non-Discrimination Requirements**

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance for complying with civil rights laws that prohibit discrimination. <https://www.hhs.gov/civil-rights/index.html>.

It should be noted that the HHS Office for Civil Rights also provides guidance for

complying with federal health care conscience protection statutes:

<https://www.hhs.gov/civil-rights/for-individuals/conscience-protections/index.html>). If an applicant objects to complying with one or more Title X requirements based on issues covered in these statutes, it should be noted accordingly within the Project Narrative.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, [www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf](http://www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf)). You must ensure your contractors and subrecipients also comply with federal civil rights laws

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, [www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf](http://www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf)), provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards is not required but would meet the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency.

### **Smoke- and Tobacco-free Workplace**

The HHS/OASH strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the



HHS/OASH mission to protect and advance the physical and mental health of the American people.

**Acknowledgement of Funding and HHS Rights to Materials and Data**

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This publication (journal article, etc.) was supported by Award No. \_\_\_\_\_ from the Office of the Assistant Secretary of Health (OASH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 CFR § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right

to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

### **Trafficking in Persons**

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104). For the full text of the award term, go to [http://www.hhs.gov/opa/grants/trafficking\\_in\\_persons\\_award\\_condition.html](http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html). If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

### **Efficient Spending**

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>

### **Pilot Whistleblower Protection**

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

### **Same-sex Spouses, Marriages, and Households**

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: “In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, applicants must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By “same-sex spouses,” HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “same-sex marriages,” HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “marriage,” HHS does not mean registered domestic partnerships, civil unions, or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.”

### **Human Subjects Protection**

Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the

HHS regulations to protect human subjects from research risks as specified in 45 CFR part 46. You may find it online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>. Applicants that plan to engage in research involving human subjects are encouraged to provide information regarding participation in research in their recruitment efforts and provide a link to [www.hhs.gov/about-research-participation](http://www.hhs.gov/about-research-participation).

### **3. Reporting**

#### **Performance Reports**

You must submit performance reports on an annual basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by the due date indicated in the terms and conditions of your award via upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final performance report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

#### **Performance Measures**

##### **Family Planning Annual Report**

Each year of the project period, the applicant is required to submit a Family Planning Annual Report (FPAR). The information collection (reporting requirements)

and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0221 (Expires 01/31/2019).

The FPAR contains a brief organizational profile and tables to report on family planning users, service use, and revenue reporting for the year. The FPAR instrument and instructions can be found on the OPA website at <http://hhs.gov/opa>.

### **Financial Reports**

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425).

Your specific reporting schedule will be issued as a condition of award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

### **Audits**

If your organization receives \$750,000 or greater in Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F.

### **Non-competing Continuation Applications and Awards**

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided

via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Additionally, failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

### **FFATA and FSRS Reporting**

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

### **Reporting of Matters Relating to Recipient Integrity and Performance**

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the project period of this Federal award, then you 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 (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 CFR part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement (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. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 CFR part 75.

**Other Required Notifications**

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- (a) Are presently excluded or disqualified;
- (b) Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- (c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or
- (d) Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

- (a) You failed to disclose information earlier, as required by 2 CFR § 180.335; or

(b) Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

## **G. CONTACTS**

### **Administrative and Budgetary Requirements:**

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Robin Fuller

Office of Grants Management

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email: [robin.fuller@hhs.gov](mailto:robin.fuller@hhs.gov)

### **Program Requirements**

For information on program requirements, please contact the program office representative listed below.

David M. Johnson

Office of Population Affairs

1101 Wootton Parkway, Suite 700

Rockville, MD 20852

Phone: 240-453-2841

Email: [david.johnson@hhs.gov](mailto:david.johnson@hhs.gov)



### **Electronic Submission Requirements**

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: [www.grants.gov](http://www.grants.gov)

Phone: 1-800-518-4726

Email: [support@grants.gov](mailto:support@grants.gov)

## **H. OTHER INFORMATION**

### **Awards under this Announcement**

**We are not obligated to make any Federal award as a result of this announcement.**

**If awards are made, they may be issued for project periods shorter than indicated.**

**Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.**

### **Application Elements**

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

**Upload #1**

**Budget Narrative** – Submit all Budget Narrative content as a single acceptable file, including other submission requirements listed below and the plan to monitor subrecipients' compliance with statute, regulations, and mandates

**Upload #2\***

**Project Narrative** – Submit all Project Narrative content as a single acceptable file

**Upload #3\***

**Appendices** – Submit all appendix content as a single acceptable file to include:

Work Plan, List of Proposed Family Planning Services for each service site,  
Schedule of Discounts, Coverage Map, Letters of Commitment from Referral  
Entities, and Curriculum Vitae/Resume for Key Project Personnel

**Other Submission Requirements:** (include in Upload #1)

- non-profit status
- family participation

\*Uploads #2 and #3 count toward the limit of 150 pages total for the application

Diane Foley MD

Diane Foley, MD, FAAP  
Deputy Assistant Secretary for Population Affairs

10/22/18

Date

**WITHHELD  
EMAIL**

**WITHHELD  
EMAIL**

### **Statement of Intent by Virginia Lawmakers**

*To support Virginians in their ability to make their own reproductive healthcare decisions and have real access to comprehensive reproductive healthcare*

Reproductive rights are under attack across the country and existentially threatened by the current White House Administration and the Supreme Court of the United States. Therefore, Virginia legislators have an obligation to both protect and expand reproductive rights in the Commonwealth and to be the bulwark against encroachments on these rights from wherever they may come.

As a member of the Virginia state Senate, duly elected to represent the citizens of my district and to govern on behalf of all Virginians, I express my support to advance policies to:

- Defend a person's right to make personal, private reproductive health decisions, including whether to decide to use contraception, carry a pregnancy to term or have an abortion.
- Protect and improve affordable access to the full range of contraceptive services and options for all Virginians, including emergency contraception.
- Protect and advance reproductive health through scientifically and medically accurate, age-appropriate, effective sexuality education and access to family planning and birth control.
- Protect and promote a person's ability to have healthy pregnancies and births, including her right to parent her children or to choose adoption.
- Address inequities in reproductive health care access, particularly those that disproportionately affect low-income people and people of color.
- Defend a person's right to access reproductive health care free from intimidation, threats, coercion, or violence.
- Support a Constitutional Amendment to the Virginia Constitution enshrining the fundamental human right to bodily autonomy and reproductive freedom.

Signed,



O'holleran, Jennie &lt;jennie.oholleran@governor.virginia.gov&gt;

---

**Fwd: Statement of Intent**

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**O'holleran, Jennie** <jennie.oholleran@governor.virginia.gov>

Wed, Dec 19, 2018 at 1:58 PM

To: Gena Berger &lt;gena.berger@governor.virginia.gov&gt;

Cc: "Mansell, Matt" &lt;matt.mansell@governor.virginia.gov&gt;, Daniel Carey &lt;daniel.carey@governor.virginia.gov&gt;

Jennie O'Holleran  
Policy Director  
Governor Ralph Northam  
804.692.2566

On Wed, Dec 19, 2018 at 1:32 PM Berger, Gena <gena.berger@governor.virginia.gov> wrote:

----- Forwarded message -----

From: **Galina Varchena** <galina@naralva.org>  
Date: Tue, Dec 18, 2018 at 1:10 PM  
Subject: RE: Statement of Intent  
To: Berger, Gena <gena.berger@governor.virginia.gov>  
CC: Michelle Woods <michelle.woods@naralva.org>

Hi Gena,

Here's the statement of intent (House and Senate versions). Please let me know whether you have any concerns, we're planning on sending it to the legislators at EOD today.

Very Best,

Galina.

**From:** Berger, Gena <gena.berger@governor.virginia.gov>  
**Sent:** Tuesday, December 18, 2018 6:26 AM  
**To:** Galina Varchena <galina@naralva.org>  
**Subject:** Re: Statement of Intent

Sounds great. Let me know when the language is ready and I'll get official sign off. I think we will sign on but can't say for sure until I see the specifics.

On Mon, Dec 17, 2018 at 12:03 PM Galina Varchena <galina@naralva.org> wrote:

Hi Gena,

I wanted to give you a heads up that we are sending around a Statement of Intent for legislative signatures some time this week. We did one in 2016, and given the new crop of House of Delegates members and the urgent national context, we wanted to do it again, recontextualizing the need for support of reproductive rights in Virginia. I don't have the final language yet, but will send it out once I do. We'd love the support of the administration on this, I believe 2 years ago, Governor Northam spoke at the conference rolling out the Statement of Intent and was instrumental in getting some of the more recalcitrant legislators signing on, but I know he was in a different position in 2016. Please let me know whether you see any issues with this in general or if you'd like to talk about specifics and whether there's someone else I should loop in. We'd like to get signatures before the second week of session and do a rollout press event around that same time.

Best,

Galina.

--

Gena Boyle Berger, MPA

Deputy Secretary of Health and Human Resources

804.225.3048 (o)

gena.berger@governor.virginia.gov

--

Gena Boyle Berger, MPA

Deputy Secretary of Health and Human Resources

804.225.3048 (o)

gena.berger@governor.virginia.gov

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Reproductive rights are under attack across the country and existentially threatened by the current White House Administration and the Supreme Court of the United States. Therefore, Virginia legislators have an obligation to both protect and expand reproductive rights in the Commonwealth and to be the bulwark against encroachments on these rights from wherever they may come.

As a member of the Virginia state Senate, duly elected to represent the citizens of my district and to govern on behalf of all Virginians, I express my support to advance policies to:

- Defend a person's right to make personal, private reproductive health decisions, including whether to decide to use contraception, carry a pregnancy to term or have an abortion.
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- Defend a person's right to access reproductive health care free from intimidation, threats, coercion, or violence.
- Support a Constitutional Amendment to the Virginia Constitution enshrining the fundamental human right to bodily autonomy and reproductive freedom.

Signed,



3/8/2019

Obtained via VA FOIA by Judicial Watch, Inc.  
Commonwealth of Virginia Mail - NARAL VA Press Conference Invitation



Caumont, Carrie <carrie.caumont@governor.virginia.gov>

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## NARAL VA Press Conference Invitation

15 messages

Tarina Keene <tkeene@naralva.org>

Thu, Jan 3, 2019 at 10:35 PM

To: "Caumont, Carrie" <carrie.caumont@governor.virginia.gov>

Cc: "alena.yamosky@governor.virginia.gov" <alena.yamosky@governor.virginia.gov>, "Berger, Gena (GOV)" <Gena.Berger@governor.virginia.gov>

Hello Carrie,

I hope you are well and you enjoyed your holidays.

NARAL Pro-Choice Virginia is currently seeking legislator signatures for our biannual *Statement of Intent* supporting the protection and advancement of reproductive health and rights in the Commonwealth. We plan to host a press conference in the next couple of weeks to rollout the *Statement of Intent*. We would be so honored if Governor Northam could join us as he did when he was lieutenant governor. We are looking at Thursday the 17<sup>th</sup>, but we are open to scheduling based on Governor Northam's availability. We would be thrilled to have the Governor headline this event. The event will also include pro-choice members of the General Assembly and advocates.

The *Statement of Intent* is a document that is signed by legislators and demonstrates its signatories' steadfast support for our 2019 legislative priorities and beyond as well as reaffirm Virginia women's constitutional right to make personal, private medical decisions free from political interference.

Attached you'll find a copy of the *Statement of Intent*.

Thank you so much for your help, Carrie. For any questions or further information, please contact our communications manager, Michelle Woods, at [Michelle.Woods@naralva.org](mailto:Michelle.Woods@naralva.org) or by phone at (516) 965-8058.

All my best,

Tarina

*Tarina D. Keene*, MPA

Executive Director

NARAL Pro-Choice Virginia

[www.naralva.org](http://www.naralva.org)

HQ: 901 N Washington St., Ste. 603, Alexandria, VA 22314

Richmond Bureau: 1108 E Main St., Ste 1003, Richmond, VA 23219

Office: 571.312.0189

Mobile: 757.287.3356

 2019 Statement of Intent .pdf  
103K

Caumont, Carrie <carrie.caumont@governor.virginia.gov> Fri, Jan 4, 2019 at 3:02 PM  
To: OHolleran Jennie npd98347 <jennie.oholleran@governor.virginia.gov>, Mansell Matt vbm85625 <matt.mansell@governor.virginia.gov>, Mercer Clark nqc29785 <clark.mercer@governor.virginia.gov>, Denslow Suzette uvm84767 <suzette.denslow@governor.virginia.gov>, Yheskel Ofirah vxq68958 <ofirah.yheskel@governor.virginia.gov>  
Cc: Gena Berger <gena.berger@governor.virginia.gov>, Alena Yarmosky <alena.yarmosky@governor.virginia.gov>

--  
Carrie Caumont  
Director of Scheduling  
Office of Governor Ralph Northam  
804-692-0139 office  
804-837-4762 mobile  
carrie.caumont@governor.virginia.gov

 2019 Statement of Intent .pdf  
103K

Yheskel, Ofirah <ofirah.yheskel@governor.virginia.gov> Fri, Jan 4, 2019 at 3:03 PM  
To: "Caumont, Carrie" <carrie.caumont@governor.virginia.gov>  
Cc: OHolleran Jennie npd98347 <jennie.oholleran@governor.virginia.gov>, Mansell Matt vbm85625 <matt.mansell@governor.virginia.gov>, Mercer Clark nqc29785 <clark.mercer@governor.virginia.gov>, Denslow Suzette uvm84767 <suzette.denslow@governor.virginia.gov>, Gena Berger <gena.berger@governor.virginia.gov>, Alena Yarmosky <alena.yarmosky@governor.virginia.gov>

O'holleran, Jennie <jennie.oholleran@governor.virginia.gov> Fri, Jan 4, 2019 at 3:10 PM  
To: "Yheskel, Ofirah" <ofirah.yheskel@governor.virginia.gov>  
Cc: Alena Yarmosky <alena.yarmosky@governor.virginia.gov>, "Caumont, Carrie" <carrie.caumont@governor.virginia.gov>, Denslow Suzette uvm84767 <suzette.denslow@governor.virginia.gov>, Gena Berger <gena.berger@governor.virginia.gov>, Mansell Matt vbm85625 <matt.mansell@governor.virginia.gov>, Mercer Clark nqc29785 <clark.mercer@governor.virginia.gov>

--  
Jennie O'Holleran  
Policy Director  
Governor Ralph Northam  
804.692.2566

Berger, Gena <gena.berger@governor.virginia.gov> Fri, Jan 4, 2019 at 5:19 PM  
To: "O'holleran, Jennie" <jennie.oholleran@governor.virginia.gov>  
Cc: "Yheskel, Ofirah" <ofirah.yheskel@governor.virginia.gov>, Alena Yarmosky <alena.yarmosky@governor.virginia.gov>, "Caumont, Carrie" <carrie.caumont@governor.virginia.gov>, Denslow Suzette uvm84767 <suzette.denslow@governor.virginia.gov>, Mansell Matt vbm85625 <matt.mansell@governor.virginia.gov>, Mercer Clark nqc29785 <clark.mercer@governor.virginia.gov>

Gena Boyle Berger, MPA  
Deputy Secretary of Health and Human Resources  
804.225.3048 (o)  
gena.berger@governor.virginia.gov

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O'holleran, Jennie <jennie.oholleran@governor.virginia.gov> Fri, Jan 4, 2019 at 8:17 PM  
To: "Berger, Gena" <gena.berger@governor.virginia.gov>  
Cc: Alena Yarmosky <alena.yarmosky@governor.virginia.gov>, "Caumont, Carrie" <carrie.caumont@governor.virginia.gov>, Denslow Suzette uvm84767 <suzette.denslow@governor.virginia.gov>, Mansell Matt vbm85625 <matt.mansell@governor.virginia.gov>, Mercer Clark nqc29785

3/8/2019

Obtained via VA FOIA by Judicial Watch, Inc.  
Commonwealth of Virginia Mail - NARAL VA Press Conference Invitation

<clark.mercer@governor.virginia.gov>, "Yheskel, Ofirah" <ofirah.yheskel@governor.virginia.gov>

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**Caumont, Carrie** <carrie.caumont@governor.virginia.gov>

Mon, Jan 7, 2019 at 1:50 PM

To: Tarina Keene <tkeene@naralva.org>

Cc: "alena.yarmosky@governor.virginia.gov" <alena.yarmosky@governor.virginia.gov>, "Berger, Gena (GOV)" <Gena.Berger@governor.virginia.gov>

Good afternoon Tarina,

Governor Northam would be happy to lend his name to NARAL's statement of intent. What time were you looking to host the press conference? The Governor would currently be available at either 10:30 or 11am the morning of Jan 17th.

Best,  
Carrie

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[Quoted text hidden]

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**Tarina Keene** <tkeene@naralva.org>

Tue, Jan 8, 2019 at 12:10 AM

To: "Caumont, Carrie" <carrie.caumont@governor.virginia.gov>

Cc: "alena.yarmosky@governor.virginia.gov" <alena.yarmosky@governor.virginia.gov>, "Berger, Gena (GOV)" <Gena.Berger@governor.virginia.gov>, Galina Varchena <galina@naralva.org>, Michelle Woods <michelle.woods@naralva.org>

Carrie,

Thank you! This is wonderful news. We are so glad he can fit us in his schedule. Let me circle back to you shortly to confirm time and place. Is it possible to hold those two blocks for a day so we can finalize our logistics?

Thanks again and as always, please feel free to reach out with any questions.

My best,

-Tarina

[Quoted text hidden]

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**Caumont, Carrie** <carrie.caumont@governor.virginia.gov>

Wed, Jan 16, 2019 at 9:26 AM

To: Tarina Keene <tkeene@naralva.org>

Cc: "alena.yarmosky@governor.virginia.gov" <alena.yarmosky@governor.virginia.gov>, "Berger, Gena (GOV)" <Gena.Berger@governor.virginia.gov>, Galina Varchena <galina@naralva.org>, Michelle Woods <michelle.woods@naralva.org>

Good morning Tarina,

Would someone on your staff be able to complete the attached briefing form for tomorrow's event. I will need the completed information by 2pm today.

Thank you for your assistance. The Governor looks forward to seeing you all tomorrow.

Best,  
Carrie

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 **Blank event briefing form.docx**  
20K

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**Michelle Woods** <michelle.woods@naralva.org>

Wed, Jan 16, 2019 at 9:31 AM

To: "Caumont, Carrie" <carrie.caumont@governor.virginia.gov>, Tarina Keene <tkeene@naralva.org>

Cc: "alena.yarmosky@governor.virginia.gov" <alena.yarmosky@governor.virginia.gov>, "Berger, Gena (GOV)" <gena.berger@governor.virginia.gov>, Galina Varchena <galina@naralva.org>

Good morning, Carrie,

I will send over the completed briefing form and get that back to you well before 2:00pm.

I'll also send over some talking points in case they're helpful.

We are grateful and looking forward to having the Governor at the press conference tomorrow.

Best,

Michelle

Get Outlook for iOS

---

**From:** Caumont, Carrie <carrie.caumont@governor.virginia.gov>  
**Sent:** Wednesday, January 16, 2019 9:26 AM  
**To:** Tarina Keene  
**Cc:** alena.yarmosky@governor.virginia.gov; Berger, Gena (GOV); Galina Varchena; Michelle Woods  
**Subject:** Re: NARAL VA Press Conference Invitation

Good morning Tarina,

Would someone on your staff be able to complete the attached briefing form for tomorrow's event. I will need the completed information by 2pm today.

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Best,  
Carrie

On Tue, Jan 8, 2019 at 12:10 AM Tarina Keene <tkeene@naralva.org> wrote:  
Carrie,

Thank you! This is wonderful news. We are so glad he can fit us in his schedule. Let me circle back to you shortly to confirm time and place. Is it possible to hold those two blocks for a day so we can finalize our logistics?

Thanks again and as always, please feel free to reach out with any questions.

My best,

-Tarina

On Jan 7, 2019, at 1:50 PM, Caumont, Carrie <carrie.caumont@governor.virginia.gov> wrote:

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Best,  
Carrie

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The *Statement of Intent* is a document that is signed by legislators and demonstrates its signatories' steadfast support for our 2019 legislative priorities and beyond as well as reaffirm Virginia women's constitutional right to make personal, private medical decisions free from political interference.

Attached you'll find a copy of the *Statement of Intent*.

3/8/2019

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Thank you so much for your help, Carrie. For any questions or further information, please contact our communications manager, Michelle Woods, at [Michelle.Woods@naralva.org](mailto:Michelle.Woods@naralva.org) or by phone at (516) 965-8058.

All my best,

Tarina

*Tarina D. Keene*, MPA

Executive Director

NARAL Pro-Choice Virginia

[www.naralva.org](http://www.naralva.org)

HQ: 901 N Washington St., Ste. 603, Alexandria, VA 22314

Richmond Bureau: 1108 E Main St., Ste 1003, Richmond, VA 23219

Office: 571.312.0189

Mobile: 757.287.3356

--  
Carrie Caumont  
Director of Scheduling  
Office of Governor Ralph Northam  
804-692-0139 office  
804-837-4762 mobile  
[carrie.caumont@governor.virginia.gov](mailto:carrie.caumont@governor.virginia.gov)

--  
Carrie Caumont  
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804-692-0139 office  
804-837-4762 mobile  
[carrie.caumont@governor.virginia.gov](mailto:carrie.caumont@governor.virginia.gov)

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Caumont, Carrie <[carrie.caumont@governor.virginia.gov](mailto:carrie.caumont@governor.virginia.gov)> Wed, Jan 16, 2019 at 9:34 AM  
To: Michelle Woods <[michelle.woods@naralva.org](mailto:michelle.woods@naralva.org)>  
Cc: Tarina Keene <[tkeene@naralva.org](mailto:tkeene@naralva.org)>, "alena.yarmosky@governor.virginia.gov" <[alena.yarmosky@governor.virginia.gov](mailto:alena.yarmosky@governor.virginia.gov)>, "Berger, Gena (GOV)" <[gena.berger@governor.virginia.gov](mailto:gena.berger@governor.virginia.gov)>, Galina Varchena <[galina@naralva.org](mailto:galina@naralva.org)>

Thank you!  
[Quoted text hidden]

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Berger, Gena <[gena.berger@governor.virginia.gov](mailto:gena.berger@governor.virginia.gov)> Wed, Jan 16, 2019 at 10:27 AM  
To: Michelle Woods <[michelle.woods@naralva.org](mailto:michelle.woods@naralva.org)>  
Cc: "Caumont, Carrie" <[carrie.caumont@governor.virginia.gov](mailto:carrie.caumont@governor.virginia.gov)>, Tarina Keene <[tkeene@naralva.org](mailto:tkeene@naralva.org)>, "alena.yarmosky@governor.virginia.gov" <[alena.yarmosky@governor.virginia.gov](mailto:alena.yarmosky@governor.virginia.gov)>, Galina Varchena <[galina@naralva.org](mailto:galina@naralva.org)>

Thanks, Michelle. I am working on the talking points so it would be very helpful if you could send those and the briefing form to me and I will get the final to scheduling this afternoon.

Gena Boyle Berger, MPA  
Deputy Secretary of Health and Human Resources  
804.225.3048 (o)  
[gena.berger@governor.virginia.gov](mailto:gena.berger@governor.virginia.gov)

3/8/2019

Obtained via VA FOIA by Judicial Watch, Inc.  
Commonwealth of Virginia Mail - NARAL VA Press Conference Invitation

On Wed, Jan 16, 2019 at 9:31 AM Michelle Woods <michelle.woods@naralva.org> wrote:

[Quoted text hidden]

---

**Michelle Woods** <michelle.woods@naralva.org>

Wed, Jan 16, 2019 at 11:34 AM

To: "Berger, Gena" <gena.berger@governor.virginia.gov>

Cc: "Caumont, Carrie" <carrie.caumont@governor.virginia.gov>, Tarina Keene <tkeene@naralva.org>, "alena.yarmosky@governor.virginia.gov" <alena.yarmosky@governor.virginia.gov>, Galina Varchena <galina@naralva.org>

Hi Carrie,

Attached is the completed briefing form, as well as a tic-toc. Please let me know if you have any further questions. I can be reached at 516-965-8058 for any further questions.

I'll work on getting talking points to Gena very soon.

Best,

Michelle

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**From:** Berger, Gena <gena.berger@governor.virginia.gov>

**Sent:** Wednesday, January 16, 2019 10:27:15 AM

**To:** Michelle Woods

**Cc:** Caumont, Carrie; Tarina Keene; alena.yarmosky@governor.virginia.gov; Galina Varchena

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**2 attachments**

 **Statement of Intent Briefing Form for Governor's Office.docx**  
35K

 **Statement of Intent tic-toc.docx**  
19K

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**Caumont, Carrie** <carrie.caumont@governor.virginia.gov>

Wed, Jan 16, 2019 at 11:38 AM

To: Michelle Woods <michelle.woods@naralva.org>

Cc: "Berger, Gena" <gena.berger@governor.virginia.gov>, Tarina Keene <tkeene@naralva.org>, "alena.yarmosky@governor.virginia.gov" <alena.yarmosky@governor.virginia.gov>, Galina Varchena <galina@naralva.org>

I really appreciate it. We will let you know if we have any questions.

Best,

Carrie

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**Caumont, Carrie** <carrie.caumont@governor.virginia.gov>

Wed, Jan 16, 2019 at 11:38 AM

To: Watson Lindsey ggr29266 <lindsey.watson@governor.virginia.gov>

----- Forwarded message -----

**From:** Michelle Woods <michelle.woods@naralva.org>

**Date:** Wed, Jan 16, 2019 at 11:34 AM

**Subject:** Re: NARAL VA Press Conference Invitation

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**2 attachments**

 **Statement of Intent Briefing Form for Governor's Office.docx**  
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 **Statement of Intent tic-toc.docx**  
19K



### **Statement of Intent by Virginia Lawmakers**

*To support Virginians in their ability to make their own reproductive healthcare decisions and have real access to comprehensive reproductive healthcare.*

Reproductive rights are under attack across the country and existentially threatened by the current White House Administration and the Supreme Court of the United States. Therefore, Virginia legislators have an obligation to both protect and expand reproductive rights in the Commonwealth and to be the bulwark against encroachments on these rights from wherever they may come.

As a member of the Virginia General Assembly, duly elected to represent the citizens of my district and to govern on behalf of all Virginians, I express my support to advance policies to:

- Defend a person's right to make personal, private reproductive health decisions, including whether to decide to use contraception, carry a pregnancy to term or have an abortion.
- Protect and improve affordable access to the full range of contraceptive services and options for all Virginians, including emergency contraception.
- Protect and advance reproductive health through scientifically and medically accurate, age-appropriate, effective sexuality education and access to family planning and birth control.
- Protect and promote a person's ability to have healthy pregnancies and births, including her right to parent her children or to choose adoption.
- Address inequities in reproductive health care access, particularly those that disproportionately affect low-income people and people of color.
- Defend a person's right to access reproductive health care free from intimidation, threats, coercion, or violence.
- Support a Constitutional Amendment to the Virginia Constitution enshrining the fundamental human right to bodily autonomy and reproductive freedom.

Signed,