

FOR INTERNAL USE ONLY

Award/Contract No. _____

Partner/Contractor _____

Pre-Screen Worksheet for Protecting Life In Global Health Assistance Standard Provisions

The following checklist is to be completed early in the solicitation response process to avoid wasting time with organizations that will not agree to the Protecting Life Standard Provisions and thus, cannot be funded. If you are reading this, you are responsible for ensuring JHU's compliance to these Standard Provisions.

- | | YES | NO | Does Protecting Life apply? Please answer the following 4 questions: |
|-----|-----|-----|--|
| 1.) | ___ | ___ | Is the recipient a foreign (non-US) Non-Governmental Organization (NGO)? |
| 2.) | ___ | ___ | Is the activity U.S. Department of State, U.S. Department of Defense, or USAID funded? |
| 3.) | ___ | ___ | Is this a health activity? |
| 4.) | ___ | ___ | Is the subject document an assistance agreement (generally a subgrant or subagreement)? "Assistance" includes the provision of funds, commodities, equipment, or other in-kind global health assistance. |

STOP! If you have answered **NO** to any of the above questions, **STOP**; **Protecting Life** does not apply and agreement to the **Protecting Life** Standard Provision is not required; regardless of applicability, please include this form in the contract folder for FA review.

CONTINUE? If you answered **YES** to questions **#1 through #4**, does apply; please continue below:

- | | | | |
|-----|-----|-----|---|
| 5.) | ___ | ___ | Does the recipient perform, actively promote, or conduct public information campaigns about abortions as a method of family planning? |
| 6.) | ___ | ___ | Does the recipient lobby or promote changes to legalize abortion or keep it legal? |
| 7.) | ___ | ___ | Does the recipient provide counseling or information about offering referral for abortion as a family planning option? |
| 8.) | ___ | ___ | Does the recipient provide financial support to any other NGO that conducts any of the above activities? |

STOP! If you have answered **YES** to at least **one** of questions **#5 through #8**, **STOP**. **JHU is prohibited by Protecting Life from providing assistance to this organization.**

CONTINUE? If you answered **NO** to **all** of questions **#5 through #8**, please continue:

- | | YES | NO | |
|------|-----|-----|--|
| 9.) | ___ | ___ | Is the recipient willing to sign an agreement that includes Protecting Life Standard Provisions that prohibit, as a condition of receiving funds, the following: <ul style="list-style-type: none">• ___ Performing, actively promoting, or conducting public information campaigns about abortions as a method of family planning;• ___ Lobbying or promoting changes to legalize abortion or keep it legal;• ___ Providing counseling or information about offering referral for abortion as a family planning option; and• ___ Providing financial support to any other NGO that conducts such activities. |
| 10.) | ___ | ___ | Will the recipient sign an agreement that includes agreement to the following: <ul style="list-style-type: none">• ___ JHU and/or Federal department/agency funder inspections of health activity documentation, such as reports, Brochures, and service statistics;• ___ JHU and/or Federal department/agency funder observation of health activities; |

- JHU and/or Federal department/agency funder consultation with recipient's healthcare personnel; and
- Providing JHU and/or Federal department/agency funder with a copy of the recipient's audited financial statements, if one exists.

Protecting Life CHECKLIST (continued)

Contract No. [xx-xxx-xx] _____

Contractor [Name] _____

INCOMPLETE? Please note that this form is incomplete if either page 1 or 2 of this checklist is omitted; please include both pages in the contract folder.

PROCEED WITH AWARD? If you have answered **YES** to questions **#9 and #10**, then proceed with this agreement (generally Subagreement or Subgrant). If you answered **NO** to either question **#9 or #10** then **STOP! JHU cannot provide assistance to this organization.**

Please note that Protecting Life permits the following: (a) abortion if mother's life is endangered; (b) abortion in case of rape or incest; (c) treatment of abortion related illnesses or injuries (Post Abortion Care); and (d) a passive answer to an already pregnant woman who clearly states she has already decided to have a legal abortion if required by medical ethics. The Protecting Life Standard Provision is effective 15 May 2017

Thank you for ensuring JHU compliance with the Mexico City Policy.

Completed by (print & sign) Program Staff

Date

Reviewed by (print & sign) Financial Administrator

Date

Reviewed by (print & sign) JHURA

Date