NOTICE OF GRANT AWARD

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

SFN 53771 (05-2025)

Grant Number G25.659	CFDA Name HIV: HIV Prevention Activities Health Department Based GF: Not Applicable		CFDA Number HIV: 93.940 for $45,000 GF: Not Applicable for $5,000
FAIN Number HIV: NU62PS924833 GF: Not Applicable	Grant Type (Check One) ☒ Program ☐ R&D	Grant Start Date 6/1/2026	Grant End Date 5/31/2027
Federal Award Date HIV: 5/29/2026 GF: Not Applicable	Federal Awarding Agency HIV: Department of Health and Human Services, Centers for Disease Control (CDC). GF: Not Applicable		

This award is not effective and expenditures related to this award should not be incurred until all parties have signed this document.

Title of Project/Program HIV.HCV Counseling, Testing and Referral (CTR)	North Dakota Department of Health and Human Services (NDDHHS) Project Code: HIV: 2241 S537-OC-00 32 $45,000. GF: 2241 Z639-OC-00 31 $5,000.
Grantee Name Fargo Cass Public Health	Project Director Lindsey VanderBusch, MPH
Address: 1240 25th Street South	Address: 600 E Boulevard Ave, Dept 325
City/State/ZIP Code: Fargo, ND 58103	City/State/ZIP Code: Bismarck, ND 58505-0250
Contact Name: Jenn Faul	Contact Name: Lindsey VanderBusch
Telephone Number: 701-241-1380	Telephone Number: 701-328-4555
Email Address: jfaul@fargond.gov	Email Address: lvanderbusch@nd.gov

	NDDHHS Cost Share	Grantee Cost Share	Total Costs
Amount Awarded	$50,000	$0	$50,000
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded	$50,000	$0	$50,000
Indirect Rate (Check One)	☐ Subrecipient waived indirect costs	☒ De minimis rate of _10___% (limited to 15%)	☐ Negotiated/Approved rate of _____%

Scope of Service

Scope of Service Requirements are defined in Attachment A.

Reporting Requirements

Grantee must provide monthly expenditure and progress reports via the Program Reporting System (PRS).
Monthly expenditure and progress reports are due 15 days after the end of each month.
Expenditure report for the period ending June 30, 2026 must be received by July 15, 2026.
Final expenditure report for the period ending May 31, 2027 must be received by July 15, 2027.
Epidemiologic data must be submitted using the online reporting tool within one week of the specimen collection.
Reimbursements will be processed upon Department approval of expenditures and progress reports.

Special Conditions

If Grantee has the ability to bill third-party payers for these services, Grantee is expected to do so as appropriate before requesting reimbursement from the Department.

This Notice of Grant Award is subject to the terms and conditions incorporated either directly or by reference in the following: (1) Requirements Addendum and Grantee Assurances for Notice of Grant Awards issued by the NDDHHS as signed by Grantee for the period of July 1, 2025 to June 30, 2027 **[**Finance Use Only: ☒ Requirements Received; ☐ Questionnaire received**]** and (2) applicable State and Federal regulations.

Evidence of Grantee's Acceptance		Evidence of NDDHHS Acceptance	
Date 06/30/2026	Signature Jenn Faul	Date	Signature
Typed Name/Title of Authorized Representative Jenn Faul Director of Public Health		Typed Name/Title of Authorized Representative Lindsey VanderBusch, MPH, Unit Director Sexually Transmitted and Blood Borne Diseases	
Date	Signature	Date	Signature
Typed Name/Title of Authorized Representative Joshua A. Boschee Mayor, City of Fargo		Typed Name/Title of Authorized Representative Dirk D. Wilke, J.D., M.B.A., Executive Director of Public Health	

ATTEST:_____Angie Bear, Deputy CIty Auditor

If attachments are referenced, they must be returned with the signed award.
If you did not receive attachments as indicated, contact the Program Director identified above.

G25.659
Fargo Cass Public Health
Attachment A

Scope of Service

Grantee will provide the following services:

- Collect blood specimens for rapid HIV/HCV testing for persons at risk for infection.
- Provide pre-test and post-test counseling to individuals being screened for HIV/HCV at a time and place appropriate for both the client and provider.
- Collect and provide blood specimens to confirm positive rapid screens to the NDDHHS Laboratory Services Section using the most recent laboratory specimen testing form.
- Submit the mandatory epidemiologic information on all tests performed within one week of specimen collection via online reporting tool.
- Provide hepatitis A and hepatitis B vaccinations to individuals in whom a risk factor has been identified or are positive for hepatitis C.
- Provide community outreach testing and education.
- Ensure access to HIV prevention supplies and educational materials.
- Provide linkage to medical care services for HCV positive individuals.
- Follow all requirements as written in the NDDHHS Counseling, Testing and Referral Manual.
- File necessary records consistent with the Maven Security Policy.
- Conduct evaluative activities as requested by the Department.
- Participate in HIV/HCV CTR site meetings, training and activities as requested.