FINANCE OFFICE
225 4th Street North
Fargo, ND 58102
Phone: (701) 241-1333
www.FargoND.gov

TO: Board of Commissioners

FROM: Susan Thompson, Director of Finance

RE: FAHR Staff meeting – Items for Commission Review/Approval

DATE: July 15, 2026

FAHR did not meet on July 13th; however, we are providing the following for your consideration.

Action Needed: Transit – Request to Sell or Dispose of City Asset

Public Health – G25.727 93.898 Partial; Grant Award

Public Health – G25.674 Grant Award from NDDHHS & Budget Adjustment

FAHR Staff Meeting

Location: **Meadowlark Room – Microsoft Teams**

Date: **July 13th, 2026**

Time: **9:00AM**

WELCOME **Page**

A. NEW BUSINESS:

B. BUDGET ADJUSTMENT:

C. OTHER:

D. ADJOURN:

- Next Meeting: July 27th, 2026

THE CITY OF Fargo FAR MORE

TRANSIT OFFICE

TRANSIT OFFICE
650 23RD St. N.
Fargo, ND 58102
Phone: 701.241.8140 | Fax: 701.241.8558
FargoND.gov

DATE: July 13, 2026

TO: FAHR Committee

FROM: Jordan Smith, Assistant Transit Director – Fleet and Facilities

RE: Request to Sell or Dispose of City Assets at Online Auction

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Transit respectfully requests authorization to sell or dispose of a City-owned asset through Govdeals online auction. The vehicle will be publicly auctioned through the Govdeals auction network. Govdeals has proven successful and reliable services to City of Fargo operations.

Asset slated for disposal:

- 2017 Dodge Journey, VIN 3C4PDDAG8HT600348, Asset Number: 12825

Background

The vehicle proposed for disposal is approaching the end of its useful life as identified in MATBUS's Transit Asset Management (TAM) Plan, which is required by the Federal Transit Administration (FTA). The vehicle was originally purchased using local funds and is not subject to any federal funding or disposition requirements.
The vehicle currently requires extensive repairs to remain in service. After evaluating the anticipated repair costs and the vehicle's remaining service life, staff determined that replacing the vehicle is the most practical and cost-effective option. Disposal of the existing vehicle and procurement of a replacement will provide a more reliable asset while avoiding significant investment in a vehicle nearing the end of its useful life.

Suggested Motion:
Move to authorize the Transit Department to offer the vehicle on Govdeals auction services with the proceeds to go back into the Transit Capital account.

FARGO CASS PUBLIC HEALTH
ADMINISTRATION
1240 25th Street South
Fargo, ND 58103-2367
Phone 701.241.1360
FargoCassPublicHealth.com

M E M O R A N D U M

TO: **BOARD OF CITY COMMISSIONERS**

FROM: **JENN FAUL**
DIRECTOR OF PUBLIC HEALTH

DATE: **JULY 13, 2026**

RE: **NOTICE OF GRANT AWARD FROM ND DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE *WOMEN'S WAY* PROGRAM.**
NO: G25.727 CFDA: 93.898 PARTIAL
FUNDS: $102,915
EXPIRES: 06/29/2027

The attached notice of grant award from ND Department of Health and Human Services is Fargo Cass Public Health to continue to administer and manage *Women's Way* to conduct ND Breast and Cervical Cancer Early Detection Program.

If you have any questions, please contact me at 241.1380.

Suggested Motion:
Move to approve this notice of grant award from ND Department of Health and Human Services.

JF/lls
Attachment

NOTICE OF GRANT AWARD

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

SFN 53771 (05-2025)

Grant Number G25.727	CFDA Name WW Fed: Cancer Prevention and Control for States, Territorial, and Tribal Organizations. WW Special: Not applicable.		CFDA Number WW Fed: 93.898 for $79,275 WW Special: Not applicable for $23,640
FAIN Number WW Fed: NU58DP007108 WW Special: Not applicable	Grant Type (Check One) ☒ Program ☐ R&D	Grant Start Date 6/30/2026	Grant End Date 6/29/2027
Federal Award Date WW Fed: 6/24/2026 WW Special: Not applicable	Federal Awarding Agency WW Fed: United States Department of Health and Human Services WW Special: 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 *Women's Way*	North Dakota Department of Health and Human Services (NDDHHS) Project Code WW Fed: 4521 S251-OC-08 31: $79,275 WW Special: 4521 S251-OC-08 32: $23,640
Grantee Name: Fargo Cass Public Health	Project Director: Susan Mormann
Address: 1240 25th Street South	Address: 600 East Boulevard Avenue, Dept. 325
City/State/ZIP Code: Fargo, ND 58103-2367	City/State/ZIP Code: Bismarck, ND 58505-0250
Contact Name: Louisa Bergman	Contact Name: Paulette DeLeonardo
Telephone Number: 701-298-6918	Telephone Number: 701-328-2479
Email Address: LBergman@FargoND.gov	Email Address: pdeleonardo@nd.gov

	NDDHHS Cost Share	Grantee Cost Share	Total Costs
Amount Awarded	$102,915	$0	$102,915
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded	$102,915	$0	$102,915
Indirect Rate (Check One)	☐ Subrecipient waived indirect costs	☐ De minimis rate of ____% (limited to 15%)	☐ Negotiated/Approved rate of _____%

Scope of Service

Grantee will administer and manage *Women's Way* to conduct the North Dakota Breast and Cervical Cancer Early Detection Program within its mutually agreed-upon service area. Grantee will follow the *Women's Way* Local Coordinating Unit (LCU) Policy and Procedure Manual. Grantee will attend the bi-monthly teleconferences, the annual local coordinating unit meeting and/or any mandatory training required by the state office. Screening goals, including patient navigation only and priority populations, provider-clinic consultations, and community-clinical linkages, are further defined in Attachment A.

Reporting Requirements

Reporting requirements are defined in Attachment A.

Special Conditions

The Department must pre-approve all materials developed using *Women's Way* funds and/or logo.

Note: Healthcare reform and state appropriations may affect the funding available in subsequent periods.

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 07/09/2026	Signature Jenn Faul	Date	Signature
Typed Name/Title of Authorized Representative Jennifer Faul, Director of Fargo Cass Public Health		Typed Name/Title of Authorized Representative Susan M. Mormann, Unit Director Health Promotion & Chronic Disease Prevention	
Date	Signature	Date	Signature
Typed Name/Title of Authorized Representative Joshua A. Boschee, Mayor, City of Fargo		Typed Name/Title of Authorized Representative Donna Aukland, Chief Financial Officer	

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.

G25.727
Fargo Cass Public Health
ATTACHMENT A

SCOPE OF SERVICE
Grantee will use funds solely to administer and manage *Women's Way* to conduct the North Dakota Breast and Cervical Cancer Early Detection Program (BCCEDP).

Screening Goals
In response to shifts in screening behaviors following the COVID-19 pandemic, *Women's Way* is intensifying its efforts to recruit new clients and populations of concern. Data is submitted monthly and shared with each local coordinating unit to track progress toward goals, monitor recruitment efforts, and measure completed screenings. These data help guide the program to ensure that resources are aligned with the cultural and linguistic needs of the communities served.

- The minimum screening goal is 310 women, consisting of 263 program-eligible women receiving screening services and 47 patient navigation-only (PN-only) women. Within this goal, the Grantee must serve at least five BCCEDP American Indian women, three American Indian PN-only women, 34 BCCEDP Hispanic women, and a minimum of two Hispanic PN-only women.
- Based on the requirement that at least 25 percent of screened BCCEDP clients may require diagnostic follow-up, the Grantee should anticipate providing follow-up services for approximately 66 clients with abnormal screening results.
- Clients aged 39 or younger who receive breast-only BCCEDP screening services and/or follow-up services for abnormal screening results are limited to 10 percent of the Grantee's screening goal, not to exceed 31 clients.
- Grantee is expected to recruit and enroll new women who meet *Women's Way* eligibility or PN-only criteria. The minimum new client enrollment goal is 20 percent of the total screening goal, or 62 new clients.

Total Screen Goal	BCCEDP FF-PAID	PN-ONLY	AI Total	AI BCCEDP FF-PAID	AI PN-ONLY	Hispanic Total	Hispanic BCCEDP FF-PAID	Hispanic PN-ONLY	Dx ≈25%	Age ≤39 Max ≤10%	New Clients ≥20%
310	263	47	8	5	3	36	34	2	66	31	62

Provider-Clinic Consultations to Ensure Quality and Appropriate Services for Enrolled Clients
Grantee shall maintain relationships with qualified local healthcare providers (HCPs) within its mutually agreed upon service area to ensure quality and appropriate services for enrolled *Women's Way* clients.

- Ensure all healthcare professionals, clinics, and facilities that will submit claims for *Women's Way* clients have signed a Provider Cooperative Agreement with the North Dakota Department of Health and Human Services before providing services for *Women's Way* clients.
- Grantee will contact the State Office if an HCP is to be enrolled as a *Women's Way* provider.
- Grantee will inform HCPs that all claims for client healthcare services shall be submitted to the Third-Party Administrator for *Women's Way*. The Third-Party Administrator is BlueCross BlueShield of North Dakota (BCBSND). Grantee will inform HCPs that this requires a separate participation agreement with BCBSND, which is an independent entity.
- Assist the State Office in ensuring all enrolled HCPs have the current *Women's Way* "What's Covered" list (i.e., approved CPT codes).
- Remind HCPs to inform the *Women's Way* client if they are going to perform a procedure not covered by the program. Grantee will inform the HCPs that they should allow the client to decide if she desires to have any procedures other than *Women's Way* covered services, since she will be liable for those costs.
- Assist the State Office in notifying all appropriate HCP personnel that the 12-digit ID number assigned to each client is their identification/benefit number and is required on all claim forms submitted to BCBSND for reimbursement.
- Grantee shall facilitate building capacity for local staff and HCPs to ensure compliance with *Women's Way* policies and practices. It is recommended that information be shared via phone or videoconferencing, with no fewer than six provider-clinic consultations occurring in person.

Community-Clinical Linkages to Aid Patient Support and Increase Cancer Screening
Clinical-Community Linkages (CCLs) help connect healthcare providers, community organizations, and public health agencies to support community access to resources that help prevent, manage, or reduce cancer risks and other chronic diseases. The goals of CCL include the following:

- Develop partnerships across public health, communities, and healthcare professionals.
- Promote healthy behaviors and environments by coordinating healthcare delivery, public health, and community-based activities.
- Encourage community engagement in coordinating services and developing linkages.

The community sector is composed of organizations that provide services, programs, or resources to community members in non-healthcare settings. Examples may include community pharmacies (as opposed to a pharmacy in a healthcare setting, such as a hospital), employers, faith-based organizations, community centers, salons and barbershops, and nonprofit organizations such as the YMCA.

The clinical sector is composed of organizations that provide services, programs, or resources directly related to medical diagnoses or treatment of community members by healthcare workers (e.g., physicians, nurses, nursing assistants, physical therapists, emergency medical service personnel, dentists, pharmacists, laboratory personnel) in healthcare settings. Examples may include community clinics, single practices, group clinics, rural clinics, Qualified Health Centers (e.g., community health centers, public housing, primary care programs, migrant health centers), and hospitals.

Grantee agrees to facilitate no fewer than four community-clinical linkage events/strategies per program year.

- Conduct community outreach, provide patient education about risk factors and preventive health behaviors, identify eligible women for screening, and address barriers to care.
- Navigate women to community resources, medical homes, or healthcare systems for cancer screening, diagnostic, and/or treatment resources.
- Work with community partners to reach disparate populations and use culturally appropriate interventions tailored to the communities for which they are intended.
- Facilitate or refer to Medicaid Expansion or health insurance enrollment, if applicable. Track and report the number of women referred.

COLLABORATION EFFORTS
Grantee will facilitate collaboration with other chronic disease and public health programs by including questions about food insecurity, housing insecurity, high blood pressure, diabetes, and colorectal cancer screening when enrolling or re-enrolling clients. This information will be entered into the Cancer Screening and Tracking System (CaST) in the individual's baseline information.

REPORTING REQUIREMENTS
Accurately completed forms, navigation encounters, provider-clinic consultations, and the monthly electronic submission of up-to-date data from the *Women's Way* data system (CaST) will be submitted by the 5th of the following month.

Grantee agrees to submit completed evaluation reports via Qualtrics as requested.

Grantee agrees to submit monthly reimbursement requests electronically through the Program Reporting System (PRS) by the last day of the following month, with the exception of June reimbursement requests.

The request for reimbursement (RFR) for June 30, 2026, must be received by the Department on or before July 14, 2026. The final RFR for the period of June 1-29, 2027, must be received by the Department on or before July 14, 2027. Submission dates are determined to allow the necessary time to process all reimbursement requests.

Reimbursement will be based on expenditures outlined in the Grantee's approved budget and processed upon Department receipt and approval of the RFR, supporting documentation, and CaST data.

Failure to make adequate progress toward screening and service goals or submit the required reports and electronic reimbursement requests by the stated deadline will result in the re-evaluation of services and funding.

FARGO CASS PUBLIC HEALTH
ADMINISTRATION
1240 25th Street South
Fargo, ND 58103-2367
Phone 701.241.1360
FargoCassPublicHealth.com

M E M O R A N D U M

TO: **BOARD OF CITY COMMISSIONERS**

FROM: **JENN FAUL**
DIRECTOR OF PUBLIC HEALTH

DATE: **JULY 20, 2026**

RE: **NOTICE OF GRANT AWARD FROM ND DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR SUN SAFETY – MULTIFACETED APPROACH.**
NO: G25.674 CFDA: NA
FUNDS: $2,000
EXPIRES: 12/31/2026

The attached notice of grant award from ND Department of Health and Human Services is for Sun Safety – Multifaceted Approach Project.

BUDGET ADJUSTMENT

REVENUE ACCOUNT	AMOUNT
101-0000-361-61-28	$2,000

If you have any questions, please contact me at 241.1380.

Suggested Motion:
Move to approve this notice of grant award from ND Department of Health and Human Services.

JF/lls
Attachment

NOTICE OF GRANT AWARD

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

SFN 53771 (05-2025)

Grant Number G25.674	CFDA Name Not Applicable		CFDA Number Not Applicable
FAIN Number Not Applicable	Grant Type (Check One) ☒ Program ☐ R&D	Grant Start Date 6/30/2026	Grant End Date 12/31/2026
Federal Award Date Not applicable	Federal Awarding Agency 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 Sun Safety – Multifaceted Approach	North Dakota Department of Health and Human Services (NDDHHS) Project Code 4521 S251-OC-08 34
Grantee Name Fargo Cass Public Health	Project Director Annette D. Clark
Address 1240 25th St South	Address 600 East Boulevard Avenue, Dept. 325
City/State/ZIP Code Fargo, ND 58103-2367	City/State/ZIP Code Bismarck, ND 58505-0250
Contact Name Abby Lange, Health Promotion Director	Contact Name Annette D. Clark
Telephone Number 701-241-8576	Telephone Number 701-328-9460
Email Address ALange@FargoND.gov	Email Address adclark@nd.gov

	NDDHHS Cost Share	Grantee Cost Share	Total Costs
Amount Awarded	$2,000	$0	$2,000
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded	$2,000	$0	$2,000
Indirect Rate (Check One)	☒ Subrecipient waived indirect costs	☐ De minimis rate of ____% (limited to 15%)	☐ Negotiated/Approved rate of _____%

Scope of Service

Grantee will provide supportive sun safety education and preventive cancer recommendations and will purchase sun safety supplies and materials to disseminate at community outreach events and locations. Grantee will participate in virtual meeting calls for project updates and technical assistance as needed or as required by the Department.

Reporting Requirements

Grantee will provide an interim written progress report of activities completed by September 30, 2026.
Grantee will provide a final written progress report of activities completed by December 31, 2026.
Grantee will submit an expenditure report at least quarterly via the Program Reporting System (PRS).
Expenditure report for June 30, 2026 must be received by July 15, 2026.
Final expenditure report for the period ending December 31, 2026 must be received by January 15, 2027.
Reimbursements will be processed upon the Department's approval of expenditure reports and progress reports of services completed.

Special Conditions

None.

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 07/08/2026	Signature Jenn Faul	Date	Signature
Typed Name/Title of Authorized Representative Jenn Faul, Director of Public Health		Typed Name/Title of Authorized Representative Jesse L. Tran, PhD, MBA, Assistant Unit Director Health Promotion & Chronic Disease Prevention	
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 Administrator

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.

BUDGET ADJUSTMENT REQUEST

This form must be completed for all budget adjustments. Please include this form with any requests submitted to FAHR and Commission. If the requested adjustment is a reallocation of budgeted funds within the same department, the request form can be sent directly to Finance. Please email to: Finance@fargond.gov.

*Finance should review this adjustment request form for validity before it is presented to ensure accuracy. Any budget adjustments that increase expenditures **MUST** be approved by City Commission to be entered.*

DEPARTMENT: Fargo Cass Public Health

REQUESTED BY: Jenn Faul **PROJECT NUMBER :** *HE25*

DATE PREPARED: 7/6/2026 **Grant Number:** G25.674

DESCRIPTION OF REQUEST: Notice of Grant Award for Sun Saftey. Grant award is $2000 for 2026. We will purchase sun safety supplies and materials to disseminate at community events.

REVENUE ACCOUNT NUMBER:	CURRENT BUDGET	REQUESTED ADJUSTMENT		NEW BUDGET
101-0000-361-61-28	$ -	$ 2,000		$ 2,000
		+	=	$ -
	TOTAL REVENUE ADJUSTMENTS:	$ 2,000		

EXPENSE ACCOUNT NUMBER:	CURRENT BUDGET	REQUESTED ADJUSTMENT		NEW BUDGET
101-6035-451-61-40	$20,200	$2,000	=	$ 22,200
			=	$ -
			=	$ -
			=	$ -
		+	=	$ -
	TOTAL EXPENSE ADJUSTMENTS:	$ 2,000		

PLEASE NOTE: Budget Adjustments that increase expenditures MUST be approved by Finance & Commission.

MONTHLY ALLOCATION (if not evenly over the remaining months of the year)

Jan	Feb	Mar	Apr	May	June
Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**

FINANCE DEPT USE ONLY:

FAHR REVIEWED ON: _____

COMMISSION APPROVED ON: _____

ENTERED BY FINANCE: ***Date:*** _____

By: _____

BA# _____