NOTICE OF GRANT AWARD

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

SFN 53771 (05-2025)

Grant Number G25.800	CFDA Name Not Applicable		CFDA Number Not Applicable
FAIN Number Not Applicable	Grant Type (Check One) ☒ Program ☐ R&D	Grant Start Date 7/1/2026	Grant End Date 6/30/2027
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 Local Public Health Unit Tobacco Prevention and Control Program	North Dakota Department of Health and Human Services (NDDHHS) Project Code: 4521 Z684-OC-00 31
Grantee Name Fargo Cass Public Health	Project Director Neil Charvat
Address: 1240 25th St S	Address: 600 E. Boulevard Ave., Dept. 325
City/State/ZIP Code: Fargo, ND 58103-2367	City/State/ZIP Code: Bismarck, ND 58505-0250
Contact Name: Jen Faul	Contact Name: Abby Erickson
Telephone Number: 701-241-1380	Telephone Number: 701-328-3337
Email Address: JFaul@FargoND.gov	Email Address: abbyerickson@nd.gov

	NDDHHS Cost Share	Grantee Cost Share	Total Costs
Amount Awarded	$577,231	$0	$577,231
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded	$577,231	$0	$577,231
Indirect Rate (Check One)	☐ Subrecipient waived indirect costs	☒ De minimis rate of __10__% (limited to 15%)	☐ Negotiated/Approved rate of _____%

Scope of Service

Grantee will implement Tobacco Prevention and Control Program (TPCP) services in accordance with the Grantee's TPCP work plan and budget as approved by the North Dakota Department of Health and Human Services (Department). Grantee will follow the current *North Dakota Comprehensive Tobacco Prevention and Control State Plan based on Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control Programs 2014*. Grantee will submit any requests for use of the NDQuits logo or URL (i.e. newspaper, newsletter, ads, banners, signs, etc.) to the Department for approval prior to publication. Grantee will submit any media produced with TPCP funding to the Department to allow sharing of media resources by all grantees.

Reporting Requirements

Grantee must submit at least quarterly requests for reimbursement via the Program Reporting System (PRS) by the 15th of the following month. Grantee must submit a quarterly progress report of activities completed as described in the Grantee's approved work plan and budget. Final request for reimbursement for the period ending June 30, 2027, must be received by July 15, 2027. Reimbursements will be processed upon Department approval of requests for reimbursement and progress reports.

Special Conditions

NDQuits Medication Assistance Program (MAP) is designed to assist the Department's Regional Behavioral Health Clinics (BHC) provide more effective nicotine dependence treatment services for North Dakotans. MAP funds are part of the Center for Medicare and Medicaid Services (CMS) Medicaid quitline match designated for use to assist BHCs with tobacco treatment and are not factored into the standard 25% budget flexibility allowances.

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 07/14/2026	Signature Jenn Faul	Date	Signature
Typed Name/Title of Authorized Representative Jenn Faul, Director of 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	

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.