NOTICE OF GRANT AWARD

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

SFN 53771 (05-2025)

Grant Number G25.354A	CFDA Name Special Supplemental Nutrition Program for Women, Infants, and Children		CFDA Number 10.557
FAIN Number 263ND707W1003	Grant Type (Check One) ☒ Program ☐ R&D	Grant Start Date 10/1/2025	Grant End Date 9/30/2026
Federal Award Date 10/01/2025	Federal Awarding Agency United States Department of Agriculture (USDA)		

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, Infant and Children (WIC)	North Dakota Department of Health and Human Services (NDDHHS) Project Code: 4551 S317-OC-00 31
Grantee Name Fargo Cass Public Health	Project Director Amanda Varriano
Address 1240 25th St. S	Address 600 East Boulevard, Dept. 325
City/State/ZIP Code Fargo, ND 58103	City/State/ZIP Code Bismarck, ND 58505-0250
Contact Name Kim Vance	Contact Name Amanda Varriano
Telephone Number 701-277-1455	Telephone Number 701-328-2496
Email Address KVance@FargoND.com	Email Address alvarriano@nd.gov

	NDDHHS Cost Share	Grantee Cost Share	Total Costs
Amount Awarded	$159,000	$0	$159,000
Previous Funds Awarded	$615,000	$0	$615,000
Total Funds Awarded	$774,000	$0	$774,000
Indirect Rate (Check One)	☒ Subrecipient waived indirect costs	☐ De minimis rate of ____% (limited to 15%)	☐ Negotiated/Approved rate of _____%

Scope of Service

This amendment provides additional funding of $159,000 for routine desktop computer replacements and for the continued support of the scope of service requirements for ongoing operations of WIC services of the original agreement.

Reporting Requirements

All reporting requirements of the original agreement remain the same.

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 06/25/2026	Signature Jenn Faul	Date	Signature
Typed Name/Title of Authorized Representative Jenn Faul, Director of Public Health		Typed Name/Title of Authorized Representative Deanna Askew, Unit Director Family Health & Wellness	
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.