

## Health Care Response /COVID-19 Minnesota Fund Request Form

Please complete this form in accordance with the instructions

3/30/2020

Date

Title of Request: Ventilators		
Date: 3/30/2020 Amount Requested: \$31,500,000		
Request Funding Source:  Health Care Re	sponse Fund Request	COVID-19 Minnesota Fund Request
Brief Summary of Request: Summary must be complete on	this page with supporting info	ormation attached, if needed.
most serious conditions, a vent equipped with sufficient ventila	ilator can be the difference be ators to meet the surge in pation	tory diseases, such as COVID-19, breathe. For those with the etween life and death. Hospitals across the state are not lents from COVID-19, particularity critical patients needing available, we estimate, based on modeling, that at least 700
likely need to be made within t The cost of a ventilator is range	the same day, if not within the les from \$25,000 to \$80,000 pe ly the Regional Health Care Coa	very other state to purchase them. A purchasing decision will same hour of identifying a vendor with any amount in stocker ventilator. The ventilators will be distributed to hospitals alitions, an organizational entity established through our
We are seeking confirmation th	nat this procurement will be eli	ligible for 75% FEMA reimbursement.

Digitally signed by Margaret Kelly

Date: 2020.03.30 11:37:28 -05'00'

**Department Head Signature** 

Form: 7265-01 (March 2020)

Margaret Kelly