

Agency/Program/Activity:

Health Care Response / COVID-19 Minnesota Fund Request Form

Minnesota Department of Health/Community Health/Office of Emergency Preparedness				
Title of Request: Personal Protective EquipmentGowns				
Date: 04/02/2020		Am	Amount Requested: \$ 8,000,000	
Health Care Res Request (Laws 2	sponse Fund 2020, Ch. 70, Art. 2)	✓	COVID-19 Minnesota Fund Request (Laws 2020, Ch. 71, Art. 1, Sec. 7)	
Brief Summary of Request: Summary must be complete on this page with supporting information attached.				
health care workers. These	gowns are washable and reusable a Ve anticipate procuring up to one m	nd will	n of water resistant medical gowns for help meet the immediate need while we owns. These are currently pricing at \$8 per	
Margaret Kelly	Digitally signed by Margaret Kelly Date: 2020.04.02 18:54:41 -05'00'		04/02/2020	

Department Head Signature

Date

Form: 7265-01 (March, 2020)