

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

Please complete this form in accordance with the instructions

Date

Agency/Program/Activity:  Title of Request:		
Request Funding Source: Health Care Respon		COVID-19 Minnesota Fund Request
<b>Brief Summary of Request:</b> Summary must be complete on this	page with supporting informati	on attached.

Form: 7265-01 (March 2020)

**Department Head Signature**