

Application for Mini Grant to Support COVID-19 Planning and Response in Lake County Congregate Care Facilities

Application Deadline: Applications must be received by September 15, 2020. Eligible expenses must be incurred between March 1, 2020 and December 1, 2020.

Provider/Facility Information	
Legal Name of Provider:	Date of Application:
Name of Facility:	Number of Residents:
Facility Address:	
Contact Person:	Title:
Telephone:	Email:
Proposal	
Amount Requested: \$ _____	
Funds Will Be Used For (attach additional sheets if necessary):	
Description: _____	Amount Requested: \$ _____
Description: _____	Amount Requested: \$ _____
Description: _____	Amount Requested: \$ _____
Description: _____	Amount Requested: \$ _____
Description: _____	Amount Requested: \$ _____
Description: _____	Amount Requested: \$ _____
Has this provider/facility received any other local, state or federal COVID-19 Grant funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, total amount received: \$ _____	
Has this facility had residents or staff with confirmed cases of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your facility have emergency needs related to screening, testing or treatment for COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUBMITTED BY (please print name):	
SIGNATURE:	TITLE:

Please submit Application to:
 Lake County Health and Human Services
 Attn: Lisa Hanson
 616 Third Avenue
 Two Harbors, MN 55616
Lisa.Hanson@co.lake.mn.us