

**Mini Grants to Support COVID-19 Planning and Response
in Lake County Congregate Care Facilities
GRANT REPORT**

Date: _____

Provider Name: _____

Facility Name: _____

Address: _____

Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

Amount awarded: \$ _____ Amount used: \$ _____

Amount to be returned, if any: \$ _____

Please detail how Mini Grant funds were used:

Description: _____ Amount Spent: \$ _____

Description: _____ Amount Spent: \$ _____

Description: _____ Amount Spent: \$ _____

Description: _____ Amount Spent: \$ _____

Description: _____ Amount Spent: \$ _____

TOTAL \$ _____

Submitted by (please print name): _____

Signature: _____ Title: _____

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