Minnesota Department of Health

#### Project Title:

**Project Summary: *(please provide a 1-2 sentence summary of your proposed project activities)***

#### Contact Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant:** |  | | |
| **Main Contact Name:** |  | **Title:** |  |
| **Address:** |  | | |
| **Phone:** |  | **Email:** |  |

#### Project Activities:

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| --- | --- | --- | --- | --- |
| **Activity** | **Description** | **Timeline** | **Key Staff and Partners (please use staff titles)** | **Estimated # Reached** |
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