

## Response to Request for Information

**Submit to:**

MN Department of Employment and Economic Development  
 Workforce Partnerships Division  
 Rapid Response Lead: \_\_\_\_\_  
 332 Minnesota Street, Suite E200  
 Saint Paul, MN 55101-1351

**Today's Date:**

**Company Name:**

**Proposed Grant Recipient:**

*Incorporated name:*  
 Address:  
 City:  
 State:  
 Zip+4:

Official Office Use Only	
Date Rec'd: _____	Time Rec'd: AM or PM _____
Rec'd by: _____	

**Subcontractors (if applicable):**

Incorporated Name:  
 Address:  
 City:  
 State:  
 Zip+4:

\_\_\_\_\_  
 Typed Name of Authorized Official

\_\_\_\_\_  
 Title of Authorized Official

\_\_\_\_\_  
 Signature of Authorized Official

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature Date

**Department of Employment and Economic Development  
 Workforce Partnerships Division**

1st National Bank Building, 332 Minnesota Street, Suite E200 • Saint Paul • MN • 55101-1351 • USA  
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