

Please complete this form in accordance with the process instructions.

American Rescue Plan (ARP) State Fiscal Recovery Funds (SFRF) Request Form

Agency/Point of Contact: Marg	garet Kelly, Deputy Co	ommissioner, Mini	nesota Departmen	t of Health
Title of Request: Vaccine Incer	ntives Program			
Date:7/30/2021		Request Amoun	t: \$13,800,000	
Expenditure Time Period:	7/30/2021	to6	/30/2023	-
Brief Summary of Request: (Su	mmary must be com	plete on this page	with supporting in	formation attached)
We face a critical juncture in thup across the country. It is the COVID-19 cases and putting bot back to school, we need to do e progress to date, we need to co Getting more people vaccinated	dominant strain circuith vaccinated and unverselything we can to ontinue to do everyth	ulating in Minneson vaccinated at high prevent a new way ing we can to miti	a accounting for neer risk. As we head we. While we have	nore than 80% of new I into the fall and kids go made significant
Our previous incentive program vaccinated. The Visa gift card w could sway up to 30% of the pe community groups suggests that populations in order to improve	vas the most popular ople who are not yet ot we should also offe	incentive. Recent vaccinated to get	research suggests a shot. In additior	that a \$100 incentive n, feedback from
The Governor has used his auth are standing up a website so th gift card until the funds run out	ose getting their first	shot between July	30 and August 15	can register for a \$100
This proposal will both expand our vaccine partners to tailor in			more Minnesotans	s and provide grants to
Expanding the current \$100 inc vaccinated by covering all new people.				
Providing grants to vaccine provincluding Local Public Health, Composition Health Care Systems, Shelters, Compositions. Providers may was more immediate rewards. Grantwith the ability to extend.	OVID Community Coo Corrections, and Long nt to incent first and	ordinators, FQHCs g-term Care provid second doses, or r	and Community Cl ers, so they can ta nay reward referra	linics, Tribal Health, ilor incentives to their als, or may provide for
Funds will be used for grants ar award, distribute, and monitor, targeted incentives.				•
	Digitally signed by Margaret Ke Date: 2021.07.30 12:33:59 -05'0			
Department Hea	nd Signature	_	Da	te

Form: 7266-01 (July 2021)