MNsure
Where you choose health coverage

Outreach and Enrollment Grantee Work Plan Revision Form

Name of grantee: _____

Date revision requested: _____

Funding area: _____

Original objective to be revised: _____

Original tactic to be revised: _____

Rationale for the revision/s: _____

_____

Revised objective	Revised tactic	Starting and ending dates	Frequency target locations (city/county)	Target audience	Agency lead	Alignment to grant proposal objective

Grantee Authorized Signature: _____ Date: _____

MNsure Community Specialist: _____ Date: _____

Revised work plan needs to be approved before implementation, and if an objective is being revised, a contract amendment is required.