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| --- | --- |
| Agency Name and Contact Name: |  |
| Program/Service: |  |

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| Proposed program/service changes for remainder of FY 2020 (including number of people anticipated to be served, if known). Specify how this change will impact and stabilize the population served. |
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| Do you anticipate any changes needed for your FY 2020 budget? If yes, please detail below, including dollar amounts if known. | [Yes] [No] |
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| Do you anticipate needing additional funding in order to maintain the MHRSB’s defined **essential services** and/or to minimize the spread of COVID-19 (coronavirus)? If yes, please detail below, including dollar amounts if known. | [Yes] [No] |
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