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| Agency Name: |  |
| Contact Name and Title: |  |
| Contact Information (email and phone): |  |
| Program/Service: |  |
| Date of Request: |  |

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| Do you anticipate needing 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, identifying the services at your organization for which funding is needed and how funding will impact and stabilize the population served. | [Yes] [No] |
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| Please specify the amount of funds needed. |
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| Please estimate the number of people to be served with funding. |
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| Do you need technical assistance with setting up your agency’s staff with telehealth? | [Yes] [No] |
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