



## Outreach and Enrollment Grantee Work Plan Revision Form

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Name of Grantee:

Date Revision Requested:

Funding Area:      One              Two              Three

Original Goal(s) to be revised:

Original Strategy(ies) to be revised:

Revised Goal	Revised Strategy	Starting and Ending Dates	Frequency Target Locations (city/county)	Target Audience	Agency lead

Rationale for the Revision(s):

Grantee Authorized Signature:

Date:

MNsured Community Specialist:

Date:

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