

# Request for Proposals for Exception to the Moratorium on Nursing Homes

## LETTER OF INTENT

### Facility Identification

Facility Name (Doing Business As): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Facility Identification (HFID) number (if applicable): \_\_\_\_\_

CMS Certification Number (CCN): \_\_\_\_\_

Administrator's Name: \_\_\_\_\_

Direct Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

Name and Title of Contact Person for this letter: \_\_\_\_\_

Direct Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

### CloudDrive

Completed proposals must be uploaded to the Minnesota Department of Health (MDH) CloudDrive, **no later than 4:30 p.m. on December 18, 2025**. User guide instructions will be provided. Please provide the information for MDH to reach out to.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, MN 55164-0900  
[Health.NHM@state.mn.us](mailto:Health.NHM@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

07/14/2025

To obtain this information in a different format, call: 651-201-4000.