

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
www.health.state.mn.us

07/14/2025

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