Minnesota Department of Health

#### Vendor:

#### Project Title:

#### Brief Project Summary:

#### Project Activities and Deliverables:

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| --- | --- | --- | --- | --- | --- | --- |
| **Media Format** | **Activity Description** | **Adaptation Processes, if applicable** | **Timeline, including turnaround time** | **Partners or subcontractor, if applicable** | **Total # Messages** | **Estimated Reach Per Message** |
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#### Additional Context/Narrative (optional):