Minnesota Department of Health

# Attachment E: Responder Forms

Responder/Company Name:

Contact Name:

Address:

Email:

Phone Number:

1. Description of project(s):

2. Dates of Engagement:

3. Were the project(s) completed on budget? If not, please explain.

4. Were the project(s) complete on time? If not, please explain.

5. What went well with the project(s)?

6. What could have gone better with the project(s)?