**Public Health Solutions**

**Request for Proposals: Staten Island PEP Center of Excellence and PrEP Navigation**

**Solicitation #: 2018.03.HIV.02.01**

**March 14, 2018**

**NOTICE OF INTENT TO RESPOND**

This form should be completed and returned to notify Public Health Solutions that your organization intends to respond to this Request for Proposals (RFP) no later than **April 12, 2018**. This form should be submitted via e-mail to [***SIPEPandPrEPRFP@healthsolutions.org***](mailto:SIPEPandPrEPRFP@healthsolutions.org)

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| **Organization Name:** |

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| --- |
| **Subcontracting Organization Name, if applicable:** |

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| --- |
| **Address:** |

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| **Proposal Contact person (name/title):** | |
| **Telephone:** | **Email:** |

How did you learn about the RFP? Please check all that apply.

Directly E-mailed Notice of Solicitation

Funding Calendar (which one(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Word of Mouth

Website (which one(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Other (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)