**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***

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)