**Public Health Solutions**

**Request for Proposals: Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City**

**Solicitation #: 2018.06.HIV.05.01**

**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 **August 2, 2018**. This form should be submitted via e-mail to [***CondomDSIRFP@healthsolutions.org***](mailto:CondomDSIRFP@healthsolutions.org)

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| **Organization Name:** |

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)