**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***

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