**Public Health Solutions**

**Request for Proposals: Ryan White Part A Services in the Tri-County Region**

**Solicitation #: 2018.05.HIV.03.01**

**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 **July 31, 2018**. This form should be submitted via e-mail to [***RWTriCountyRFP@healthsolutions.org***](mailto:RWTriCountyRFP@healthsolutions.org)

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| --- |
| **Organization Name:** |

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

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

**Indicate the Service Category/ies you are submitting a proposal for using the checkbox below:**

Service Category 1: Food and Nutrition Services

Service Category 2: Housing/Short Term Assistance Services

Service Category 3: Medical Case Management Services

Service Category 4: Mental Health Services

Service Category 5: Oral Health Care Services

Service Category 6: Psychosocial Support Services

Service Category 7: Medical Transportation Services

Service Category 8: Emergency Financial Services

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