

NOTICE of INTENT

AFTER REVIEWING THE RFP, PLEASE FURNISH THE INFORMATION REQUESTED BELOW AND RETURN THIS PAGE BY THE EARLIEST PRACTICABLE DATE. YOUR EXPRESSION OF INTENT IS NOT BINDING BUT WILL GREATLY ASSIST US IN PLANNING FOR PROPOSAL EVALUATION.

RFP Number: _____

CHECK ONLY ONE BOX:

DO INTEND TO SUBMIT A PROPOSAL

DO NOT INTEND TO SUBMIT A PROPOSAL FOR THE FOLLOWING REASONS:

TYPED NAME AND TITLE: _____

INSTITUTION: _____

TELEPHONE NO.: _____

EMAIL ADDRESS: _____

FAX NO.: _____

COLLABORATORS/CONSULTANTS - Provide name(s) and institution(s): (Continue list on additional pages if necessary)

Return by mail, fax, or e-mail to:

National Institute of Child Health and Human Development
Contracts Management Branch
6100 Executive Blvd., Suite 7A07, MSC 7510
Bethesda, MD 20892-7510

FAX (301) 402-3676

email: nichdcmb@mail.nih.gov

