

**PROPOSAL INTENT RESPONSE SHEET**

**RFP-NIAID-DMID-NIHAIxxxxxxx**

**RFP Title:**

Please review the attached Request for Proposal. Furnish the information requested below and return this page by \_\_\_\_\_. Your expression of intent is not binding but will greatly assist us in planning for proposal evaluation.

DO INTEND TO SUBMIT A PROPOSAL

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

**Company/Institution Name (print):** \_\_\_\_\_

**Address (print):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Director's Name (print):** \_\_\_\_\_

**Title (print):** \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_

**Telephone Number and E-mail Address (print clearly):**

\_\_\_\_\_  
\_\_\_\_\_

**Business Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Names of Collaborating Institutions and Investigators (include Subcontractors and Consultants) (print):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Continue list on a separate page if necessary)*

RETURN VIA FAX OR E-MAIL TO:

OA, DEA, NIAID, NIH

6700-B Rockledge Drive, Room 3214, MSC 7612

Bethesda, MD 20892-7612

Attn:

RFP--NIAID-DMID-NIHAIxxxxxxx

FAX# (301) 402-0972

Email: