

PROPOSAL INTENT RESPONSE SHEET

RFP No.: NIH-NIAID-
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.

Since your proposal will be submitted electronically, please include the name and e-mail of the individual to whom the electronic proposal instructions, login code, and password should be provided.

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):

***Name of individual to whom electronic proposal instructions should be sent:**

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:
CMB, NIAID, NIH
Room 3214
6700-B Rockledge Drive, MSC 7612
Bethesda, MD 20892-7612
Attn:
RFP-NIH-NIAID-
FAX# (301)
Email :