

PROPOSAL INTENT RESPONSE SHEET

RFP No.: BAA NIH-NIAID-DMID-07-20

RFP Title: NIAID Centers of Excellence for Influenza Research and Surveillance

Please review the attached Broad Agency Announcement. Furnish the information requested below and return this page by February 13, 2006. 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):

***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:

Office of Acquisitions, NIAID, NIH, DHHS

Room 3214

6700-B Rockledge Drive, MSC 7612

Bethesda, MD 20892-7612

Attn: Carl A. Newman

BAA NIH-NIAID- DMID-07-20

FAX# (301) 480-2622

Email : cnewman@niaid.nih.gov