Minnesota Department of Health

# Form A: Notice of Intent

All applicants who are interested in submitting a proposal for the SSP-PEH/PEHI grant are encouraged but not required to submit Form A by email to [Health.HIV2022RFP@state.mn.us](mailto:MN_health.HIV2022RFP@state.mn.us) on or before **Friday, Nov. 17, 2023, 11:59 p.m.**

MDH uses the notices of intent to help plan the review process (e.g., estimated number of proposals for each project (i.e., expanding an existing SSP or establishing a new one) and priority population, how many reviewers are needed, etc.) Submitting a notice of intent does not mean that you must submit a proposal.

## Agency Information

* Agency name:
* Agency address Line 1:
* Agency address Line 2:
* Agency general phone:
* Agency website:

### Person Authorized to Sign Official Agency Grant Agreements

* Executive Director’s name:
* Executive Director’s phone:
* Executive Director’s email address:

### Contact Person for Proposal

* Contact name:
* Contact title:
* Contact phone:
* Contact email address:

**We plan to submit proposals for the following projects:**

### Collaboration

* If applying as a collaboration, list all partners and specify the lead agency:

### Signature

Person authorized to sign grant agreements has approved the submission of this notice of intent.

**Name:   
Signature:  
Date:**