

PreventionMinnesota

INTENT TO APPLY FORM

THIS FORM ANNOUNCES OUR INTENT TO APPLY FOR:

RFP: # 585

RFP Name: Priority Populations Intervention: Latino Communities

Intent to Apply Deadline: Postmarked no later than November 15, 2007.

Name of Organization: _____

Name/Title of Contact Person: _____

Address of Contact Person:

Telephone Number of Contact Person: _____

Email Address of Contact Person: _____

____ Please check here if you would like to share your contact information with other applicants, in order to discuss potential collaborative opportunities.

Please list potential collaborating organizations or individuals who will be included in your proposal:

Please mail this form to:

Attention: Jacob Bland
Corporate Purchasing, M110
Blue Cross and Blue Shield of Minnesota
P.O. Box 64560
St. Paul, MN 55164-9758

Or fax to 651-662-2683

