PROPOSAL INTENT RESPONSE FORM

RFP No: N02CM61000-44

RFP Title: Clinical Trials and Information Management Support

Please review the Request for Proposal (RFP). Furnish the information requested below and return this page to the Contracting Officer/Contract Specialist identified on **Section A-Solicitation/Contract Form** by the earliest practical date

Your expression of intent is not binding but will greatly assist us in planning for proposal evaluation.

Choose one of the following Options:

- ◉ Do intend to submit a proposal
- ○ Do Not intend to submit a proposal

If you are not responding to this RFP, please provide your reason(s):

Please provide the following contact information:

Name (First, Middle Initial, Last):
Title:
Organization:
E-mail: