

ATTACHMENT 8

MANDATORY LETTER OF INTENT Expanded HIV Testing in Healthcare Settings

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| Purpose | This is a non-binding Letter of Intent whose purpose is to assist CDPH in determining the staffing needs for the proposal evaluation process and to improve future Request for Applications processes. |
| Information requested | CDPH is interested in knowing if your local health jurisdiction (LHJ) or eligible entity (EE) intends to submit a proposal or your reasons for not submitting a proposal. Completion of this form is mandatory if you intend to submit an application. |
| Action to take | Indicate your intention to submit a proposal by checking items 1 or 2 below. Complete bottom portion of this form and return it to OA as instructed in the RFA. |

1. **My LHJ or EE intends to submit an application for Expanded HIV Testing in Healthcare Settings.**

2. **My LHJ or EE does not intend to submit a proposal for this project.**

(By indicating there is no intention to submit a proposal, CDPH may elect not to send your LHJ or EE RFP clarification notices, RFP addenda or other RFA notices.)

Please indicate the reason(s) for not submitting a proposal by checking each of the following statements that apply.

- My LHJ or EE lacks sufficient staff expertise or personnel resources to meet all RFP requirements.
- My LHJ or EE lacks sufficient experience (i.e., not enough or wrong type).
- Insufficient time was allowed for proposal preparation.
- Too much paperwork is required to prepare a proposal response.
- Other commitments and projects have a greater priority.
- Other reason:

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|---------------------------|-------------|---------------------|----------------------|
| Name of LHJ or EE: | | Date: | |
| | Name | Phone Number | Email Address |
| First Contact: | | | |
| Second Contact: | | | |