

Minnesota Department of Health  
Community HIV Health Education and Risk Reduction Projects  
**Notice of Intent- Year 2008**  
(please type or print)

**1. Agency Name and Contact Information**

Applicant Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. Proposed Target Population(s)**

**Instructions:**  
Check the target population(s) the agency proposes to reach.  
Keep in mind **EACH** of the eligibility criteria checked below pertains to **EACH** target population the agency proposes to reach.

1. HIV Positive Persons <input type="checkbox"/> HIV + Persons All Races, All Ages, and All Gender	3. High Risk Heterosexual (HRH) Men and Women <input type="checkbox"/> Young HRH All Races (ages 13-24) <input type="checkbox"/> African HRH (ages 25+) <input type="checkbox"/> African American HRH (ages 25+) <input type="checkbox"/> Latino/a HRH (ages 25+) <input type="checkbox"/> Native American HRH (ages 25+) <input type="checkbox"/> Asian and Pacific Islander HRH (ages 25+)
2. Men Who Have Sex with Men (MSM) <input type="checkbox"/> MSM of All Races (ages 25+) <input type="checkbox"/> Young High Risk MSM of All Races (ages 13-24)	4. Injection Drug Users (IDU) <input type="checkbox"/> MSM/IDU All Races and All Ages <input type="checkbox"/> IDUs All Races, Ages, Genders; except MSM/IDU

**3. Agency Eligibility**

Agencies must be able to check "yes" to all of the following to be eligible to write a project proposal: **EACH** of these eligibility criteria pertains to **EACH** target population proposed to be reached. Agencies must submit a separate proposal for each target population it proposes to serve.

1. Does (or will) the agency's project receive ongoing input from the target population for its development, implementation, and evaluation?  
 Yes      If yes, how? \_\_\_\_\_  
 No

2. Are at least 50% of current or expected clients of the agency's project from the target population?  
 Yes       No

3. Does the agency currently provide or has it provided in the past five (5) years: 1) HIV health education and risk reduction programming, or, 2) services for people living with HIV/AIDS, or 3) health programming to one or more of the target populations? (NOTE: This includes all programming regardless of the funding source.)  
 Yes       No

**If you answered "No" to any one of the questions above, the agency is NOT eligible to write a project proposal for THAT population.**

**If you answered "Yes" to all of the questions above for EACH selected population, the agency may submit a proposal or proposals.**

**REMINDER:**  
**This form must be submitted by 4:00 p.m., Monday, May 5, 2008**

**Minnesota Department of Health  
Community HIV Health Education and Risk Reduction Projects  
Notice of Intent Instructions**

Notices should follow the format presented on the Notice of Intent form (Form A). Only one completed Notice of Intent is required regardless of the number of proposals you intend to submit.

**Proposals will NOT be accepted from applicants who fail to submit a Notice of Intent.**

**Notice of Intent Purpose:**

Notices of Intent are used by the MDH to assist staff in communicating with submitting agencies, plan the technical assistance workshops, and to plan for the proposal review process. In addition, agencies submitting a Notice of Intent will receive a summary of the questions and answers from the pre-proposal workshops. Notices of Intent are not used as a screening tool.

**Notices of Intent submitted after Friday, May 5, 2008 will not be accepted.**

All applicants should begin work on their proposal as soon as possible. Agencies submitting a Notice of Intent will receive confirmation from MDH that the notice of intent was received.

**Agencies intending to submit a proposal MUST submit a Notice of Intent by:**

**4:00 p.m., Monday, May 5, 2008**

**Options for Submission:**

1. Mail Notice of Intent to:

**Jessica Barry  
STD and HIV Section  
Minnesota Department of Health  
625 Robert Street North  
P.O. Box 64975  
St. Paul, Minnesota 55164-0975**

If submitting by U.S. Post Service, you are encouraged to use registered mail and secure a receipt.
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The Notice of Intent must have a legible postmark from the United States Postal Service, or a legible pick-up or drop-off time from a private carrier with a date and time that precedes 4:00 p.m., Friday, May 5, 2008. Postmarks from private, in-office metering machines are not acceptable.

**OR**

2. Electronic Mail (e-mail):  
Complete the Notice of Intent form (Form A) and e-mail it as an attachment to Jessica Barry at: [jessica.barry@health.state.mn.us](mailto:jessica.barry@health.state.mn.us)

**OR**

3. Hand Deliver During Pre-proposal Workshop:  
Complete the Notice of Intent form (Form A) and hand deliver it to Gary Novotny at a pre-proposal workshop on either May 2 or May 5, 2008.

**WARNING:** MDH will not be responsible for Notices of Intent lost in transit by any carrier or electronic means.