

# **Stark Region**

## **Letter of Intent - Request for Proposal**

to apply for

### **2011 HIV Prevention Grant Funds**

The \_\_\_\_\_ Organization intends to apply for 2011 HIV Prevention funds through the Request for Proposal (RFP) Process.

#### **Contact Information**

**Contact Name:**

**Organization:**

**Address:**

**Telephone:**

**FAX:**

**You will receive a confirmation phone call or FAX that your request has been received. If you have submitted a Letter of Intent and have not heard from the Canton City Health Department, please call Pam Gibbs at 330-489-3322.**

**Letter of Intent - Mail to:**

**Pamela Gibbs, M.A.Ed, LPC  
Canton City Health Department  
420 Market Avenue North  
Canton OH 44702-1544**

**or FAX to:**

**Pamela Gibbs  
Nursing  
330-430-7857**