



Appendix A:
***We Choose Health* Letter of Intent**

General Instructions

If you intend to submit a grant application under the *We Choose Health* program, you must first submit this Letter of Intent (LOI). Organizations failing to submit the LOI form by the deadline are ineligible to apply for funding. Note that submitting this form does not obligate you to submit a completed application.

Please fill out **all three** pages completely using Adobe Reader and submit by email to DPH.WeChooseHealth@Illinois.gov, no later than 5 p.m. CDT on Friday, May 18, 2012. You will receive a confirmation via e-mail within two business days. If you do not receive a confirmation, IDPH has not received your Letter of Intent.

Section I: Contact Information

| | |
|------------------------------|--|
| Organization Name | |
| Street Address | |
| City, State, Zip Code | |
| Phone Number | |
| Website | |
| Primary Contact | |
| Name | |
| Title | |
| Phone Number | |
| Email Address | |
| Secondary Contact | |
| Name | |
| Title | |
| Phone Number | |
| Email Address | |

Type of applicant (check for primary applicant only; may check more than one if applicable)

- | | | |
|--------------------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Local Health Department | <input type="checkbox"/> Public School System | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Private School System | <input type="checkbox"/> Private Association |
| <input type="checkbox"/> Municipal Government | <input type="checkbox"/> University | <input type="checkbox"/> Faith-based Organization |
| <input type="checkbox"/> Other Government | | <input type="checkbox"/> Volunteer Organization |
- Specify: _____
- | |
|--------------------------------------------------------|
| <input type="checkbox"/> Hospital or Hospital System |
| <input type="checkbox"/> Health Care Foundation |
| <input type="checkbox"/> Community Health Care Centers |

Section II: About Your Potential Application

1. The proposed project takes place and impacts communities in Illinois *excluding* Cook, DuPage, Will, Lake, and Kane counties

Yes No

Note: If you answered "no," your project is ineligible for this funding opportunity.

2. Please indicate which strategies you are considering for your application. Each menu option applies to one or more categories: Healthy Eating and Active Living; Smoke-free Living; Healthy and Safe Built Environments and Social and Emotional Wellness. Applicants must choose at least one strategy addressing Healthy Eating and Active Living and at least one strategy addressing Smoke-Free Living.

Healthy Eating and Active Living

(must choose **at least one**)

Smoke-free Living

(must choose **at least one**)

Healthy and Safe Built Environments

- Coordinated School Health
(includes Social & Emotional Wellness)
- Baby Friendly Hospitals
- Worksite Wellness

- Smoke-free Multi-unit Housing
- Smoke-free Public Places

- Safe Routes to School
- Complete Streets
- Joint Use Agreements

3. Briefly describe the geographic area your proposed project will impact.

4. IDPH is encouraging applications reflecting broad-based regional collaboration, and will post information about received Letters of Intent on the *We Choose Health* website to help potential partners identify each other. Check this box **ONLY** if you **DO NOT** wish information about your Letter of Intent posted:

Note: Even if you check this box, IDPH reserves the right to privately contact you and potential collaborators to encourage joint proposals.

Section III: Authorization

Please include a signature by a member of the applicant organization's executive staff. Electronic signatures are acceptable.

"I hereby authorize my organization to submit this Letter of Intent. I understand that this Letter of Intent in no way obligates my organization to submit a completed proposal."

| | |
|-----------------------|--|
| Name (printed) | |
| Title | |
| Organization | |
| Signature | |
| Date | |