



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	ACES 4 Youth -(Area Consortium of Educational Service) 4 Youth
Street Address	551-B Highland Ave.
City, State, Zip Code	62002-2721
Phone Number	(618) 409-2237
Website	www.aces4youth.com and www.caringforever365.com
Primary Contact	
Name	Gregory Norris
Title	Founder/CEO
Phone Number	(618) 409-2237
Email Address	mrnorrisg@aces4youth.com
Secondary Contact	
Name	Julia Phillips
Title	Member
Phone Number	(314) 438-5543
Email Address	msphillipj@aces4youth.com

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 checked="" 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: _____
- ☐ Hospital or Hospital System
- ☐ Health Care Foundation
- ☐ 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.

Proposed project will seek to serve residents of Alton City Illinois in Madison County, with particular regard to the residents of Mexico Village and Hunterstown. Emphasis will be placed on these particular geographic areas where health disparities exist among the minority populations. Alton's 29,000 residents benefit from a cost of living below the national average. Located 25 miles north of Saint Louis, Missouri, access to preventative and primary care services is often challenged by public awareness, lack of cultural sensitivity, and grass-roots community mobilization. Alton. Large employers include the Alton School District, Alton Memorial Hospital, Alton Steel, Inc., American Water Company, Argosy Casino, Global Brass and Copper, Inc., Millers First Insurance Company, Olin Corporation, Riverbend Head Start & Community Services, and Saint Anthony's Health Center. A variety of locally owned small businesses are also located in Alton.

According to recent census data, approximately 19,000 Alton residents identify as White, and African American and other minorities account for an estimated 9,197; with the majority of African Americans (7,248) residing in the Mexico Village and Hunterstown areas.

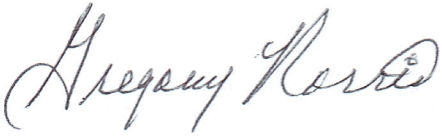
4. IDPH is encouraging applications reflecting broad-based regional collaboration, and will post information about received Letters of Intent on the *We Choose Health* website to help potential partners identify each other. Check this box ONLY if you DO NOT wish information about your Letter of Intent 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)	Gregory Norris
Title	Founder/CEO
Organization	ACES 4 Youth (Area Consortium of Educational Services 4 Youth)
Signature	
Date	5/18/2012