



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	Casa Guanajuato Quad Cities
Street Address	525 16th Street
City, State, Zip Code	Moline, IL 61265
Phone Number	(309) 736-7727
Website	www.casaqc.org
Primary Contact	
Name	Michael D. Woods
Title	Executive Director
Phone Number	(309) 736-7727
Email Address	mwoods@casaqc.org
Secondary Contact	
Name	Sue Reilly
Title	Director of Human Resources and Finances
Phone Number	(309) 736-7727
Email Address	sreilly@casaqc.org

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.

Moline is a city located in Rock Island County, with a population of 43,977 in 2010. Moline is one of the Quad Cities, along with neighboring East Moline, Silvis, Colona, Milan and Rock Island. The Quad Cities has a population of 379,690. The city is the ninth-most populated city in Illinois outside of the Chicago Metropolitan Area, and the largest of the Quad Cities in Illinois. This project will focus on the Illinois Quad Cities communities during years 1, 2 & 3, with a projected plan to expand services to collar counties (Henry, Whiteside, Mercer) during years 4 & 5.


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)	Michael D. Woods, PhD
Title	Executive Director
Organization	Casa Guanajuato Quad Cities
Signature	
Date	5/10/2012