



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	City of Geneseo
Street Address	115 South Oakwood Avenue
City, State, Zip Code	Geneseo, IL 61265-2128
Phone Number	(309) 944-6419
Website	cityofgeneseo.com
Primary Contact	
Name	Jill Laingen
Title	HR Specialist
Phone Number	(309) 944-0907
Email Address	jlaingen@cityofgeneseo.com
Secondary Contact	
Name	James Hughes
Title	City Administrator
Phone Number	(309) 944-0918
Email Address	financedirector@cityofgeneseo.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 type="checkbox"/> Non-profit |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Private School System | <input type="checkbox"/> Private Association |
| <input checked="" 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.

The City of Geneseo is an original Charter City in the State of Illinois with a population of 6,586. The City of Geneseo abuts Interstate 80 at milepost 19. The City of Geneseo employs 65 individuals, and supplies our residents - water; sewer; and electricity.

Geneseo Community Unit School District #228 is a K-12 district that was formed in 1949. It assumed its current 261 square mile area in 1988 with the annexation of the former Atkinson School District.

The District operates five schools plus the Unit Office. All schools are located within the Geneseo city limits. Students in grades K-5 attend elementary schools in the District. Geneseo Middle School serves grades 6, 7, and 8, while Geneseo High School serves grades 9-12. The District serves approximately 2,700 students, ages 3 to 18. The staff includes over 160 certified teachers, 143 support staff, and 11 administrators. A majority of the certified staff has advanced degrees.

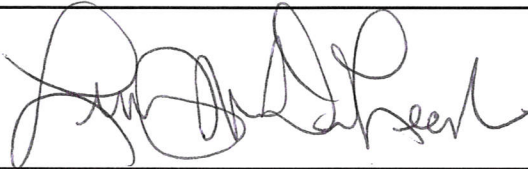
4. IDPH is encouraging applications reflecting broad-based regional collaboration, and will post information about received Letters of Intent on the *We Choose Health* website to help potential partners identify each other. Check this box **ONLY** if you **DO NOT** wish information about your Letter 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)	Linda Van Der Leest
Title	Mayor
Organization	City of Geneseo
Signature	
Date	5/14/2012