



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 Silvis
Street Address	121 11th Street
City, State, Zip Code	Silvis IL 61282
Phone Number	(309) 792-9181
Website	Silvisil.org
Primary Contact	
Name	James L. Grafton
Title	Director of Public Works/Administrator
Phone Number	(309) 792-9181
Email Address	jgrafton@silvisil.org
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 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.

For worksite wellness we would like to offer our employees (42 full time employees and 30 part time) a facility that they can use to exercise. We have a workout facility Anytime Fitness that opened two years ago in our community (population 7279) and we would like to offer some assistance toward the membership fees. We would also like to provide a protected area where employees can store their bicycles (We have a new bike shop in town and this will help their business also).

For the smoke free program the City would implement no smoking policies in our 10 city parks. We would have to erect signs and enact associated ordinances as needed. We have no smoking in public buildings and vehicles but none for parks. In addition we are strongly considering a no burn policy in our community. This is a highly sensitive subject and once implemented would place a financial burden on city workers.

Complete street policy would be implemented in our community requiring property owners to install sidewalks in front of their property if one does not exist. Identification of the areas that need sidewalks would require time for an engineer.

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)	James L. Grafton
Title	Director of Public Works/Administrator
Organization	City of Silvis
Signature	James L. Grafton Digitally signed by James L. Grafton DN: cn=James L. Grafton, o=City of Silvis, ou=Director Public Works/Admin, email=jgraffon@silvisil.org, c=US Date: 2012.05.18 15:30:13 -05'00'
Date	5/18/2012