

# 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	Fox River Grove School District 3
Street Address	401 Orchard Street
City, State, Zip Code	Fox River Grove, IL 60021
Phone Number	(847) 516-5100
Website	www.dist3.org
Primary Contact	
Name	Kim Neilson
Title	Social Worker
Phone Number	(847) 462-2323
Email Address	neilsonk@dist3.org
Secondary Contact	
Name	Eric Runck
Title	Principal
Phone Number	(847) 462-2324
Email Address	runcke@dist3.org

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

Local Health Department	✓Public School System	□Non-profit
County Government	Private School System	Private Association
Municipal Government	University	Faith-based Organization
Other Government		☐ 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 Smoke-free Living Healthy and Safe Built Environments** (must choose at least one) (must choose at least one) Smoke-free Multi-unit Housing Safe Routes to School (includes Social & Emotional Wellness) ✓ Smoke-free Public Places Complete Streets Baby Friendly Hospitals ☐ Joint Use Agreements Worksite Wellness 3. Briefly describe the geographic area your proposed project will impact. The Challenge Day initiative and Be The Change movement would benefit the students, faculty and families of Fox River Grove Middle School, an educational entity of McHenry County. The program encourages a healthy lifestyle through leadership and modeling positive choices. It has proven results that demonstrate a reduction in violence, bullying, and substance abuse. Evidence based research indicates the program increases school safety, overall health, and positive emotional connections among peers. People who participate in Challenge Day become role models for the community and create a movement to "Be The Change" they want to see. Their behavior is contagious as they create a climate of positive energy where people feel safe, loved, and celebrated. The program has been delivered to schools throughout the nation and world. The curriculum is a licensed intellectual property which is provided to schools during the program. It is a celebration of diversity, truth, and full expression. Funding would be used for personnel to run Challenge Day, consultant costs, curriculum and supplies, travel expenses, and advancement of the Be The Change movement.

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

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:

### 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)	Tim Mahaffy
Title	Superintendent
Organization	Fox River Grove School District 3
Signature	Fin Mahy
Date	5/11/2012