



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	Gibson Area Hospital & Health Services
Street Address	1120 North Melvin Street
City, State, Zip Code	Gibson City, IL, 60936
Phone Number	(217) 784-4251
Website	www.gibsonhospital.org
Primary Contact	
Name	Robin Rose
Title	Chief Operating Officer
Phone Number	(217) 784-2603
Email Address	robin_rose@gibsonhospital.org
Secondary Contact	
Name	Jessica Delost
Title	In-House Counsel
Phone Number	(217) 784-4578
Email Address	jessica_delost@gibsonhospital.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.

Rural, medically underserved communities located in central Illinois. Our service area includes 35 towns with more than 23,500 households. Our service area is 35, 000 and growing. Gibson Area Hospital has seven rural health clinics spanning 5 counties. The intent is to increase our education through our school nursing programs, community centers for educational teaching of disease process from pediatric to geriatric preventive medicine and wellness. We currently work in conjunction with the Ford/Iroquois Health Department , Area Nursing Homes, provide school nurse's and supplement that budget in order for the school systems to provide medical treatment for those in students that require it. Gibson Area Hospital also works with education of area nursing home staffs and fire department to provide CPR , ACLS and physician education to the residents. We are currently starting up many projects that these funds could be used for as an adjunct to our current projects that we manage. Gibson Area Hospital is one of seven critical access facilities that continue to provide Obstetric Services to rural communities in the state of Illinois. Along with that service line, we provide safe sitter classes , new sibling classes, prenatal and post-natal follow ups. Any consideration would be appreciated.

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)	Robin Rose
Title	Chief Operating Officer
Organization	Gibson Area Hospital & Health Services
Signature	Robin Rose Digitally signed by Robin Rose DN: cn=Robin Rose, o=Gibson Area Hospital and Health Services, ou=Chief Operating Officer, email=robin_rose@gibsonareahospital.org, c=US Date: 2012.05.08 14:09:51 -05'00'
Date	5/8/2012 <i>LR</i>

