



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	Homework Hangout Club, Inc.
Street Address	249 S. Webster St
City, State, Zip Code	Decatur, IL 62521
Phone Number	(217) 872-2306
Website	http://www.facebook.com/HomeworkHangoutClub
Primary Contact	
Name	Keith Anderson
Title	Founder, President/CEO
Phone Number	(217) 872-2306
Email Address	homeworkhangout@comcast.net
Secondary Contact	
Name	Erik Grebner
Title	Director
Phone Number	(217) 872-2306
Email Address	hherik@comcast.net

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: _____
- | |
|--|
| <input type="checkbox"/> Hospital or Hospital System |
| <input type="checkbox"/> Health Care Foundation |
| <input type="checkbox"/> 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.

Our proposed project will serve Macon County in downstate Illinois. Macon County -- population 110,768 -- exhibits higher rates of obesity, smoking, lung cancer, STDs, and risk factors such as juvenile justice, school dropout, and unemployment than the state of Illinois as a whole.


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)	Keith Anderson
Title	Founder, President/CEO
Organization	Homework Hangout Club, Inc.
Signature	
Date	5/16/2012