



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	IL/IA Center for Independent Living
Street Address	3708 11th Street
City, State, Zip Code	Rock Island, IL 61201
Phone Number	(309) 793-0090
Website	www.iicil.com (under construction for new updated version (June, 2012))
Primary Contact	
Name	Roberta Garrison
Title	Community Education Advocate
Phone Number	(309) 793-0090
Email Address	deafil@iicil.com
Secondary Contact	
Name	Liz Sherwin
Title	Executive Director
Phone Number	(309) 793-0090
Email Address	execdirector@iicil.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 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.

The Illinois/Iowa Center for Independent Living (IICIL) is located in Rock Island, Illinois and serves three counties in Illinois; Rock Island, Henry and Mercer and three counties in Iowa; Scott, Clinton and Muscatine.

The Center provides services to (2) distinct geographic areas in West Central Illinois and Eastern Iowa. One populous and urban in Rock Island and Scott counties and is situated along the Mississippi River and designated as the Quad-Cities Metropolitan Statistical Area by census reporting data. The population is approximately 470,000 people and is evenly distributed in Illinois and Iowa communities, with a majority Caucasian (87%) and the remaining (13%) are African-American, Hispanic, Asian and Native American. The un-served and underserved ethnic populations are isolated in their own communities and lack information and access to services available to the majority population. The other geographic area is comprised of rural farming communities, with larger towns and villages averaging less than 2,000 residents. There is no public transportation and limited access to services and programs.

The IICIL is in a unique position to provide outreach to diverse populations due the demographic and geographic service configuration of our serve area. Often access to information is not available to persons who are isolated in their homes and communities, especially those representing ethnic minorities or minimal language individuals and person in rural communities.

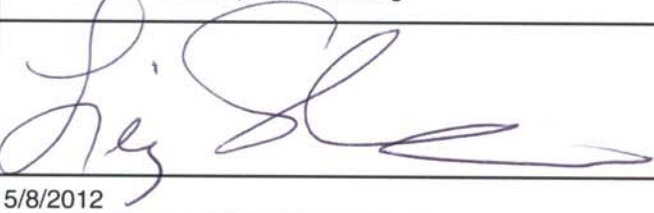
4. IDPH is encouraging applications reflecting broad-based regional collaboration, and will post information about received Letters of Intent on the *We Choose Health* website to help potential partners identify each other. Check this box ONLY if you DO NOT wish information about your Letter of Intent 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)	Liz Sherwin
Title	Executive Director
Organization	IL/IA Center for Independent Living
Signature	
Date	5/8/2012