

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 | Livingston County Health Department |
|-----------------------|-------------------------------------|
| Street Address | 310 E. Torrance Ave. |
| City, State, Zip Code | Pontiac, IL 61764 |
| Phone Number | (815) 844-7174 |
| Website | www.lchd.us |
| | |
| Primary Contact | |
| Name | MaLinda Hillman |
| Title | Administrator |
| Phone Number | (815) 844-7174 |
| Email Address | mhillman@lchd.us |
| Secondary Contact | |
| Name | Linda Rhodes |
| Title | Director of Health Education |
| Phone Number | (815) 844-7174 |
| Email Address | Irhodes@lchd.us |

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 1: About Your Potenti | аг Аррисации | |
|---|--|--|
| 1. The proposed project takes place and i | impacts communities in Illinois <u>excluding</u> C | ook, DuPage, Will, Lake, and Kane counties |
| Yes No | | |
| Note: If you answered "no," your project is ine | ligible for this funding opportunity. | |
| Healthy Eating and Active Living; Smoke-free | re considering for your application. Each me e Living; Healthy and Safe Built Environments g Healthy Eating and Active Living and at least | and Social and Emotional Wellness. Applicants |
| 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 3. Briefly describe the geographic area yo | Smoke-free Multi-unit Housing Smoke-free Public Places our proposed project will impact. | Safe Routes to School Complete Streets Joint Use Agreements |
| Livingston County will be the geograp | phic area the proposed project will impac | at. |
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| | | nd will post information about received Letters ner. Check this box ONLY if you DO NOT wish |

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

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) | MaLinda Hillman |
|----------------|-------------------------------------|
| Title | Administrator |
| Organization | Livingston County Health Department |
| Signature | Matinde Gillines |
| Date | 5/16/2012 |