

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	Macoupin County Public Health Department	
Street Address	805 North Broad Street	
City, State, Zip Code	Carlinville, Illinois 62626	
Phone Number	(217) 854-3223	
Website	www.mcphd.net	
Primary Contact		
Name	Kent Tarro	
Title	Administrator	
Phone Number	(217) 825-6705	
Email Address	ktarro@mcphd.net	
Secondary Contact		
Name	Jennifer Hopper	
Title	Health Educator	
Phone Number	(217) 839-4114	
Email Address	jhopper@mcphd.net	

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 in	npacts communities in Illinois <u>excluding</u> C	ook, DuPage, Will, Lake, and Kane counties			
✓Yes ■No					
Note: If you answered "no," your project is inelig	gible for this funding opportunity.				
2. Please indicate which strategies you are Healthy Eating and Active Living; Smoke-free must choose at least one strategy addressing	Living; Healthy and Safe Built Environments	and Social and Emotional Wellness. Applicants			
Healthy Eating and Active Living	Smoke-free Living	Healthy and Safe Built Environments			
(must choose at least one)	(must choose at least one)				
☐ 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 you	ır proposed project will impact.				
members which will collaborate toward	nembers of the the Health Providers Al	liance of Illinois (HPAI). The 5 HPAI gram activities will include the respective			
In total, the grant application will serve a geographic area of 2,733 square miles and a population of 119,829. All counties involved are located in west central Illinois just south of Springfield, IL and northeast of St. Louis. All associated counties are rural with sparse populations spread over large distances. Health services are limited within each partner county.					
		upin County is the fifth largest county in corating five counties in both land area and			
Montgomery County is comprised of ru of 6,939. It is 704 square miles and ha		an area being Litchfield, with a population			
	nd has a population of 13,886. The Illino tely 78% of the total acreage of the cou	ois River forms the western boundary of the unty.			
Illinois at the junction of the Illinois and		on the western border of the State of he North by Greene County, on the East by e miles and has a population of 22,985.			
		nd 10% is water. Calhoun County is a the Mississippi river and the Illinois River.			
The participating members of the Heal public places programming across the		rdinate work site wellness and smoke-free			
		nd will post information about received Letters her. 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)	Kent Tarro
Title	Administrator
Organization	Macoupin County Public Health Department
Signature	Kent Tano
Date	May 17, 2012