

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	Quality Quest for Health of Illinois, Inc.	
Street Address	416 Main Street, Suite 717	
City, State, Zip Code	Peoria, IL 61602-1164	
Phone Number	(309) 282-8820	
Website	qualityquest.org	
Primary Contact		
Name	Bonnie Paris	
Title	Program Development Manager	
Phone Number	(309) 282-8830	
Email Address	bparis@qualityquest.org	
Secondary Contact		
Name	Gail Amundson, MD	
Title	President & CEO	
Phone Number	(309) 282-8823	
Email Address	gamundson@qualityquest.org	

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 Contars	

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	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.								
Peoria county, Tazewell county, Wood	dford county								

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

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:

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)	Gail Amundson, MD
Title	President and CEO
Organization	Quality Quest for Health of Illinois
Signature	6 Amundon
Date	may 17 2012