

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	Richland Memorial Hospital, Inc.
Street Address	800 East Locust Street
City, State, Zip Code	Olney, IL 62450
Phone Number	(618) 395-7340
Website	www.richlandmemorial.com
Primary Contact	
Name	Eric Toliver
Title	Director, Organizational/Community Development & Volunteer Services
Phone Number	(618) 395-6012
Email Address	EToliver@richlandmemorial.com
Secondary Contact	
Name	David Allen
Title	Chief Executive Officer
Phone Number	(618) 395-7340
Email Address	DAllen@richlandmemorial.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)

☐ Smoke-free Multi-unit Housing

☒ Smoke-free Public Places

☐ Safe Routes to School

☐ Complete Streets

☒ Baby Friendly Hospitals

☐ Joint Use Agreements

☒ Worksite Wellness

3. Briefly describe the geographic area your proposed project will impact.

Richland Memorial Hospital provides healthcare services to an eight-county region of Southeastern Illinois. The primary geographic area that will be touched through this project is Richland County; however, the project may expand to portions of Clay, Crawford, Edwards, Jasper, Lawrence, Wabash, and Wayne counties as the Applicant does serve individuals from these areas, as well. The total patient population in Richland County is approximately 16,000 with the entire population in the eight-county service area being approximately 110,000. According to the IDPH Center for Rural Health website, all of the counties in the Applicant's service area have at least a partial Federal HPSA Designation, with the low income population being a primary concern. The Applicant is only one of two hospitals in the geographic region that delivers babies and is the only hospital that is not classified as a Critical Access Hospital. Furthermore, Richland County does not have a Public Health Department, as is the case with Edwards County (which adjoins Richland). Therefore, the Applicant is looked to as the primary resource for health services, as well as education and health outreach activities.


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)	David B. Allen
Title	Chief Executive Officer
Organization	Richland Memorial Hospital, Inc.
Signature	
Date	5/17/2012