



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	Rock Island County Health Department
Street Address	2112 25th Ave
City, State, Zip Code	Rock Island, IL 61201
Phone Number	(309) 793-1955
Website	www.richd.org
Primary Contact	
Name	Wendy S. Trute, MPH, CPHA
Title	Public Health Administrator
Phone Number	(309) 558-2800
Email Address	wtrute@co.rock-island.il.us
Secondary Contact	
Name	Theresa Berg, MS
Title	Director of Health Promotion
Phone Number	(309) 558-2802
Email Address	tberg@co.rock-island.il.us

Type of applicant (check for primary applicant only; may check more than one if applicable)

☒ Local Health Department

☐ County Government

☐ Municipal Government

☐ Other Government

Specify: _____

☐ Public School System

☐ Private School System

☐ University

☐ Hospital or Hospital System

☐ Health Care Foundation

☐ Community Health Care Centers

☐ Non-profit

☐ Private Association

☐ Faith-based Organization

☐ Volunteer Organization

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 We Choose Health project area proposed by Rock Island County Health Department will impact the entire county of Rock Island. Rock Island County lies in the northwestern part of Illinois, approximately 90 miles northwest of Peoria and borders Whiteside, Henry and Mercer Counties in Illinois and Louisa, Muscatine and Scott Counties in Iowa. The Mississippi River forms the western border of the county and separates the two states of Illinois and Iowa. According to the 2010 U.S. Census Bureau there are approximately 148,000 people and over 60,000 households residing in the county. Most of the county's population (70%) resides in the three largest cities of Moline, Rock Island, and East Moline, with the rest of the population living in small towns and unincorporated rural areas. The racial makeup of the county is 82% White, 9% Black or African American, .3% Native American, 1% Asian American, 3.8% from other races, and 3% from two or more races. 11.6% of the population are of Hispanic/Latino origin. The county also has a growing immigrant and refugee population mainly from Burma, Africa and Iraq. The median household income in the county is \$48,668. The median age of the county is 38 years. 11.2 percent of the population is below the poverty line and 49% of children are on free and reduced lunch program. Rock Island County is on the poverty watch list.


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)	Wendy S. Trute, MPH, CPHA
Title	Public Health Administrator
Organization	Rock Island County Health Department
Signature	
Date	5/17/2012