



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 | Springfield Urban League |
| Street Address | 100 N. 11th Street |
| City, State, Zip Code | Springfield 62702 |
| Phone Number | (217) 789-0830 |
| Website | www.springfieldul.org |
| Primary Contact | |
| Name | Ann Locke |
| Title | Health Initiative Supervisor |
| Phone Number | (217) 522-0407 |
| Email Address | alocke@springfieldul.org |
| Secondary Contact | |
| Name | Linda Cress |
| Title | Health Specialist |
| Phone Number | (217) 522-0407 |
| Email Address | lcress@springfieldul.org |

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)
☐ 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.

Springfield Urban League, Inc. serves approximately 492 families and 702 children, ages 0-5 years old, in Sangamon County (Springfield, Riverton) and in Morgan County (Jacksonville) through our Head Start/Early Head Start Programs. Approximately, 90 % of clients served are at or below the federal poverty level and are African American.

The agency would use the monies as an aide to extending the Choosy Program which is a nutrition and exercise program for children. By encouraging healthy eating and exercise for the whole family, including nutrition training and cooking for parents.

In addition to these activities we will work with parents, guardians and extended family to provide education on risks of smoking and the harmful risk of second hand smoke. The agency would use its contacts in the community and explore other community partners to encourage a healthier life style with all of the components working together. With the help of all of the components we can improve the health of the Head Start families and their extended families as well.

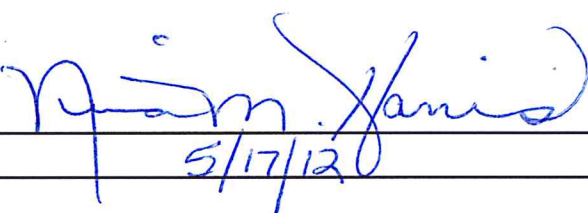
4. IDPH is encouraging applications reflecting broad-based regional collaboration, and will post information about received Letters of Intent on the *We Choose Health* website to help potential partners identify each other. Check this box ONLY if you DO NOT wish information about your Letter of Intent 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) | Nina M. Harris |
| Title | President & CEO |
| Organization | Springfield Urban League, Inc. |
| Signature |  |
| Date | 5/17/12 |