



## 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](mailto: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	St. Joseph's Hospital Highland
Street Address	1515 Main Street
City, State, Zip Code	Highland, IL 62249
Phone Number	(618) 651-2696
Website	<a href="http://www.stjosephshighland.org">www.stjosephshighland.org</a>
<b>Primary Contact</b>	
Name	Julie Obermark, RN, MSN
Title	Director or Patient Experience
Phone Number	(618) 651-2696
Email Address	<a href="mailto:jobermar@sjh.hshs.org">jobermar@sjh.hshs.org</a>
<b>Secondary Contact</b>	
Name	Peggy Sebastian
Title	President and C.E.O
Phone Number	(618) 651-2530
Email Address	<a href="mailto:psebastian@sjh.hshs.org">psebastian@sjh.hshs.org</a>

#### 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 checked="" type="checkbox"/> Faith-based Organization |
| <input type="checkbox"/> Other Government        | <input checked="" type="checkbox"/> Hospital or Hospital System | <input type="checkbox"/> Volunteer Organization              |
- Specify: \_\_\_\_\_
- ☐ 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.

Dear Sirs:

Saint Joseph's Hospital Highland, a 25-bed critical access hospital, established in 1878, continues to provide high-quality health care to Highland and the surrounding community serving more than 35,000 residents.

Although our services have reached many families in Madison County, we are still not reaching the most critical population, our youth. With the availability of fast food restaurants, lack of sporting events, cuts in physical education programs, and technology taking the place of outdoor activities, our youth have become obese due to the sedentary lifestyle.

One goal of our Education Department is to decrease chronic disease by providing education on hypertension, sedentary lifestyle, Diabetes, nutrition, stroke, smoking, and obesity. Unfortunately, we are not able to provide the critical educational services due to lack of funding and resources.

The mission of our organization is to support local community families to help them to become healthy responsible citizens by adding daily activity and good nutrition and by giving them the tools they need to reach their goals. Your generous support will allow us to partner with the schools to provide critical educational services to our upcoming generation. We are looking forward to expanding our health services and plan to file the application before June 15.


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)	Julie Obermark
Title	Director of Patient Experience
Organization	St. Joseph's Hospital
Signature	
Date	5-18-12