

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	Summerfield Village Park District
Street Address	PO Box 137. 304 W Wakefield Street
City, State, Zip Code	Summerfield IL 62289
Phone Number	418-934-3311
Website	
Primary Contact	
Name	Pegsy Bielong
Title	Village Trustee
Phone Number	418 789 2096
Email Address	Peggy. bielone @ nutreco. com
Secondary Contact	as 5
Name	Lonnie Vates
Title	mayor
Phone Number	118-1934-3311
Email Address	

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: Park	Hospital or Hospital System	
	Health Care Foundation	
	Community Health Care Centers	

Section II: About Your Potential	Application		
1. The proposed project takes place and in	npacts communities in Illinois <u>excluding</u>	Cook, DuPage, Will, Lake, and Kane counties	;
Yes No			
Note: If you answered "no," your project is ineli	gible for this funding opportunity.		
Healthy Eating and Active Living; Smoke-free	Living; Healthy and Safe Built Environment	nenu option applies to one or more categories: s and Social and Emotional Wellness. Applicant tone strategy addressing Smoke-Free Living.	s
Healthy Eating and Active Living	Smoke-free Living	Healthy and Safe Built Environmen	its
(must choose at least one)	(must choose a t least one)		
Coordinated School Health (includes Social & Emotional Wellness) Baby Friendly Hospitals Worksite Wellness	Smoke-free Multi-unit Housing	Safe Routes to School Complete Streets Joint Use Agreements	
3. Briefly describe the geographic area you	r proposed project will impact.		
700 People in our + Sale Place to ride	rural area. We have two and the kids do l	not have a	

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)	Peggy Bielong
Title	Village Trustee
Organization	Summerfield Park District
Signature	Figgy Bielong
Date	5/14/12