

**A Healthy Lynnfield
Request for Funding from AHL 501(c)3 Charitable Funds**

Contact Name	
Organization/Community Group	
Phone	
Email	
Check Payable To (attach W9)	
Amount Requested	
Date Needed By/Program Date	

The mission of A Healthy Lynnfield is to *empower residents to make positive choices every day. Together we work to prevent substance misuse, to improve the quality of life for those impacted, and to support programs that help youth and families thrive.*

Please answer the following question in no more than 1 page.

1. How will you use these funds? Please be specific.
2. How is it related to the mission of AHL?
3. How will it benefit Lynnfield residents, youth or families and how many people will it impact?
4. Is there a matching source of funding and/or has this program been fully or partially funded by a different source in the past? Please explain.
5. How will you know this initiative will be successful?

All funding is subject to Board approval.

Email to **Diana DeLeo** deleod@lynnfield.k12.ma.us

If your funding is approved, you will be required to submit a short follow up report on completion of the project.