**A Healthy Lynnfield**

**Request for Funding**

|  |  |
| --- | --- |
| Contact Name |  |
| Organization/Community Group |  |
| Phone |  |
| Email |  |
| Check Payable To |  |
| Amount Requested |  |
| Date of Program |  |

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 2 pages, including the contact information.***

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 an alternative source of funding and/or has this program been fully or partially funded by a different source in the past? Please explain.
5. What is the history of success related to this program?
6. Did an AHL Board Member recommend this funding?

Applications are scored on a total of 30 points with a maximum of 5 points per questions. All funding is discretionary and subject to Board approval.

**Email to salladem@lynnfield.k12.ma.us**