



# Prevention Sponsorship Application Form

Submit application and any attachments to [hivsponsorship@lamoillefamilycenter.org](mailto:hivsponsorship@lamoillefamilycenter.org)

Subject: Prevention Sponsorship Request

If you need assistance or have questions, email [jessica@healthylamoillevalley.org](mailto:jessica@healthylamoillevalley.org)

**Organization Name (entity the check will be made out to):**

**Organization address:**

**Primary Contact (email and phone number):**

**Event or project name:**

**Description of the event/project:**

**Dates of event or project:**

**Amount requested (\$250 - \$500):**

**Dates funds needed by:** *(funds must be used by June 30<sup>th</sup>, 2025)*

**How do you plan to use these funds?**

**Would the project go on without this funding?**

**Does your project have other sponsors? If yes, will you include their logos in publications and advertising related to this project?**

**Will the funds create long-term benefits for the program or participants? If yes, please explain:**

**Is this event fully substance-free?**

**Anticipated number and age of youth served/adults served:**

**Does this project promote equity? If yes, how?**

**List of priorities (select all that apply):**

- Priority 1:** Reduce underage substance use (alcohol, cannabis/marijuana use) i.e. youth recovery supports, screening and early intervention, school-based prevention.
- Priority 2** - Not applicable to our region.
- Priority 3:** Reduce adult high risk substance use. i.e., Focus on healthy stress reduction and coping skills, influence on children, driving while impaired.
- Priority 4:** Increase support for LGBTQ youth, i.e., schools and supervisory unions to enhance or launch a Genders & Sexuality Alliance (GSA) group at a local school; determining school readiness & capacity for implementing a GSA; community, parent/caregiver, educator training; supporting LGBTQ youth focused support groups.
- Priority 5:** Create a community where youth and/or adults feel valued, connected, and supported, i.e., focus on decreasing stigma for getting help for mental health and/or substance use; reducing isolation, particularly for older adults; and building youth resiliency and youth connectedness as protective factors.

**Are you able to provide a W9 or equivalent upon request?**

- Yes
- No

**Acknowledgment: I understand that if we are unable to complete the project as planned that we need to contact HLV as soon as we know to discuss changes.**

- Yes
- No

**Report:**

A short report is required within two weeks of the project's completion. Can you fulfill this?

- Yes
- No

Report includes:

- Number and age of youth served/adults served
- Short summary of program/event
- Optional - any pictures you'd like us to highlight on website (please ensure that any youth in pictures have parental permission)

This should be emailed to [hlvsponsorship@lamoillefamilycenter.org](mailto:hlvsponsorship@lamoillefamilycenter.org). Subject: Final Report

**By applying you are agreeing to your organization's name and project to be listed on the Healthy Lamoille Valley website.**

<b><i>Office Use Only</i></b>		
Date received:		
Steering team decision:		Date:
LFC Business Office:	W9?	Date paid:
Final Summary:		Date Received: