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**FOR IMMEDIATE RELEASE**

[Organization]  
Media Contact:  
Phone:  
Email:

**[Organization name] Receives Funding from the Network of the National Library of Medicine (NNLM) – Region 4**

**City, State [Date]** – [Organization] has received funding in the amount of [$$] from the [Network of the National Library of Medicine – Region 4](https://www.nnlm.gov/about/regions/region4) to support [name of your initiative/project].

The funds will be used to [include your goals and aims for the initiative/project. Be sure to include numbers whenever possible (e.g., provide 10 training sessions on PubMed)].

[Include a quote from your organization’s director and/or the funding recipient to demonstrate what you plan to accomplish with the funding and why it is useful for your target community.]

**About [Organization]**

[Insert your organization’s mission information.]

**About NNLM**

The mission of the [Network of the National Library of Medicine](https://www.nnlm.gov/) is to advance the progress of medicine and improve the public health by providing all U.S. health professionals with equal access to biomedical information and improving the public's access to information to enable them to make informed decisions about their health. The Program is coordinated by the National Library of Medicine and carried out through a nationwide network of health science libraries and information centers.

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