

REQUEST FOR FUNDS PROPOSAL  
Year 2009 Granting Cycle

Dear Applicant Agency:

**The Robert James Frascino AIDS Foundation**, established in 1999 by Robert J. Frascino, MD and Steven M. Natterstad, MD, is a 501(c)(3) tax-exempt charitable organization committed to its sole mission: to provide crucial services for men, women, and children living with HIV/AIDS and to raise awareness of the HIV/AIDS epidemic through advocacy and education.

Please use this form to describe how your agency would use a program-specific grant from **The Robert James Frascino AIDS Foundation**. You may apply only for funds directed at a specific program, the goals of which must coincide with the mission statement of the foundation. Grants for the year 2009 will range in size from \$1,000 to \$10,000.

The applications are due by **30 November 2009**. Please feel free to recreate the cover sheet on your computer if it makes it easier to prepare.

For those agencies that received grants last year, please remember that the foundation requires a follow-up report accounting for the actual use of the grant. Future grants are contingent upon successful results from previous awards.

The Cover Sheet and Program Application Narrative:

After completing the cover sheet, please compose and attach a program narrative that addresses the following questions:

- Please describe the goals of the project for which you are requesting funds. State the kind of program or service to be provided and the impact of the program on the individuals or the community to be served.
- Please give a brief description of your organization's goals, history, and effectiveness. Be sure to describe all HIV-related programs or services that are part of your organization.
- Please describe the clients, constituents, or communities to be served by this project.
- Please describe how you will acknowledge **The Robert James Frascino AIDS Foundation**, should you receive a grant.

**Again, please note that the application deadline for this year's granting cycle is 30 November 2009.** We look forward to receiving your completed application.

Sincerely,

Robert J. Frascino, M.D.  
President

Steven M. Natterstad, M.D.  
Vice President

# THE ROBERT JAMES FRASCINO AIDS FOUNDATION

## PROGRAM APPLICATION/COVER SHEET

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Federal Tax ID# : \_\_\_\_\_

Year organization was founded: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Total Agency Budget:     \$ \_\_\_\_\_

Total HIV/AIDS Budget: \$ \_\_\_\_\_

Amount Requested:         \$ \_\_\_\_\_

Return Completed Application To:     Robert J. Frascino, MD, President  
The Robert James Frascino AIDS Foundation  
1000 Fremont Ave., Suite 145  
Los Altos, CA 94024  
650-917-1357, 650-903-0111 (Fax)  
[www.concertedeffort.org](http://www.concertedeffort.org)