



The Red Ribbon Charitable Foundation, Inc.

APPLICATION FOR FUNDS

The Red Ribbon Charitable Foundation was established in 1995 by an endowment from Dr. Garry P. Bergeron, M.D. His intention was to provide a resource base which would generate funds to assist with community efforts to provide HIV/AIDS preventative education programs and humanitarian assistance for persons living with HIV/AIDS.

The Foundation is a not-for-profit Florida corporation [501C(3)] governed by a board of directors who review requests for funding. All requests must be made in writing on this form which should be fully completed, signed and dated. Priority consideration is given to those applicants within the four-county geographic area of Northwest Florida whose requests represent community-based, need-driven initiatives. Expenditure reporting is required of all grant recipients. Applicants will be notified regarding their application(s) as promptly as possible. Any questions should be directed to [info@redribbonnwfla.org](mailto:info@redribbonnwfla.org) or RRCF, P.O. Box 430, Gulf Breeze, FL 32562.

NAME AND ADDRESS OF ORGANIZATION APPLYING FOR FUNDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your Organization designated as a 501C(3) ? YES  NO   
If yes, your 501C(3) #: \_\_\_\_\_

PROJECT CATEGORY:

\_\_\_\_\_ HIV/AIDS Preventative Education Program

\_\_\_\_\_ HIV/AIDS Humanitarian Relief Program

1. EXPLANATION OF GOALS AND BENEFITS OF PROPOSED PROJECT OR PROGRAM FOR OUR COMMUNITY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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RED RIBBON CHARITABLE FOUNDATION

2. FUNDING REQUESTED FOR PERIOD BEGINNING: \_\_\_\_\_  
ENDING: \_\_\_\_\_

3. LEVEL OF FINANCIAL SUPPORT REQUESTED: \$ \_\_\_\_\_

4. EXPLANATION/ITEMIZATION OF HOW THESE FUNDS WILL BE SPENT:

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5. WHAT OTHER SOURCES OF FUNDING ARE AVAILABLE TO YOUR ORGANIZATION?

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CONTACT PERSON(S):

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Submitted by: \_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date