BEN MYNATT CHILDREN'S FOUNDATION
REQUEST FOR FUNDS
All requests/information sent to:
Ben Mynatt Children's Foundation
ATTN: Ward Childress
P.O. Box 221
Concord, NC 28026
Dates for submission of information: 9/20/22 - Request deadline, 11/2/22 - Notification,
TBA - Allocations
Questions: **wchildress@benmynatt.com**

Organization
Name_____

Address:_____

Phone Number:_____Web
Site:_____

Director's Name: _____Email _____
Address_____

2ND Contact_____Email _____
Address_____

Year Founded_____Non-profit _____
Status_____ EIN_____

Mission of Organization_____

_____

Annual Budget_____

Year round program - yes ___ no___ what
months?_____

Afternoon program – yes ____ no___ what time_____ just school year?_____

Summer yes_____ no_____
Details_____

Name /title of project or
program_____

Amount Requested_____Date for program
use_____

Describe the project/program for fund request

_____

_____

Estimate the number of people who would be served annually by the project/program

_____

Please state specifically how the funds will be used

_____

_____

Please use additional pages if needed for your submission information