

**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: 9/27/2021 - Request deadline, 11/2/2021 - 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