

**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: 9/30/22 - Request deadline, 11/2/22 - Notification,  
TBA - Allocations**

Questions: [wchildress@benmynatt.com](mailto: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