

**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: 9/30/25 - Request deadline, TBA - 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