| Organization Name: |
|--|
| Organization Mission: |
| Organization Tax ID: |
| Organization Market: |
| Organization Address:-Street Address |
| Organization Address:-City |
| Organization Address:-State |
| Organization Address:-Postal / Zip Code |
| Organization Website: |
| Twitter Handle: |
| Please upload your organization logo: |
| Is there currently a Cox employee serving on your board? If so, who? |
| Organization focus area: |
| Contact Name:-First |
| Contact Name:-Last |
| Contact Title: |
| Contact Email: |
| Contact Phone: |
| Program name: |
| Program Focus Area: |
| How many people do you anticipate reaching with this program? |
| Program description: |

| What specific needs or problems do you hope to address with this program? |
|---|
| In 3-4 sentences describe the purpose of this grant (this would be for use in press release and external communications). |
| Total Program Budget: |
| Total amount requested from Cox Charities: |
| Explain how funds will be utilized, including approach, strategy and tactics for implementation. |
| Explain if/how Cox will receive recognition and visibility for sponsorship. |
| Has Cox funded this program in the past? |
| Please select all current Cox services your organization currently subscribes to:-High Speed Internet |
| Please select all current Cox services your organization currently subscribes to:-Digital Cable Services |
| Please select all current Cox services your organization currently subscribes to:-Phone |

Please select all current Cox services your organization currently subscribes to:-None