

COX Charities

IMPACT GRANT

Note: You will not be able to save and return to this application.

Organization Information

- Organization Name: *
- Organization Mission Statement: *
- Organization Tax ID: *
- Organization Market: *
- Organization Address: *
- Organization CEO/Executive Director Name: *
- Organization CEO/Executive Director Email: *
- Organization Website:
- Twitter Handle:
- Please upload high-resolution organization logo: *(.png or .jpeg)
- Has a Cox employee served or is currently serving on your board or a committee?
Please provide their names below.

Development Director/Primary Contact Information

- Contact Name: *
- Contact Title: *
- Contact Email: *
- Contact Phone: *

Communications Director or Manager Contact Information

- Contact Name: *
- Contact Email: *
- Contact Phone: *

Program Information

- Program name: *
- Program start date/Program end date: (If this is ongoing, leave blank)
- Program description: *
- How many people do you anticipate impacting or serving through this program? *

- How does this program impact future success of K-12 students through STEM education? *
- How will you measure this program's impact and/or success? *
- Are there any volunteer opportunities for Cox employees associated with this program? If so, please describe: *
- Are you collaborating with any other nonprofits on this program? *
- List any other sponsors supporting this program: *
- Has your organization been covered by media outlets in the last three years? If so, please provide a couple of examples. If there is media coverage specific to this program, please include. *
- If this is an existing program, please provide a brief history: *
- If funded, is your organization prepared to work with our team on an internal/external communications strategy? Please explain. *
- Please include all recognition and visibility opportunities.

Financial Information

- Please upload PDF of 2022 annual organization budget: *
- Total Program Budget: *
- Breakdown of budget allocation for this program (Examples: Supplies, materials, devices/equipment, promotional support, staffing, etc.): *

Customer Information

Please select all current Cox services your organization currently subscribes to: *

Note: Being a Cox customer/client is not a requirement of this grant.

- High Speed Internet
- Digital Cable services
- Phone service
- Cox Innovation Lab (Tech Center)
- Cox Business Security Solutions
- Managed Cloud Services
- Cox Business customer
- Cox Media client