

Organization Name
Address-Street Address
Address-Street Address Line 2
Address-City
Address-State
Address-Postal / Zip Code
Organization Website
Title
Executive Director / President / CEO Email
Contact Title
Contact Email Address
How Did You Learn About the Cox Charities Community Investment Grant?
Organization's Mission Statement
Federal Tax ID Number
Organization Currently Has 501(c)(3) Status Under the Internal Revenue Service.
Organization Is Governed By a Volunteer Board of Directors or Advisory Council.
The Board of Directors or Advisory Council Meets Four (4) or More Times Annually.
Organization Has a Written Nondiscrimination Policy and Practices Nondiscrimination in Employment of Staff, Recruitment of Volunteers and Delivery of Services.
Organization Conducts a Financial Audit (if annual total support and revenue is \$300,000 or more), an Independent Review (if annual total support and revenue is under \$300,000) or a Financial Statement Compiled By a Certified Public Accountant (if annual total budget is \$25,000 or less).
Board of Directors or Advisory Council Has Approved Annual Audit or Review and Accompanying Management Letter.
Please Comment On Any Questions Above Answered "No."
Program Title
Program Area
Geographic Area Served
How Many Years Has This Program Been In Existence?
How Many People Are Served By This Program Annually?
Program Description
What Specific Needs Or Problems In The Community Does This Program Address?
Describe The Individuals Served By This Program.
Describe The Specific Objectives And Outcomes Of The Program And How They Will Be Measured.
If Funded, Will The Cox Charities Grant Enable Your Organization To Serve Additional Clients? If So, How Many?
Cox Charities Give Preference To Programs That Do Not Unnecessarily Duplicate Services In The Community. Please Describe How Your Organization Addresses A Unique Need And/Or How They Collaborate With Similar Organizations In The Community.
Please Indicate How Endowment Funds Are Used (if applicable) or Provide Additional Information That May Be Needed To Explain Your Organization's Finances.
Describe In Detail How Cox Charities Funds Would Be Allocated In Any of the Expense Categories Above. Use Specific Dollar Amounts and Purchases When Applicable.

Please List All Other Sources of Financial Support For This Program. Indicate Funding Amount and Whether Each Source Is Committed or Pending.

Cox Charities Community Investment Grant Funding Is Not Guaranteed Year Over Year. If Funded, How Will Your Program Be Sustained In the Future?

We Will Complete a Brief Evaluation Report At the End of the Grant To Document Program Expenses and Outcomes.

We Will Provide a Guided Site Tour of the Program Facility For the Cox Charities Advisory Council.

We Acknowledge Our Organization May Be Featured In Cox Communications Publications or Television Spots.

We Grant Cox Communications the Ability To Use Our Organization Name/Logo/Likeness For Promotional Purposes In Print, Television, Radio and Other Internal and External Communications. No Other Consent or Right To Inspect or Approve The Promotional Materials Is Required.