Greater Louisiana Cox Connects Community
Sponsorship Request Form

Welcome to Cox Communications Contributions Request Application

Cox Communications Contributions accepts and reviews requests 90 days prior to either the event or the campaign kick-off.

Please attach any promotional brochures or marketing materials when submitting this application.

Please do not use all capital letters!

Organization Name

Address

City

State

Zip Code
(use zip + 4 code)

Phone

Fax

Organization General E-mail Address

Organization Web Site

Tax ID

Tax Status

Please enter your Organization's Annual Budget

Organization Information/Mission Statement

What is the mission of your organization? (For Example: To serve disadvantaged youth in the Las Vegas area through afterschool programs.)

Enter the year your organization was founded

example: 1958

Enter the names of your Board Members and their affiliated organization (For Example: John Smith, North Dakota Power Company)

Please list each Board Member on a separate line

List any Cox employees who play a significant role in your organization (i.e. volunteer, board membership)

If there are none, enter "NA"

Contact Information

Executive Director/CEO/President's Contact Information

Please provide contact information for the Executive Director of the organization

Prefix

First Name

Last Name

Title

Office Phone

example: (xxx) xxx-xxxx

E-mail

Sponsorship Request Contact (only if different than above)

If you are not the executive director, please use the fields below to tell us how we can reach you.

Prefix

First Name

Last Name

Title

Office Phone

example: (xxx) xxx-xxxx

E-mail

Request Information

Please select the type of support you are seeking (please indicate by checking the boxes below):

☐	Cash
☐	In-Kind Support
☐	Appearance on ***Across Louisiana***
☐	PSA Campaign
☐	Other

Event/Program Title

(For Example: Computers for Kids)

Event/Program Description

Please begin your brief description with: "This project funds..." (For Example: This project funds computers, printers and software for an afterschool environmental education program.)

Program Area

Please list below the category that best describes this project

☐	Civic
☐	Cultural
☐	Education
☐	Health & Human Services
☐	Health & Human Services – Youth-specific
☐	Environmental

Geographical Area Served

Please identify the primary geographical area served by this project

What will the money be used for?

Cox Communications is committed to supporting diverse causes. Please identify the primary group served by this project by selecting a group below:

◯	African American or Black
◯	American Indian/Alaskan Native
◯	Asian
◯	Hispanic/Latino
◯	Native Hawaiian or Other Pacific Islander
◯	White/Non-Hispanic
◯	Disability
◯	Veterans
◯	LGBT
◯	Women
◯	Seniors
◯	Other (please explain)

Choose all the ethnic groups that your project will serve (please indicate by checking the boxes below):

☐	African American or Black
☐	American Indian/Alaskan Native
☐	Asian
☐	Hispanic/Latino
☐	Native Hawaiian or Other Pacific Islander
☐	White/Non-Hispanic
☐	Disability
☐	Veterans
☐	LGBT
☐	Women
☐	Seniors
☐	Other (please explain)

Please select the genders your request will serve.

Female ◯
Male ◯

Request Amount

example: $1,000

Total Event/Program Budget

example: $5,000

What support have you received from Cox in the past 12 months (Example: Tennis Tournament-Tent Donation on 1/17/07)

If you have not received funding in the past year, enter $0

Customer Information

Please select the boxes below to indicate the services that your organization purchases from Cox

☐	Cable
☐	High Speed Internet
☐	Telephone
☐	Cox Business Services

Event Details (if applicable)

Event Name

Event Date

Event Start Time

example: 8:00 PM

Event End Time

example: 10:30 PM

Event Location

Event Attire

Please include any general notes about your event

Were you referred to Cox for support? If so, by whom?

If you were not referred, enter "NA"

How will Cox's support of your organization / program / event be recognized?

Please be specific (i.e. banner size/placement, program ad, general market advertisements)

Please list other benefits Cox will receive (i.e. tickets, golf team, etc.)

What are the goals of this event/program and how do you plan to measure its success?

Please name other significant donors to this event/program.

Please include any additional event information that would help make our decision.

100 words or less

Attachments
(Please attach the following documents:)

- W-9 Form
- Last completed audit
- Other support materials

Print Form **Submit Form**