

## Application for TGP Program

Please complete this form and send it to TGP@cdwt.net. If you prefer to provide more detailed information in an Excel sheet, feel free to attach it to your email.

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### Company Information:

- **Company Name:** \_\_\_\_\_
  - **Full Address:** \_\_\_\_\_
    - City: \_\_\_\_\_
    - State/Province: \_\_\_\_\_
    - Zip/Postal Code: \_\_\_\_\_
    - Country: \_\_\_\_\_
  - **Contact Person:**
    - Name: \_\_\_\_\_
    - Title: \_\_\_\_\_
    - Email: \_\_\_\_\_
    - Phone Number: \_\_\_\_\_
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### Interested in the TGP Program:

Our Trusted Growth Partnership (TGP) program focuses on benefiting your company through two main sections:

1. **Employee Empowerment Program (EEP):**
2. **Organization Empowerment Program (OEP):**

Select: EEP/OEP or both:

What is your area of interest? [ EEP, OEP or both?]

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### Recurrent Technology Expenses:

#### 1. Software, Licenses, and Subscriptions:

- **Total Annual Expense:** \$ \_\_\_\_\_
- **Current Vendors:** \_\_\_\_\_
- **Description:** (Include software subscriptions, service licenses, etc.)
  - \_\_\_\_\_
  - \_\_\_\_\_

**2. Internet and Connectivity:**

- **Total Annual Expense:** \$ \_\_\_\_\_
- **Current Vendors:** \_\_\_\_\_
- **Description:** (Include ISP costs, co-location connectivity such as MPLS circuits, direct connections, dark fiber, etc.)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - *Note: Please mention your Internet/connection speed and type.*

**3. IT Managed Services:**

- **Total Annual Expense:** \$ \_\_\_\_\_
- **Current Vendors:** \_\_\_\_\_
- **Description:** (Include Managed SOC, Managed NOC, IT support, etc.)
  - \_\_\_\_\_
  - \_\_\_\_\_

**4. Other Technology-Related Expenses:**

- **Total Annual Expense:** \$ \_\_\_\_\_
  - **Current Vendors:** \_\_\_\_\_
  - **Description:** (Include any other recurrent technology expenses not listed above)
    - \_\_\_\_\_
    - \_\_\_\_\_
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**General Information:**

- **Do you have sim cards /Data plan for your organization – if yes how many?**
    - Yes
    - No
    - **If yes, please provide details:**
      - Details: \_\_\_\_\_
      - Current Vendors: \_\_\_\_\_
      - Total Annual Expense: \$ \_\_\_\_\_
  - **Any other relevant information or comments:**
    - \_\_\_\_\_
    - \_\_\_\_\_
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**Instructions:**

- Please fill out the form with as much detail as possible.

- If certain information is not applicable, please mark it as "N/A".
- **Please send to: [tgp@cdwt.net](mailto:tgp@cdwt.net)**

**Note:**

Upon receipt of the completed form, an assessment of your current expenses will be conducted, and you will be informed within 15 days about the programs for which you are eligible.