

Impact Grant Application



The Cooperative Credit Union Association's Impact Grant program provides financial assistance to eligible credit unions with \$300 million or less in assets, helping to enhance operations and improve member service.

COVER SHEET:

Credit Union: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

President/Manager/CEO: _____

Asset Size: _____ Number of Members: _____

Project Manager: _____ Title: _____

Phone: _____ Email: _____

Grant Amount Requested: \$ _____ Total Project Budget: \$ _____

Will your credit union still implement the project if the grant award is less than amount requested? Yes No

NARRATIVE:

Please use a separate sheet to detail responses to the following questions:

1. Purpose of grant.
2. Statement of Need: describe the need or problem to be addressed.
3. Project description: based on the Statement of Need...
 - a. what equipment and/or service is to be acquired?
 - b. why is this equipment and/or service the best solution to the need or problem?
 - c. why did you choose this equipment or service provider?
 - d. how will this equipment and/or service improve service to your members?
4. Rationale for funding: why does your credit union need financial support for this project?
5. Recognition: discuss how you will inform volunteers, staff and members that the Cooperative Credit Union Association provided funding for this project.

Attachments: In addition to cover sheet and narrative, please provide the following supporting documentation:

- Operating budget for current fiscal year
- Letter of support from the credit union's Board of Directors
- Written estimates and/or specifications for equipment and proposals for services when applicable.

Once completed, submit your application electronically to member.relations@ccua.org. If you are unable to submit electronically, please mail all necessary documentation, including completed cover sheet to: Cooperative Credit Union Association - Grants, 845 Donald Lynch Boulevard, Marlborough, MA 01752.

Association use only: Date received: _____ Date of review: _____

Amount: \$ _____ Approved Not Approved

Approved by: _____