

# Small Credit Union Grant Application

Through its Small Credit Union Grant Program, the Cooperative Credit Union Association provides small credit unions with financial assistance for general operating needs, which ultimately help to improve member service. As defined by the NCUA, a small credit union has assets of \$100 million or less.

## 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 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](mailto: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: \_\_\_\_\_