

*National Credit Union Administration
Office of Small Credit Union Initiatives
Community Development Revolving Loan Fund*

<h2 style="margin: 0;">Application</h2> <h3 style="margin: 0;">Volunteer Income Tax Assistance Initiative - 2009</h3>

1. CREDIT UNION NAME	
2. MAILING ADDRESS	
MAILING ADDRESS, CON'T	
3. CITY, STATE, ZIP	
4. CONTACT NAME/TITLE	
5. CONTACT PHONE	
6. CREDIT UNION FAX NUMBER	
7. CREDIT UNION EMAIL ADDRESS	
8. CREDIT UNION CHARTER NUMBER	
9. CREDIT UNION EMPLOYER TAX ID NUMBER	
10. CREDIT UNION DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM NUMBER	
11. AMOUNT REQUESTED	\$
12. NAME AND TITLE OF AUTHORIZED INDIVIDUAL	
13. SIGNATURE	

*By signing above, the credit union representative (1) is certifying that the credit union remains low-income designated, as defined in NCUA's Rules and Regulations; and (2) is committing the credit union to working toward the objectives of the CDRLF as described in the grant guidelines and in the application.

Application Volunteer Income Tax Assistance Initiative (2) - 2009

Before completing the application, please read
all instructions and guidelines carefully and thoroughly.

Answer the following questions and attach separate sheets as necessary for your responses.

1. Describe fully the activity or project that the grant will cover.
2. Will the credit union operate the VITA site?
3. What is the total cost of implementing the project or undertaking the activity—including grant awards from NCUA, the credit union's own monies, grants from other partners, and all other funds provided to complete the project:?

Total cost of the project—

NCUA grant: \$ _____

Other funds: \$ _____

Total Cost of Project \$ _____

4. Provide a list of vendors who will deliver the goods and/or services, and an itemized list of costs associated with the project.

Please provide your response in the format shown below. List costs in order of most to least important.

Vendor Name	Item Description	Cost of Item
(1) <u>Example Company</u>	<u>1 Thing</u>	<u>\$ 500.00</u> (most important)
(2) <u>Sample, Inc.</u>	<u>4 Things @ \$100.00</u>	<u>\$ 400.00</u> (least important)

5. Attach copies of bids, estimates, prices, and other supporting information.

6. How will the proceeds of the grant
 - a) improve the quality of financial services to members; or,
 - b) improve the operations of the credit union?

7. How will the credit union measure
 - a) improvement in financial services to members; or,
 - b) improvement in the credit union's operations?

NATIONAL CREDIT UNION ADMINISTRATION
OFFICE OF SMALL CREDIT UNION INITIATIVES
1775 DUKE STREET
ALEXANDRIA, VIRGINIA 22314
(703) 518-6610

E-MAIL APPLICATIONS TO: OSCUIAPPS@NCUA.GOV

FAX APPLICATIONS TO: (703) 519 – 4088

**EMAIL OR FAX ONLY THE APPLICATION AND YOUR RESPONSES;
DO NOT SEND THE GUIDELINES.**