

*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;">Enhancing Member Services Initiative-2009</h3>
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1. CREDIT UNION NAME	
2. MAILING ADDRESS	
MAILING ADDRESS, CON'T	
3. CITY, STATE, ZIP	
4. CONTACT NAME/TITLE	
5. CONTACT PHONE NUMBER	
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 the application.

## Application Enhancing Member Services (2) - 2009

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

### ***Description and Costs of the Project***

1. Describe fully the activity or project that the grant will cover.
2. 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 \$ \_\_\_\_\_

Note: OSCUI considers the total dollars committed to the project, or leverage, when evaluating a grant application. Projects with higher leverage ratios will receive more favorable consideration. Leverage is described under the heading "How Are Grant Applications Evaluated?"

3. Has the credit union conducted its "Due Diligence" and considered the ongoing costs of implementing the project, including, for example, total budget, time needed to break-even, and alternative funding sources?

Yes.

No.

4. What is the impact of the proposed project? SELECT ALL THAT APPLY.

The project will have an impact on the credit union staff and officials.

The project will have an impact on existing credit union members.

The project will have an impact on potential credit union members.

The project will have an impact on the community.

5. 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.

<b>Vendor Name</b>	<b>Item Description</b>	<b>Cost of Item</b>
(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)

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

### ***Performance Measurement***

7. Provide at least one criterion by which the project should be evaluated in the event a grant is awarded. (What changes does the credit union expect to see as a result of the successful implementation of the project?)

8. What steps will the credit union take to ensure that the project's objectives are met?

### ***Partner Organization***

9. Provide the name and address of the partner organization. Include a letter or statement indicating the partner has agreed to take part in this project. Explain the role of the partner organization in the project. If the credit union has not established a partnership relationship, state, "none."

Note: OSCUI considers whether the credit union has developed other partner relationships and has considered other resources. Under this grant initiative, a credit union with a viable partner relationship will receive more favorable consideration. "Partnerships" is described under the heading "How Are Grant Applications Evaluated?"

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OFFICE OF SMALL CREDIT UNION INITIATIVES  
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ALEXANDRIA, VIRGINIA 22314  
(703) 518-6610

E-MAIL APPLICATIONS TO: [OSCUIAPPS@NCUA.GOV](mailto:OSCUIAPPS@NCUA.GOV)

FAX APPLICATIONS TO: (703) 519 – 4088

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