



Small Credit Union Development Grant Application

Please type or print the following information. Grants will be awarded on the basis of need, benefits/outcome achieved, and involvement in the Credit Union Movement.

Credit Union Name _____

CEO _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

Asset Size _____

To help us extend to you the maximum financial assistance possible, please take a moment to complete items 1 through 5:

1) Describe the purpose for which this request is being made.

2) Please briefly summarize why your credit union is requesting this grant, what outcome the credit union hopes to achieve, the benefits the credit union hopes to obtain, and how the grant will be used. If you need additional space to write on, please attach a separate sheet of paper to the application.

3) Please summarize the efforts your credit union has made to support the Credit Union Movement (Chapter meetings, volunteers, assist other credit unions, etc.) If you need additional space to write on, please attach a separate sheet of paper to the application.

4) Estimated total cost for the project or technology upgrade:

\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____

TOTAL \$ _____

5) Please summarize how this grant will help you fulfill your business plan. Please attach a copy of the credit union's business plan. If you need additional space to write on, please attach a separate sheet of paper to the application.

CEO Signature _____ Date _____

The Oregon Credit Union Foundation's mission is to provide financial assistance to credit unions and the communities they serve, consistent with the People Helping People philosophy. Funding for each request is not to exceed 25% of available funds. The Foundation disburses grant funds after purchase of the equipment, and sales receipts are sent in.

MAIL OR FAX YOUR COMPLETED APPLICATION TO:

Oregon Credit Union Foundation
Attn: Danielle Brown
PO Box 1900
Beaverton, OR 97075
Fax: (503) 644-7234

If you have any questions concerning this application, please call
(800) 688-6098, ext. 221, or e-mail danielleb@cuao.org

OCUF Use Only:

Date App Rec'd _____ Date App Approved _____

Amount Approved _____ Number of Points _____