



## CU Foundation Vizo Empowerment Grant Application



Credit Union Name

Credit Union Mailing Address:

Street Address

City

State

Zip

Asset Size

Grant Submission Contact Person

Contact email

Contact phone

**Purpose of Grant:**

**Amount Requested** (up to a maximum of \$5,000)

**Project Name**

**Total Project Budget**

What is the proposed timeline for the project and anticipated completion date? Projects must be completed and grant funds utilized by December 31, 2024?

Is this funding request for a new program or does the program already exist?

Do you plan to move forward with this project if you do not receive the total amount requested?

Please summarize why your credit union is requesting this grant and how the grant will address barriers to the well-being, economic growth and prosperity of your credit union's members and communities enabling them to achieve a better quality of life.

Please list the goals and objectives you hope to achieve through the project.

How will you initiate and perform your project program?

Please provide a budget breakdown listing anticipated expenditures and total cost of the project. Also, include all other sources of income for the project (in-kind contributions, volunteer hours donated, etc.) *Can add attachment*

Will your project be financially self-sustaining at the end of the grant period? Yes  No

How will you know your project works? How will you evaluate the success of your project? *(Grant recipients are required to submit a Grant Reporting Summary 12 months from the date of grant approval)*

***You may submit supporting documentation with your grant request.***

Are you collaborating on this project with another credit union or community organization? If so, please list the organizations and describe their participation with this project: