

THE TECHNICAL ASSISTANCE PROGRAM APPLICATION INSTRUCTIONS

Please complete all items thoroughly

CREDIT UNION INFORMATION (page 1)

Credit Union Name = Provide complete credit union name.

Charter/Ins. Number = Provide the Charter number given by NCUA to identify credit union.

Mailing Address = Provide the full address, including any PO Box numbers, room numbers, zip code.

Credit Union Phone Number = Provide the phone number to the credit union office.

Fax Number = Provide the fax number for credit union office. If credit union does not have a fax, please attempt to locate one that could be used.

Contact Person & Phone Number = Provide the name of the person who should be contacted regarding this application. Include a daytime telephone number.

Credit Union Days/Hours Operation = Provide the specific days and times the credit union is open. If the hours differ from those of the contact person listed above, please also include the hours the contact person is available.

Employer Identification Number = Provide the credit union's employer identification number as assigned by the Internal Revenue Service.

Amount Requested = Provide the exact dollar amount being requested.

Year Organized = Provide the year the credit union was chartered.

Assets = Provide dollar amount of assets in credit union as of the last month end.

Number of Members = Provide the number of members in credit union as of the most recent month end.

Potential Members = Provide the potential number of members in credit union's field of membership. (i.e., sponsor + family members)

Signature = Provide the signature of the authorizing official or contact person.

NARRATIVE & SUPPORTING INFORMATION (page 2)

- I. Provide copies of the most recently completed month end financial statements (Balance Sheet and Profit/Loss). Include any footnotes, addendums or supporting worksheet necessary to clarify the statements.

- II. Provide a full description of the activity / program for which the grant funds will be used. **BE THOROUGH** but concise. Include a prioritized list if funding will

cover multiple items. Also, provide a list of vendors who will deliver the goods and/or services. Where appropriate, include copies of bids, estimates, class schedules, prices or other supporting documentation. Use additional pages as necessary.

- III.** Describe how the grant will improve the credit union's operations and benefit the members and the community you serve.
- IV. (Critical Item)** Explain why the credit union cannot fund the project or activity from its own resources. You must adequately discuss your answer here.

**National Credit Union Administration
Community Development Revolving
Loan Program for Credit Unions
1775 Duke Street
Alexandria, VA 22314-3428
(703) 518-6610**

APPLICATION FOR TECHNICAL ASSISTANCE

Credit Union Name _____

Charter/Ins. Number _____

Mailing Address _____

Credit Union Phone Number _____

Fax Number _____

Contact Person & Phone Number _____

Credit Union Days/Hours Operation _____

Employer Identification Number (EIN #) _____

AMOUNT REQUESTED _____

Year Organized _____

Assets _____

Last Month End

Number of Members _____

Potential Members _____

Signature required _____ **Date** _____

Authorizing Official

**Incomplete applications are not considered submitted until all
information requested has been received.**

I. Attach a signed copy of your most recent month end Statement of Financial Condition and a Statement of Income and Expenses. Provide any supplemental worksheet, footnotes or narratives necessary to explain or clarify the financial statements.

II. Describe fully the activity/program that the grant will cover. Please be concise but thorough. Include a prioritized list if funding will cover multiple items. Also, provide a list of vendors who will deliver the goods and/or services. Where appropriate, attach copies of bids, estimates, class schedules, prices or other supporting documentation. Use additional sheets if necessary to fully describe the activity.

III. Discuss how the proposed grant will improve the credit union's operations and ultimately enhance service to the members and or the community.

IV. Explain why the credit union cannot fund this activity/project from it's own resources. (Add additional sheets if necessary to fully explain)
