



CROSSSTATE CREDIT UNION

FOUNDATION

c/o 4309 North Front Street

Harrisburg, PA 17110

**SMALL CREDIT UNION ASSISTANCE  
GRANT APPLICATION INSTRUCTIONS**

Please return the completed application and attachments to: Sue Ward-Diorio, Executive Director  
CrossState Credit Union Foundation  
4309 North Front Street, Harrisburg, PA 17110 Or by email to [sward-diorio@crossstate.org](mailto:sward-diorio@crossstate.org)  
Questions? Call 800-932-0661, ext. 2244

This Small Credit Union Assistance grant application may be used for several types of grants. You may apply for one Small Credit Union Assistance grant per year.

**Grant Types (See Section 2)**

- Technology Needs
- Member Access Services
- Online Services
- Marketing Initiatives
- Strategic Planning\*
- Implementation of EMV\*

**Eligibility (Credit Unions only)**

- Credit unions with assets of less than \$30 million
- Must have had a strategic planning session within the last five years
- Must commit to investing 50% of total project cost
- Stated goal of the funded project must address primary credit union challenges
- Preference given to those serving underserved populations

**Application Materials**

- Application, signed by the credit union CEO
- Copies of bids or invoices for the project
- Budget detail (Format: Expense line items / narrative of how the expense was determined / amount)
- Plan for sustainability of the project, if applicable
- \*Additional information is required for Strategic Planning and EMV grant applicants. See page 4

**Awards**

- Small Credit Union Assistance grants will be a maximum of \$10,000 or 50% of the total project cost, whichever is less.
- A credit union may receive a maximum combined total of \$10,000 in Foundation funding per year across the grant Categories (Financial Literacy, Small Credit Union Assistance, CDFI Assistance, Professional Development, Disaster Relief), but may not apply more than once each year per Grant Type (refer to Grant Types above).

**Reporting**

- Technology and EMV grantees must submit a copy of paid invoice(s) relating to this project within 90 days of grant approval, unless otherwise agreed. EMV grants are given as a reimbursement.
- All other grantees must submit a mid-year and year-end Monitoring Report for up to 24 months following the grant issue date. The Monitoring Report form will be supplied by the Foundations. Success measurements will be based on stated project goals and measurable value to the credit union and/ or its members

**SMALL CREDIT UNION ASSISTANCE  
GRANT APPLICATION**

**SECTION 1 – GENERAL INFORMATION**

Name of Credit Union \_\_\_\_\_

CEO/Manager's Name & Job Title \_\_\_\_\_

Charter # \_\_\_\_\_

Address \_\_\_\_\_

Grant Contact's Name & Job Title \_\_\_\_\_

Grant Contact's Telephone/Extension \_\_\_\_\_

Grant Contact's Email \_\_\_\_\_

Does your credit union have assets of less than \$30 million? \_\_\_\_\_

Does your credit union serve underserved members? \_\_\_\_\_

Does your credit union have an active Foundation Grant? \_\_\_\_\_

Does your credit union commit to investing 50% of the total project cost? \_\_\_\_\_

**SECTION 2 – PROJECT INFORMATION**

What type of grant are you applying for? (Refer to Page 1) \_\_\_\_\_

What is the name of this project? \_\_\_\_\_

What is the main goal of this project? \_\_\_\_\_

What are the project start and end dates? \_\_\_\_\_

Please provide a summary of this project. Attach additional sheets, if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your credit union plan to sustain this project, if applicable?

\_\_\_\_\_

Have you had a strategic planning session within the last five years? \_\_\_\_\_

If yes, list month and year: \_\_\_\_\_

Name of individual or organization which provided the session: \_\_\_\_\_

Does this credit union have a website? List the URL:

**SECTION 3 - BUDGET - Refer to page 1, Instructions, Awards**

Add additional lines as needed. Attach bids/invoices.

Line Item	Description or Calculation	Amount

Total Project Cost \_\_\_\_\_

Total Requested from the Foundation \_\_\_\_\_

**Section 4. ANALYSIS - Your Credit Union's Financial Condition and Trends**

Part 1: Financial Assessment of Credit Union

	YTD Current Year	Prior Year	Two Years Prior
Net Worth Ratio			
ROA			
Delinquency Ratio			
Charge Off Ratio			
Operating Expense/Asset Ratio			
Loan/Asset Ratio			
Loan Growth			
Asset Growth			
Membership Growth			

Part 2: If Net Worth Ratio is under 8 and/or ROA is negative for any of the three periods listed above, please explain how this will be addressed. If any other adverse or weak financial ratios or trends are shown, please explain how this grant will benefit your credit union members and positively impact these ratios or trends.

---

**Section 5 - PRESIDENT / CEO / MANAGER / SIGNATURE**

Total Grant Request \$ \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Strategic Planning and EMV Implementation applicants, please complete page 4.**

**GRANT CHECKLIST:**

- *Have you completed all information on this application?*
- *Have you attached any bids or invoices for the project?*
- *Have you completed the budget detail?*
- *Have you explained your plan for sustainability, if applicable?*
- *Has the credit union's CEO signed this application?*
- *If you are applying for a Strategic Planning or EMV Implementation grant, have you completed page 4?*

**STRATEGIC PLANNING GRANT APPLICANTS ONLY**

Strategic Planning Applicants: – Complete this section only if you are applying for a Strategic Planning Grant.

Date of Planning Session(s): \_\_\_\_\_

Led by: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Bid Information (Please list information for two bids below and include a copy of each bid with this application.)

Bid #1

Name \_\_\_\_\_

Cost \_\_\_\_\_

Bid #2 \_\_\_\_\_

Name \_\_\_\_\_

Cost \_\_\_\_\_

Which is preferred? \_\_\_\_\_

Please explain the reason for your preference. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**EMV IMPLEMENTATION GRANT APPLICANTS ONLY**

EMV Grant Applicants (Europay, MasterCard and Visa) - Complete this section only if you are applying for a EMV Implementation Grant.

Current number of issued credit cards \_\_\_\_\_

Projected number of cards in 12 months \_\_\_\_\_

Is your credit union planning to amortize the costs of implementing EMV? \_\_\_\_\_

If so, over what time period? \_\_\_\_\_

What are your annual losses to fraud? \_\_\_\_\_

Provider Name: \_\_\_\_\_

*Note: Grants awarded for EMV Implementation will be disbursed as a reimbursement to your credit union following the actual expenditures.*