



## VIZO FINANCIAL EMPOWERMENT GRANT APPLICATION INSTRUCTIONS

Please return the completed application and attachments by email to: Sue Ward-Diorio, Executive Director, CrossState Credit Union Foundation, at [sward-diorio@crossstate.org](mailto:sward-diorio@crossstate.org)  
Questions? Please call 717-839-2244

This grant is available to any credit union or chapter in New Jersey and Pennsylvania focused on financial education and empowerment to help people achieve their financial goals and establish a better quality of life. Projects can be completed by a sole credit union or chapter, or in collaboration with other credit unions and/or community organizations. Applications may be submitted at any time.

### **Grant Types**

The Foundation will review grant requests for credit union initiatives that achieve one or more of the following objectives. These initiatives may include created or purchased programs, curriculum, apps, or training and development opportunities. Grant requests can be submitted for a current program or a new program.

- Affordable options to costly financial products and services
- Lesser dependency on predatory financial providers
- Expanded financial education and literacy
- Enhanced personal financial management and planning for the future
- Increased individual savings and wealth-building
- Strengthened credit worthiness
- Improved financial wellbeing of local people and communities
- Empowered credit union staff to be trusted financial partners

### **Eligibility**

All credit unions and chapters located in New Jersey and Pennsylvania are eligible. The current financial position and financial need of a credit union will be considered.

### **Application Materials Needed**

- Application from the credit union, signed by the CEO.
- Projects must have clearly defined goals and objectives.
- Grant requests must be accompanied by a project budget and any other pertinent supporting documentation.

### **Awards**

- Grants will be awarded based on the number and nature of the grant requests, with a maximum grant award of \$5,000.
- No more than one grant per year, per credit union will be awarded under the *Vizo Financial Empowerment Grant Program*.
- Projects must be implemented and grant funds utilized within 12-months from grant approval.
- This grant will not be counted as one of the Foundation's grants, and therefore is an addition to any other grants awarded by the Foundation.

### **Reporting**

- The recipient credit union must use the grant solely for the purpose stated on the application and will be required to submit a Final Progress Report following the completion of the project outlining how the grant funds were allocated. Testimonials and success stories are encouraged.
- The Foundation reserves the right to withhold future grant funds in the event the funds are missed or the Final Progress Report is incomplete.

**VIZO FINANCIAL EMPOWERMENT  
GRANT APPLICATION**

**SECTION 1 – GENERAL INFORMATION**

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

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

President/CEO/Manager's Name \_\_\_\_\_

President/CEO/Manager's Job Title \_\_\_\_\_

Address \_\_\_\_\_

CU Contact's Name \_\_\_\_\_

CU Contact's Job Title \_\_\_\_\_

CU Contact's Telephone \_\_\_\_\_

CU Contact's Email \_\_\_\_\_

Asset Size: \_\_\_\_\_ # of Members \_\_\_\_\_ # of Employees \_\_\_\_\_

**SECTION 2 – PROJECT INFORMATION**

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

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

Please attach a Request Summary answering the following questions (complete page 5):

- Summary description of this project.
- Explain why you are requesting this grant; what is the need being addressed by this grant?
- What are the Goals and Objectives of the program/What do you hope to achieve?
- How will this program benefit/impact your members and/or community how many people do you anticipate will be impacted?
- How do you plan to sustain this project in the future?

When will the project start and end? \_\_\_\_\_

Does the applicant agree to report the results of this project to the Foundation? \_\_\_\_\_

**SECTION 3 - BUDGET**

Add additional lines as needed. Attach bids/invoices.

Project Expenses	Description	Amount
Total Cost of Project		

Total Requested from the Foundation \$ \_\_\_\_\_  
 (Maximum \$5,000)

**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.

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

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

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

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**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?*

**REQUEST SUMMARY**

Summary description of this project.

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Explain why you are requesting this grant; what is the need being addressed by this grant? (Please make sure to provide anticipated numeric outcomes, ie, # of presentations to # of people, etc.)

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What are the Goals and Objectives of the program/What do you hope to achieve?

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How will this program benefit/impact your members and/or community how many people do you anticipate will be impacted?

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How do you plan to sustain this project in the future?

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