

Preview Form

Louisiana Maine

Marshall Islands Maryland Massachusetts

This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.

ct to be associated with your application.

Contact Information	
Please select only one primary and one	
* Salutation	Instructions:
(Text)(100 character maximum) * First Name	Instructions:
(Text)(40 character maximum)	111000001101
* Last Name	Instructions:
(Text)(40 character maximum)	1
* Credit Union Contact Title (Text)(50 character maximum)	Instructions:
* Telephone	Instructions:
(Text)(30 character maximum)	
* E-mail Address	Instructions:
(Text)(100 character maximum)	Instructions:
* Contact Type (Single-Select List)	maddona.
Primary Contact	
Secondary Contact	
Organization Information	1
* FCU/CU (Single-Select List)	Instructions:
• CU	
• FCU	
* Address	Instructions:
(Text)(100 character maximum)	Instructions:
* City (Text)(50 character maximum)	msudduons.
* State	Instructions:
(Single-Select List)	
(Not Applicable)	
Alabama Alabama	
Alaska Assaring Constant	
American Samoa	
Arizona	
• Arkansas	
Armed Forces Africa/Canada/Europe/Middle East	
Armed Forces Americas (except Canada)	
Armed Forces Pacific	
California	
• Colorado	
Connecticut	
 Delaware 	
District of Columbia	
 Federated States of Micronesia 	
Florida	
Georgia	
• Guam	
Hawaii	
• Idaho	
• Illinois	
• Indiana	
• lowa	
Kansas	
Kentucky	

- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- · North Carolina
- North Dakota
- · Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- · Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

* Zip

(Text)(20 character maximum)

* Tax Identification Number (Number)(9 character maximum)

* Credit Union DUNS Number (Number)(9 character maximum)

Payment by Electronic Funds Transfer (EFT) (No input required)

* Financial Institution Name (Text)(500 character maximum)

* 9-Digit Routing & Transit No. (RTN) (Text)(500 character maximum)

* Account Holder Name (Text)(500 character maximum)

* Account Number (Text)(500 character maximum)

* Account Type (Single-Select List)

Čhecking

Instructions:

Instructions:

• Please enter 9 digits only, do not include a dash. For example: 127538524

Instructions:

• Please enter digits only; do not include a dash. For example: 753852441

For a DUNS number call 1-866-705-5711 or go to http://fedgov.dnb.com/webform (http://fedgov.dnb.com/webform)

Instructions:

In accordance with the Debt Collection Improvement Act of 1996 (Public Law 104-134), the NCUA must make payments to credit unions by Electronic Funds Transfer (EFT).

Credit unions that did not receive reimbursement/electronic funds transfer disbursement from OSCUI Grant Program during or after 2011 or credit unions that have had changes in banking information should complete the following information.

For ACH transactions, Treasury requires NCUA to use <u>only</u> a checking transaction code with account numbers at least 4 digits in length, and <u>only</u> contain numbers, spaces, or dashes (no decimals). **Please verify with your institution the correct RTN and account info for ACH use.**

Instructions:

Instructions:

Instructions:

Instructions:

Instructions:

Savings

Loan Information

* Federally-Insured Credit Union (Yes/No)

* Proposed Use of Funds

- · Development of new products or services for members
- Partnership arrangements with community based service organizations or government agencies
- Loan programs, including micro business, payday alternative, education, and
- Acquisition, expansion or improvement of office space or equipment, including branch facilities/ATMs
- · Other (attach additional sheet with explanation)

Instructions:

· Is the applicant credit union federally-insured?

Instructions:

. If multiple uses are proposed, indicate the dollar amount of requested funds to be allocated for each use.

Requested Loan Amount

(Currency)(20 character maximum)

Other Use of Funds

(File Upload)File Upload; 3524288 byte limit

Are you requesting a loan in excess of \$300,000?

Credit Unions Requesting < \$300,000 Only

(Paragraph)(2000 character maximum)

Matching Funds Narrative

(Paragraph)(2000 character maximum)

Financial Products and Services

(Paragraph)(2000 character maximum)

Existing Community Services

(Paragraph)(2000 character maximum)

Involvement/Partnership with Community Based Organizations

(Paragraph)(2000 character maximum)

Need for OSCUI Loan Program Funding

(Paragraph)(2000 character maximum)

Credit Union's Marketing Strategy

(Paragraph)(2000 character maximum)

Balance Sheet and Income Statement Projections

(File Upload)File Upload; 3524288 byte limit

Instructions:

• This is a read-only, calculated field which sums the proposed use of funds.

Instructions:

 Please attach an additional sheet with explanation of the funds requested under "Other."

Instructions:

Instructions:

• In the space below, explain how you propose to use the requested loan funds and how the proposed use(s) will enhance/support the members/community served by the credit union.

Instructions:

• Submit a narrative not more than ½ page articulating the credit union's ability to raise matching funds from non-federal sources if it were required to do so.

Instructions:

· Please describe the community's need for financial products and services.

Instructions:

• Please summarize the existing community services, and financial products and services provided by the credit union.

Instructions:

 Please describe the credit union's involvement/partnership with community based organizations, state or government community development programs.

Instructions:

• Submit a narrative, describing the credit union's proposed use of the OSCUI loan amount requested. If multiple uses are proposed, indicate the dollar amount of requested funds to be allocated for each use. If loan products are to be generated, specify the type of loan (e.g., mortgage, auto, credit card).

Instructions:

· Please describe the credit union's marketing strategy to reach members and the community.

Instructions:

- · Please upload an 18-month balance sheet and income statement projections with assumptions for the credit union's financial growth and/or development (e.g., capital, assets, deposits, and loans) and membership/community services growth. Examples include growth in:
- unsecured (alternatives to predatory lending), auto, business, or real estate
- regular shares; drafts, Individual Development Accounts, Health Savings Accounts, certificates of deposit;
- · financial education classes held; and
- new services (e.g., ATM, home banking).

Certifications

By signing below the authorized representative certifies that:

The credit union is currently a low-income designated credit union, as defined in Section 701.34 of NCUA's Rules and Regulations; and will comply with the program objectives as described in the Program Guidance and in the application.

The board of directors will report on the progress of providing needed community services to the credit union members and NCUA as specified in Section 705.6 of the NCUA Rules and Regulations.

The credit union conducts its activities such that no person is excluded from participation in, is denied the benefits of, or is subject to discrimination on the basis of race, color, national origin, sex, age or disability in the distribution of services and/or benefits provided under this loan program. The credit union agrees to provide evidence of its compliance as required by NCUA.

In the case of a nonfederally insured credit union, the credit union agrees to be subject to examination by NCUA.

Project Title

Instructions:

(Text)(255 character maximum)

* Electronic Signature of Authorized Individual

(Text)(500 character maximum)

Instructions:

• By signing this form, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I also agree to comply with any resulting terms if I accept a loan through the OSCUI Grant Program.

* Date Signed by Authorized Individual (Date)

Instructions:

Need Support? (https://sandbox.cybergrants.com/pls/cybergrants-sb/ao_support_area.display_support_area? x_gm_id=4469&x_source_flag=DEMO&x_style_id=&x_proposal_type_id=27682)

No Fear Act (http://www.ncua.gov/about/pages/NoFearAct.aspx) | NCUA Inspector General (http://www.ncua.gov/about/Leadership/CO/OIG/Pages/default.aspx) | Plain Writing Act of 2010 (http://www.ncua.gov/Legal/plainlanguage/Pages/default.aspx) | USA.gov (http://www.usa.gov/) | Privacy Policy & Accessibility (http://www.ncua.gov/about/pages/Privacy.aspx)



National Credit Union Administration, 1775 Duke Street, Alexandria, VA 22314-3428

OMB Control Number 3133-0138