



## Community Development Revolving Loan Fund

### Grant Extension Request Form

This form must be completed by credit unions requesting to extend the grant expiration date for reimbursement requests associated with the CDRLF program awards.

Credit unions must complete the following information and email this form to [CUREAPPS@ncua.gov](mailto:CUREAPPS@ncua.gov). The email subject line should be “Grant Extension Request” and include the grant commitment number of the award.

NCUA will respond to the extension request by email. All extension requests require approval in writing. The NCUA will not consider extending the grant expiration date for more than three months after the original expiration date.

<b>1. Date of Request:</b>	
<b>2. Credit Union Name:</b>	
<b>3. Charter Number:</b>	
<b>4. Grant Initiative:</b>	
<b>5. Commitment Number:</b>	
<b>6. Application ID Number:</b>	
<b>7. Authorized Credit Union Contact Name:</b>	
<b>8. Credit Union Contact Email Address:</b>	
<b>9. Credit Union Contact Telephone #:</b>	
<b>10. Authorized Credit Union Contact Signature:</b>	
<b>11. Original Commitment Expiration Date:</b>	
<b>12. Requested Commitment Expiration Date:</b>	



**13. Describe the project the credit union was initially awarded funds for in this application.**

**14. Describe the reason(s) the credit union needs an extension to utilize the funds.**

**15. What percentage of the project has the credit union completed as of the date of this extension request? Discuss the remaining tasks that must be performed to complete the project.**