



## Community Development Revolving Loan Fund

### Grant Re-Allocation of Approved Funds Request Form

This form must be completed by credit unions requesting to re-allocate approved funds for requests associated with the CDRLF program awards.

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

NCUA will respond to the change request by email. All change requests require approval in writing. Typically, NCUA does not approve re-allocation requests.

<b>1. Date of Request:</b>	
<b>2. Credit Union Name:</b>	
<b>3. Charter Number:</b>	
<b>4. 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>	



# NCUA

National Credit Union Administration

- Describe the project the credit union was initially awarded funds for in this application and provide the reason(s) the credit union is requesting the re-allocation. Then complete the chart below.

<b>Initiative/Expense Category</b>	<b>Amount Approved for Initiative/Expense Category</b>	<b>Proposed Re-Allocation Amounts</b>	<b>Internal Use Only (NCUA)</b>