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## Preview Form

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

## Organization Information

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**\* Credit Union Name**

(Text)(255 character maximum)

Instructions:

**\* FCU/CU**

(Single-Select List)

- Credit Union
- Federal Credit Union

Instructions:

**\* Charter Number (Reference Code)**

(Text)(20 character maximum)

Instructions:

**Address**

(Text)(100 character maximum)

Instructions:

**\* City**

(Text)(50 character maximum)

Instructions:

**\* State**

(Single-Select List)

Instructions:

- (Not Applicable)
- Alabama
- Alaska
- 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

- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- 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)

Instructions:

**Payment by Electronic Funds Transfer (EFT)**

(No input required)

Instructions:

- In accordance with the Debt Collection Improvement (134), the NCUA must make payments to credit union (EFT).

*For ACH transactions, Treasury requires NCUA to use code with account numbers at least 4 digits in length spaces, or dashes (no decimals). **Please verify with RTN and account info for ACH use.***

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

Instructions:

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

Instructions:

**\* Account Type**  
(Single-Select List)

- Checking
- Savings

Instructions:

**\* Account Number**  
(Text)(500 character maximum)

Instructions:

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

Instructions:

Instructions:

**\* Are You Updating the Credit Union's Information?**  
(Yes/No)

- Select "Yes" if the credit union name in this section name of the credit union or if any changes were made information.

Instructions:

**Organization and Banking Documentation**  
(File Upload)File Upload; 5242880 byte limit

- If the credit union has experienced a recent change information, upload the IRS Form W-9 and Electronic Authorization Form.

## Contact Information

**\* Salutation**  
(Text)(100 character maximum)

Instructions:

**\* First Name**  
(Text)(40 character maximum)

Instructions:

**\* Last Name**  
(Text)(40 character maximum)

Instructions:

**\* Credit Union Contact Title**  
(Text)(50 character maximum)

Instructions:

**\* Telephone**  
(Text)(30 character maximum)

Instructions:

**\* E-mail Address**  
(Text)(100 character maximum)

Instructions:

**\* Contact Type**  
(Single-Select List)

Instructions:

## Award Information

**Application ID**  
(Text)(20 character maximum)

Instructions:

**Grant Commitment Number**  
(Text)(500 character maximum)

Instructions:

**Grant Initiative**

(Single-Select List)

- Training
- Digital Services & Cybersecurity
- Small LICU Mentoring
- Consumer Financial Protection
- MDI Capacity Building
- Underserved Outreach
- Natural Disaster Relief
- Newly Chartered Credit Union
- Other Emergency Events
- Impact Through Innovation
- Small Credit Union Partnership

Instructions:

**Grant Amount**

(Currency)(20 character maximum)

Instructions:

- 

**Project Title**

(Text)(255 character maximum)

Instructions:

**Performance Period 1 Start Date**

(Date)

Instructions:

**Performance Period 1 End Date**

(Date)

Instructions:

**Performance Period 2: Start Date**

(Date)

Instructions:

**Performance Period 2: End Date**

(Date)

Instructions:

**Performance Period 3: Start Date**

(Date)

Instructions:

**Performance Period 3: End Date**

(Date)

Instructions:

**Current Grant Expiration Date**

(Date)

Instructions:

**Approved Project Budget**

(Worksheet)

Instructions:

**CDRLF Performance Metrics**

Instructions:

**Payment Request**

**\* Type of Payment Requested**

(Single-Select List)

- Advance
- Reimbursement

Instructions:

- A) Are you requesting an advance payment or a re incurred.

**\* Type of Payment Requested**

(Single-Select List)

- Final
- Partial

Instructions:

- B) Credit unions with awards over \$15,000 may re no more than quarterly.

Credit unions with less than \$25 million in assets can award amount at any given time.

**Partial Payment Request Number For This Request**

(Single-Select List)

Instructions:

- 1
- 2
- 3

**\* Basis of Request**

(Single-Select List)

- Accrual
- Cash

Instructions:

- Indicate whether request is prepared on cash or a request for advances shall be prepared on a cash b

**\* Amount Requesting**

(Currency)(20 character maximum)

Instructions:

- Amount to be paid under this request.

**\* Start Date Covered by this Request**

(Date)

Instructions:

- Expenses incurred prior to the Performance Period (*Information*) are not eligible for reimbursement.

**\* End Date Covered by this Request**

(Date)

Instructions:

- Expenses incurred after the Grant Expiration Date not eligible for reimbursement.

**Proposed Use of Advanced Funds**

(Paragraph)(4000 character maximum)

Instructions:

- Describe the activities to be undertaken with the e should align with the project as described in the appl request below.

**Training Expenses**

(Worksheet)

Instructions:

- Actual Project Expenses

* Project Activity (?)	* Expense Description (?)	* Total Project Expense (?)	* Project Expense Covered CDRLF Grant (?)

**Digital Services & Cybersecurity Expenses**

(Worksheet)

Instructions:

- This is the breakdown of expenses for reimburs

**Underserved Outreach Expenses**

(Worksheet)

Instructions:

- This is the breakdown of expenses for reimburs

* Project Activity (?)	* Expense Description (?)	* Total Project Expense (?)	* Project Expense Covered CDRLF Grant (?)	* Purchase Documentation (?)

**MDI Capacity Expenses**

(Worksheet)

Instructions:

- This is the breakdown of expenses for reimburs

**Consumer Financial Protection Project Expenses**  
(Worksheet)

Instructions:

- This is the breakdown of expenses for reimbursers

* Project Activity (?)	* Expense Description (?)	* Total Project Expense (?)	* Project Expense Covered CDRLF Grant (?)

**Urgent Need Expenses**  
(Worksheet)

Instructions:

- This is the breakdown of expenses for reimbursers

**Pilot Initiative Expenses**  
(Worksheet)

Instructions:

- This is the breakdown of expenses for reimbursers

* Phase (?)	* Expense Description (?)	* Total Project Expense (?)	* Project Expense Covered CDRLF Grant (?)

**\* Certification**  
(Checkbox List)

- I certify to the best of my knowledge and belief that the report is true, complete, and accurate.

Instructions:

- I certify that to the best of my knowledge and belief and that all outlays were made in accordance with the agreement and that payment is due and has not been

**\* Certifying Official Name**  
(Text)(500 character maximum)

Instructions:

**\* Certifying Official Title**  
(Text)(500 character maximum)

Instructions:

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