



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 in a word processing program and then cut and paste that text into the online application.

Organization Information

*** 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 Act 104-134), the NCUA must make payments to credit union Transfer (EFT).

*For ACH transactions, Treasury requires NCUA to use **on** transaction code with account numbers at least 4 digits i contain numbers, spaces, or dashes (no decimals). **Pleas institution the correct RTN and account info for ACH***

*** 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 do name of the credit union or if any changes were made to banking information.

Instructions:

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

- If the credit union has experienced a recent change in information, upload the IRS Form W-9 and Electronic Fun 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:

Performance Period	* Project Activity (?)	* Project Description (?)	* Total Estimated Project Cost (?)	* Amount Proposed (?)

CDRLF Performance Metrics

Instructions:

Project Outcome

At the completion of the project, awardees must complete this section to report on the results of the project. The Project Outcome is comp quantitative data based on the project activities and performance metrics selected in the original grant application.

*** Start Date Covered by this Report**
(Date)

Instructions:

*** End Date Covered by this Report**
(Date)

Instructions:

*** Project Summary Narrative**
(Paragraph)(4000 character maximum)

*** Project Completion Documents**
(File Upload)File Upload; 20000000 byte limit

*** Project Outcome Narrative**
(Paragraph)(4000 character maximum)

*** CDRLF Performance Metrics**

*** Individual Success Story**
(Paragraph)(4000 character maximum)

Instructions:

- Discuss how the project was implemented and how the credit union assist underserved members and impact the section allows you to discuss any challenges the awardee to the project from the time of application.

Instructions:

Instructions:

- Discuss how the grant helped the credit union achieve and outcomes, as stated in the original application. Project should include statistics which provide supporting evidence was successful. For example, the number of new members credit union during the project period or the percentage the new product/service implemented. You may include changing or failing to meet expected output and outcomes clearly demonstrated that the project was successful.

Instructions:

Instructions:

- Provide an example of how the project has benefited underserved community.

Federal Financial Report

The Federal Financial Report (Standard Form 425) is a required form used by the federal government to track the financial management of **cumulative** expenditure data if submitting multiple reimbursement requests.

*** Report Type**
(Single-Select List)

- Quarterly
- Semi-Annual
- Final

Instructions:

*** Total Federal Funds Authorized**
(Currency)(20 character maximum)

Instructions:

- Enter the total federal funds authorized. This is the av

Instructions:

*** Federal Share of Expenditures**
(Currency)(20 character maximum)

- Enter the cumulative amount of federal fund expenditures corresponds to the total in the Project Expense Covered in the Payment Request associated with this Performance F

Instructions:

*** Federal Share of Unliquidated Obligations**
(Currency)(20 character maximum)

- Enter the federal portion of unliquidated obligations. Unliquidated obligations are expenses incurred but not yet paid or charged. When submitting the final report, this line will be zero (\$0)

Instructions:

*** Total Federal Share**
(Currency)(20 character maximum)

- Enter the sum of *Federal Share of Expenditures* and *Federal Share of Unliquidated Obligations*.

Instructions:

*** Unobligated Balance of Federal Funds**
(Currency)(20 character maximum)

- This is the amount of obligated funds remaining at the

Subtract *Total Federal Share* from *Total Federal Funds Au*

Instructions:

*** Certification**

(Checkbox List)

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

- By signing this report, I certify to the best of my knowl the report is true, complete, and accurate, and the exper disbursements and cash receipts are for the purposes ar in the terms and conditions of the Federal award. I am av fictitious, or fraudulent information, or the omission of a subject me to criminal, civil or administrative penalties fo statements, false claims or otherwise. (U.S. Code Title 18, Title 31, Sections 3729-3730 and 3801-3812).

*** Certifying Official's Name**

(Text)(500 character maximum)

Instructions:

*** Certifying Official's Title**

(Text)(500 character maximum)

Instructions:

[Need Support?](#)



National Credit
Union Administration

[Services](#) [Consumers](#) [Credit Union Analysis](#) [Regulation & Supervision](#) [About NCUA](#)

OMB Control Number 3133-0138

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a valid OMB control number. Comments concerning the accuracy of this burden estimate and or any other aspect of this information collection, including suggestions for reducing this burden should be sent to: CUREAPPS@ncua.gov

Privacy Notice: NCUA securely maintains all personally identifiable information provided in CyberGrants submissions, and only shares such information outside of NCUA if required by law or regulation. For additional information about NCUA's privacy practices, please contact privacy@ncua.gov.

[NCUA Accessibility Statement](#)

CyberGrants employs an iterative SDLC methodology, including requirements gathering, prototyping, design, internal security reviews, revision control system (VSS), testing and Q/A platforms, change control rules, etc. CyberGrants senior developers review proprietary application code. For our application software development process, we adhere to the IDEF1X modeling standard and Iterative SDLC. We perform in-house checking and validation of source code. For Web content and accessibility we adhere to W3C and ADA compliance. In our security approaches, we follow guidelines dictated by the Open Web Application Security Project (OWASP).

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

[Inspector General](#) | [FOIA](#) | [No Fear Act](#) | [Whistleblower Protection](#) | [USA.gov](#) | [Open Government](#) | [Plain Writing](#) | [Privacy](#) | [Contact Us](#) | [RSS Feeds](#) | [Site Map](#) | [Site Index](#)