



COMMUNITYAMERICA CREDIT UNION AND COMMUNITYAMERICA FOUNDATION

GRANT APPLICATION

Thank you for your interest in applying for grant funding. To support meaningful and intentional investments within our four pillars: Financial Literacy, Education, Health & Well-Being, and Strengthening Communities we focus on funding organizations that support financial wellbeing and create an upward economic impact for individuals within our area of service.

Please complete the application form below with as much detail as possible. Incomplete applications may not be considered.

Email Completed Applications and all required documents to: Dr. Tami Bartunek, tbartunek@CACU.com

Section 1: Applicant Information

Organization Name: _____ Website (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Contact First Name: _____ Primary Contact Last Name: _____

Primary Contact Title: _____ Phone Number: _____

Email Address: _____

Tax Status (501(c), Nonprofit, etc): _____ EIN (if applicable): _____

Section 2: Project/Program Information

Grant Focus Area (check one): ☐ Financial Literacy & Stability ☐ Health & Well-Being
☐ Education ☐ Strengthening Communities

Project/Program Name: _____

Total Amount Requested: \$ _____ Total Project/Program Budget: \$ _____

Brief Description of the Project/Program (100 words Max):

Section 3: Project/Program Details

Describe your Organization's mission and how this Project/Program aligns with the selected grant focus area (200 words Max):

Section 3: Project/Program Details Continued

Provide a detailed description of the Project/Program, including goals, objectives, and expected outcomes (200 words Max):

Who will benefit from this Project/Program - demographics, geographic location, number of people served, etc (200 words Max):

Describe the timeline for implementation, including key milestones (200 words Max):

How will you measure the success of this Project/Program? What are the key performance indicators? (200 words Max):

List any community partnerships or collaborations that will contribute to the success of this Program/Project (200 words Max):

Section 4: Budget & Funding Information

Breakdown of how requested funds will be used (staffing, supplies, outreach, etc) (200 words Max):

Section 4: Budget & Funding Information Continued

Additional Funding Sources for this Project/Program (grants, donations, sponsorships, etc) (200 words Max):

If partial funding is awarded, how will your organization adjust the Project/Program to accommodate a reduced budget? (200 words Max):

Section 5: Additional Documentation

Please email all of the following documents, along with this application, in one email to: Dr. Tami Bartunek, tbartunek@CACU.com

- IRS Determination Letter (if applicable) _____
- Most recent annual budget and Project/Program budget _____
- List of Board of Directors _____
- Any letters of support or partnerships (optional) _____

Section 6: Certification & Signature

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. If awarded funding, our organization agrees to use the funds as outlined in this application and to provide a report on project outcomes as required by the CommunityAmerica Foundation.

Authorized Representative Name (Print): _____

Title: _____

Signature: _____ Date: _____

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Date Received: _____ Date Reviewed: _____

Decision: ☐ Approved ☐ Denied

Amount Awarded: _____