

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

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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/Pro	ogram 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)		
, my rector or eappears or parameter appropriate (openation)		
Section 6: Certification	on & Signature	
I hereby certify that the information provided in this application is true are our organization agrees to use the funds as outlined in this application are CommunityAmerica Foundation.		
Authorized Representative Name (Print):		
Title:		
Signature:		
orginata.c.		
FOR COMMUNITYAMERICA CREDIT UNION AND COMM	MUNITYAMERICA FOUNDATION USE ONLY	
Date Received: [Pate Reviewed:	
Decision: Approved Denied	mount Awarded:	