



FOUNDATION USE ONLY:	
Date application received:	
Amount approved:	
Date application approved:	
Notification made on:	

**REAL SOLUTIONS® INITIATIVE GRANT APPLICATION**

The Wisconsin Credit Union Foundation supports REAL Solutions® initiatives that help real Wisconsinites build financially strong, self-supporting families and communities by offering innovative services and programs that: offer affordable alternatives to high-cost financial products and services; reduce dependency on predatory financial providers; increase financial literacy; improve personal financial management; encourage saving and wealth-building; build creditworthiness; provide an avenue to personal financial stability; or otherwise improve the financial and economic well-being of Wisconsin communities. Grant dollars enable credit unions to implement these programs within their communities.

Please note:

- For special events, credit unions or chapters will be reimbursed after the event is successfully completed and a written follow-up is received.
- Funds may not be used as a cash donation to a third party.

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**APPLICANT INFORMATION**

Credit Union: \_\_\_\_\_ Chapter: \_\_\_\_\_

Credit Union CEO/President: \_\_\_\_\_

Asset Size: \_\_\_\_\_ Number of Members: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Title of Event or Project: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Do you plan to move forward with this event/project even if you do not receive the total amount requested? \_\_\_\_\_

Total Project Budget: \_\_\_\_\_

If you receive a grant, how much (%) of the balance will be paid by the following:

Credit Union: \_\_\_\_\_ Chapter: \_\_\_\_\_ Other: \_\_\_\_\_

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\_\_\_\_\_  
 Signature of President/CEO or Chairman of the Board

\_\_\_\_\_  
 Date

*NOTE: Anything herein to the contrary notwithstanding, The Foundation reserves the right to require repayment of any scholarship or grant it awards should the credit union in question merge within a year following the date The Foundation Board takes action.*

*When completed print, sign and send the original with attachments to the following address. Please contact the Foundation with questions about this application form.*



3. What is the length/timeline of the project?

4. What financial and/or human resources is the credit union investing in this project?

5. Include total estimated costs, projected budget, income sources, and list of other requests for funding, including those pending and those approved.

6. How will the project or program be maintained/supported at the conclusion of the funding cycle?