

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

## **INCLUSION FUND GRANT APPLICATION**

The Wisconsin Credit Union Foundation supports efforts to reach underserved/unserved communities in Wisconsin that struggle to be served by traditional financial services. Inclusion Fund grant dollars enable credit unions to implement market research and strategic planning services through Coopera, which help credit unions reach these markets.

APPLICANT INFORMATION	ı		
Credit Union:			
Credit Union CEO/Presid	ent:		
	Number of Members:		
Contact Name and Title:			
Address:	Cit	City, State & Zip:	
Daytime Phone:	Fax Number:		
E-mail Address:			
The cost of this service f	rom Coopera varies based on asset size. W	Vill your credit union participate with	
this program even if you	do not receive a grant for the entire cost	?	
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.

Wisconsin Credit Union Foundation, 1 East Main Street, Suite 101, Madison, WI 53703 Email: Foundation@TheLeague.coop
Phone 800-242-0833



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Please answer the following...(if additional space is need add a separate page)

1.	Explain why the credit union is requesting this grant, what outcomes you hope to achieve, and how you are expecting this program to improve the lives of your current and future members.
2.	How does your credit union currently assess the alignment between your products and services and
	employees' actual financial needs and financial health? Specifically, how and what does your credit union measure and document regarding improvements in employee financial health?
3.	Has the credit union previously partnered with a company, fintech or other provider to use tools to evaluate employee or member financial health and well-being? If so, who and what was/were the project(s)?

4.	What financial and/or human resources is the credit union investing in this project?
5.	How will the project or program be maintained/supported at the conclusion of the funding cycle?