



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

Wisconsin Credit Union Foundation 2024 Inclusion Fund Grant Application

The Wisconsin Credit Union Foundation supports credit union efforts to reach underserved and 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 creates pathways to assist credit unions to reach these potential members.

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APPLICANT INFORMATION

Credit Union: _____

Credit Union President/CEO: _____

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Application Contact Name & Title: _____

Phone: _____ E-mail: _____

The cost of this service from Coopera varies by asset size of the credit union. Will your credit union participate in Coopera's services even if you do not receive a grant to cover the entire cost of this program?

- Yes
 - No
-

Please respond to the following questions. If needed, please add additional pages.

RESPONSES TO ALL QUESTIONS IS REQUIRED – PLEASE ANSWER IN ESSAY FORMAT:

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 the financial needs and financial health of the communities that it serves? Specifically, how, and what does your credit union measure and document regarding improvements in current member and potential member financial health?

3) When considering your employees' financial needs and financial health, how does your credit union currently assess the alignment between your products and services? Does your credit union measure and document improvements in employee financial health, and if so, how?

4) 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)?

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

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

CEO/President or Board Chair Signature: _____

Title: _____ **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.

Applications are due no later than Monday, April 15, 2024.

When completed, submit the signed application and any attachments one of three ways:

By mail: **Wisconsin Credit Union Foundation, Inc.**
 1 E. Main St., Ste. 101
 Madison, WI 53703

By email: **Foundation@TheLeague.coop**

By fax: **608-250-2606**

Please contact the Foundation at Foundation@TheLeague.coop or by phone at 608-640-4040 or 800-242-0833 with questions about this application form.