

ALLIANT CREDIT UNION FOUNDATION (ACUF) GRANT APPLICATION

To: Alliant Credit Union Foundation	Date:
Contact Name:	Phone:
Print name of contact for the charitable organization Organization Name:	
Address:	
City, State, ZIP:	
Foundation	an Objectives
	on Objectives
The objectives of the Foundation shall be to bridge the digital divide, Union members and employees live and work, through the following	especially in the under-resourced communities in which Alliant Credit :
 Partnering with like-minded organizations to bring technolo who need them most 	gy devices and affordable, reliable broadband to the people
Delivering digital skills education to impacted communities	
Calling upon our community leaders for internet accessibilit	y reform
	est Information onal sheets if necessary)
Organization Tax ID No. (or attach a copy of IRS letter granting 50°	Ic3 status):
Purpose of Grant and Specific Desired Outcomes:	
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How will this grant support ACUF's objectives?	
Amount requested:	
Acknow	vledgment
I hereby acknowledge that the above statements are true and accura	_
benefit from this donation and neither will any member of my family of	
Applicants Signature:	
Date Reviewed by ACUF Board:	Board Action: Approved Declined

*Disclaimer: Through grants, the Alliant Credit Union Foundation helps support nonprofits with missions that align with that of the Foundation. The Foundation's focus is to support organizations that foster economic empowerment, and it takes a particular interest in programs and initiatives that promote financial literacy. The Foundation's objectives include bridging the digital divide. All grant applications will be subject to the approval of the Alliant Credit Union Foundation Board. The Foundation reserves the right to refuse or limit the amount of any grant request at its sole discretion. The duration of the review process can vary and is determined by the Board's schedule. Please take this into account if your request has a deadline, and submit it in advance to allow ample time for review.