



Attendee Name: _____

Title/Position: _____

CU/Org Name: _____

Grant Purpose: _____

CIF Credit Union Development Grant IMPACT Report Form

How did this grant impact **YOUR** Goals, **YOUR** Growth, and **YOUR** Foundation in the following 3 areas?

(Please explain in detail below. All grants require this form to be completely filled out to receive expense reimbursement. Please use additional pages if necessary.)

Credit Union Growth

Member Enhancement

Implementation/Impact of New Ideas or Processes

Please check here if permission is granted for the Foundation to use this feedback in form of quotes.