



Name: _____

Title/Position: _____

CU Name: _____

Grant Purpose: _____

Credit Union Development Grant IMPACT Report Form

How did this grant impact **YOUR** Goals, **YOUR** Growth, and **YOUR** Foundation in the following 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. Your feedback is important to the overall development of the Foundation.)

Credit Union Growth and/or Member Enhancement

Professional Development and Personal Growth (if applicable)

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.