

**ARIZONA CREDIT UNION FOUNDATION
ISNER FUND COMPLIANCE/ REGULATORY AUDIT
GRANT APPLICATION**

Credit Union Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Asset Size: _____

Please complete the following questions:

1. What is the reason for the grant request? _____

2. Type of audit: _____

(For example: ACH, BSA, IT, Supervisory Committee)

3. Required completion date: _____

(If applicable, include copy of Document of Resolution (DOR))

4. Who will perform the audit? _____

5. Estimated cost of the audit: _____

6. Please attach your most current financial statements:

These guidelines are subject to modification at any time and are contingent upon the availability of funds. Grant funds are disbursed after completion of the audit and notification is received in writing with a copy of the audit invoice.

By submitting this grant application, you agree to make a donation to the Arizona Credit Union Foundation along with your annual dues payment, of at least 10% of the grant awarded, over the next three (3) years.

CEO Signature: _____ Date: _____

If you have questions please contact Sandy Watts
at the ACUS office (602) 264-6701 ext. 202 or (800) 352-0387.