

Grant Application

Please review the Grant Background Document before starting your application. Submit your completed application by **December 2, 2025***, to:

Washington CPA Foundation, c/o WSCPA, 170 120th Ave NE, Ste E101, Bellevue, WA 98005. Email submission to: foundation@wscpa.org.

Reporting Requirements: By accepting Washington CPA Foundation funds, you agree to acknowledge Foundation funding and submit a Grant Usage Report by **January 8, 2027**. In addition, you agree to send a mid-term report with how the project/grant program is progressing by **September 1, 2026**.

Requesting Organization:	
Requested Grant Amount: \$	

Pleaseprovide the following details in a separate document and email to foundation@wscpa.org:

- 1) Describe how the grant amount will be used by your organization. What is the specific purpose or project?
- 2) Describe how your specific purpose/project will increase awareness of the CPA profession and what your target groups will be.
- 3) Describe how you plan to measure, quantify, and report on grant usage. Please include how you plan to track the success of your specific purpose/project especially in relation your target groups.
- 4) Describe the timeline for your specific purpose/project. If you have a date in mind, please include that.
- 5) Describe the budget for your specific purpose/project. Please include an itemized cost estimate. You may use the table below or include it in the separate document with your other application details. You will be required to report actual costs in your Grant Usage Report. Unused funds must be reported and returned with your Grant Usage Report or with a request to the Foundation Board to use the remaining funds.

BUDGET

Item	Cost	% of Costs	Funding Source**		
	\$				
	\$				
	\$				
	\$				
Total Cost of Project:	\$				
Total Foundation Grant Amount Requested	\$				
** Show us who else is involved. Include confirmed and tentative funding sources.					

Organization Contact: I agree to comply with the grant and reporting requirements.				
Name:		_Position: _		
Phone:	_ Email:			
Signature:			_ Date:	
Organization Tax ID Number:				