Washington CPA Foundation

Grant Application

Please review the Grant Background Document prior to completing this application. Submit your completed application by **December 2, 2024***, to:

Washington CPA Foundation, c/o WSCPA, 170 120th Ave NE, Ste E101, Bellevue, WA 98005 . Email submission to: foundation@wscpa.org or use the submit button on the last page.

Reporting Requirements: By accepting Washington CPA Foundation funds, you agree to acknowledge Foundation funding and submit a Grant Usage Report by **January 1, 2026**. In addition, you agree to send a mid-term report with how the project/grant program is progressing by **September 1, 2025**.

Requesting Organization: _____

Requested Grant Amount: $_____

Describe how the grant amount will be used by your organization (specific purpose/project). (Use the space below or additional pages).

Describe how your specific purpose/project will increase awareness of the CPA profession to underserved and underrepresented ethnic populations. (Use the space below or additional pages).

*Applications received after the due date will not be considered for the current fiscal year's grant session, unless funds are still available after the initial grant session has been completed.

Describe how you plan to measure, quantify and report on grant usage. (Use the space below or additional pages).

How did you hear about this grant?

Project Budget: Include an itemized cost estimate for this project. Attach a separate page if necessary. If we are not able to offer full funding, we may be able to provide a portion of it. 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.

Item	Cost	% of Costs	Funding Source**
	$	0.00%	
	$	0.00%	
	$	0.00%	
	$	0.00%	

Total Cost of Project:	$
Total Foundation Grant Amount Requested	$

*** Show us who else is involved. Include confirmed and tentative funding sources.*

Timeline for the project:

Is this funding to be used for a specific event? If so, the event date is _____

Organization Contact: I agree to comply with the grant and reporting requirements.

Name: _____ Position: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Organization Tax ID Number: _____