

Please review the [Grant Background Document](#) prior to completing this application. Submit your completed application by **December 1, 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: _____

