# GRANT CYCLE FUNDING ELIGIBILITY AND GUIDELINES



## **FALL 2025/SPRING 2026**

#### **FUNDING CYCLE DEADLINES**

| 2025 FALL FUNDING GRANT CYCLE |   |                     |  |
|-------------------------------|---|---------------------|--|
| Application process opens     | plication process opens Application submission deadline |                     |  |
| August 1, 2025                | September 1, 2025                                       | Early December 2025 |  |

| 2026 SPRING FUNDING GRANT CYCLE |                                 |   |  |
|---------------------------------|---------------------------------|---|--|
| Application process opens       | Application submission deadline | Thunderbirds Charities notifies applicant regarding funding decisions |  |
| February 1, 2026                | March 1, 2026                   | Early June 2026   |  |

Thunderbirds Charities accepts proposals on or before the due date and appreciates those organizations that submit prior to the deadline. All materials must be received online no later than 5:00pm MST the day of the deadline. If you have questions, please contact Cheryl Ruggiero at 602-216-7325 or cruggiero@wmphoenixopen.com.

#### **MISSION**

Established in 1986, Thunderbirds Charities is the philanthropic arm of The Thunderbirds, dedicated to distributing the charitable funds raised through the WM Phoenix Open. For nearly four decades, the mission of Thunderbirds Charities has remained steadfast: to support children and families, assist those in need, and enhance the quality of life throughout the Greater Phoenix Metropolitan Area.

Each year, Thunderbirds Charities awards grants to nonprofit organizations that address critical community needs in the following areas:

- At-risk youth and families
- Community outreach and quality of life initiatives
- Education
- Services for individuals with physical and mental challenges
- Efforts to eliminate domestic violence, homelessness, and poverty

Through this ongoing commitment, Thunderbirds Charities continues to make a lasting impact across the Valley.

#### **GEOGRAPHIC PRIORITIES**

Thunderbirds Charities accepts requests from organizations serving the Greater Phoenix Metropolitan Area. Greater Phoenix Metropolitan Area is defined as Maricopa and Pinal Counties.



#### **GRANT ELIGIBILITY & GUIDELINES**

Thunderbirds Charities is proud to support organizations making a difference in Arizona communities.

To be eligible for funding, applicants must be a registered 501(c)(3) nonprofit organization **based in Arizona**. Please note that all applications are reviewed at the sole discretion of Thunderbirds Charities. We reserve the right to accept or decline any application, approve or deny funding proposals, and modify eligibility criteria at any time. Grant amounts vary annually and are determined by proceeds from the **WM Phoenix Open**. Additional guidelines may apply and will be considered on a case-by-case basis.

For more information or to begin your application, please refer to the detailed eligibility criteria below or read through the FAO's.

#### **ELIGIBILITY**

# Thunderbirds Charities does not currently provide funding to the following:

- Nonprofit organizations whose 501(c)(3) status has been in effect for less than three years.
- Organizations that discriminate based on race, color, gender, national origin, marital status, age, disability, or veteran status.
- Individuals.
- Political, labor, fraternal or service organizations.
- Advocacy or lobbying activities for issue related topics.
- Medical or scientific research.
- Professional societies, trade associations or membership organizations.
- · Religious organizations, churches or programs that are purely denominational in purpose.
- Foundations or organizations which are themselves, grant-making entities.
- Endowments, Fellowships or Scholarships (for college purposes).
- Individual schools: public, charter, private, colleges, universities, or their support organizations (to include but not limited to; Booster Clubs, PTA/PTO's, athletic teams, bands, performing arts groups, alumni associations, or school foundations).
- Debt reduction campaigns.

#### **BEFORE SUBMITTING A GRANT PROPOSAL:**

#### STEP 1

Read the Grant Guidelines and Frequently Asked Questions.

#### STEP 2

All proposals must be submitted through Thunderbirds Charities website (www.thunderbirdscharities.org).

#### STFP 3

#### Submit a proposal narrative (please do not use bullet points). Requirements include, but are not limited to:

A. Narrative overview of the organization (maximum word count = 225).

Organization's history and mission. Please include a brief description of current projects/programs and accomplishments in our community. In addition, the demographic of target population, the number of individuals served, and geographic area served.

- B. Summarize the purpose of the request (maximum word count = 100).
- 1. Please provide three sentences or less that are a summary of the specific request.



#### STEP 3

#### (continued)

C. A description of the project for which funding is being sought (maximum word count = 500).

Please include in a narrative format (please do not use bullet points):

- 1. What problem or need does your project address in our community?
- 2. What is your proposed solution to this problem or need and how do you plan to implement?
- 3. Why is this work important?
- 4. The population and geographic area you plan to serve and how they will benefit from the project, including the number of individuals that will be served.
- 5. The timetable of the program, how success or failure will be measured and how the project will be sustained going forward.

#### STEP 4

### Required supplemental materials include, but are not limited to:

- A. The organization's IRS 501(c)(3) tax-exempt determination letter. Using a "second party" 501(c)(3) status is not acceptable.
- B. The organization's IRS Form 990 or 990-EZ for the most recently completed fiscal year. At time of grant submission, if your IRS Form 990/990 EZ return is older than 15 months from your fiscal year end date, application will be rejected.

# **EXAMPLE DATES FOR 990/990 EZ SUBMISSION AS IT RELATES TO 15 MONTHS**

| 2025 FALL FUNDING GRANT CYCLE                        |                                     |  |  |  |
|--|-------------------------------------|--|--|--|
| (Based on application due date of September 1, 2025) |                                     |  |  |  |
| CHARITABLE ORGANIZATION'S FISCAL YEAR END            | MOST RECENTLY COMPLETED FISCAL YEAR |  |  |  |
| March 31st   | March 2025                          |  |  |  |
| June 30th  | June 2024                           |  |  |  |
| September 30th                                       | September 2024                      |  |  |  |
| December 31st  | December 2024                       |  |  |  |

| 2026 SPRING FUNDING GRANT CYCLE                  |                                     |  |  |  |
|--|-------------------------------------|--|--|--|
| (Based on application due date of March 1, 2026) |                                     |  |  |  |
| CHARITABLE ORGANIZATION'S FISCAL YEAR END        | MOST RECENTLY COMPLETED FISCAL YEAR |  |  |  |
| March 31st                                       | March 2025                          |  |  |  |
| June 30th  | June 2025                           |  |  |  |
| September 30th                                   | September 2025                      |  |  |  |
| December 31st                                    | December 2024                       |  |  |  |



# STEP 4 (continued)

C. Financials for the two most recently completed fiscal years: audited, reviewed, compiled, or internally generated financial statements for the most recently completed fiscal year and the fiscal year immediately prior. Each financial statement must include a balance sheet (or equivalent), income statement (or equivalent), cash flow statement, appropriate footnotes, and accountant's reports, if applicable. At time of grant submission, if your financial statements are older than 15 months and 27 months, respectively, from your fiscal year end date, application will be rejected.

\*A Fiscal Year covers a 12-month period over which a business does its accounting, for tax filing, and for other accounting purposes.

## **EXAMPLE DATES FOR FISCAL YEAR ENDS' AS IT RELATES TO 15 MONTHS/27 MONTHS**

| 2025 FALL FUNDING GRANT CYCLE                        |                                     |                               |  |
|--|-------------------------------------|-------------------------------|--|
| (Based on application due date of September 1, 2025) |                                     |                               |  |
| CHARITABLE ORGANIZATION'S FISCAL YEAR END            | MOST RECENTLY COMPLETED FISCAL YEAR | FISCAL YEAR IMMEDIATELY PRIOR |  |
| March 31st   | March 31, 2025                      | March 31, 2024                |  |
| June 30th  | June 30, 2024                       | June 30, 2023                 |  |
| September 30th                                       | September 30, 2024                  | September 30, 2023            |  |
| December 31st  | December 31, 2024                   | December 31, 2023             |  |

| 2026 SPRING FUNDING GRANT CYC                    |                                     |                               |  |
|--|-------------------------------------|-------------------------------|--|
| (Based on application due date of March 1, 2026) |                                     |                               |  |
| CHARITABLE ORGANIZATION'S FISCAL YEAR END        | MOST RECENTLY COMPLETED FISCAL YEAR | FISCAL YEAR IMMEDIATELY PRIOR |  |
| March 31st                                       | March 31, 2025                      | March 31, 2024                |  |
| June 30th  | June 30, 2025                       | June 30, 2024                 |  |
| September 30th                                   | September 30, 2025                  | September 30, 2024            |  |
| December 31st                                    | December 31, 2024                   | December 31, 2023             |  |



# STEP 4 (continued)

D. Annual operating budget for the current fiscal year with comparable columns for most current completed previous year's budget versus actual.

#### INSTRUCTIONS AND EXAMPLE AT THE END OF THIS DOCUMENT.

E. Budget for the specific project/program for which you are requesting funding with a column outlining where requested funding would be applied, as well as the charitable organization's fiscal year budget.

#### INSTRUCTIONS AND EXAMPLE AT THE END OF THIS DOCUMENT.

- F. A list of funds raised to date and from whom, for the specific program/project for which you are requesting funding (amounts of \$5,000 and above). **Please try to keep to one page.**
- G. A complete list of corporations and foundations that have given to the charitable organization, in the previous fiscal year (amounts of \$5,000 and above). Please be sure to include the dollar amount per donor. **Please try to keep to one page.**
- H. A list of the organization's Board of Directors, including their primary business or professional affiliation. **Please try to keep to one page.**
- I. Any additional documentation (for multiple pages or documents, please combined as one PDF).





# **HEADER INSTRUCTIONS:**

- First line is **organization's name**.
- Second line is **fiscal year** during which the grant will be used (mm/dd/yy mm/dd/yy).
- Third line is **previous fiscal year date** (mm/dd/yy mm/dd/yy).

Please provide narrative to further explain budget, at bottom of document, if applicable.

#### **COLUMN INSTRUCTIONS:**

**COLUMN 1** Enter your organization's **budget categories**.

**COLUMN 2** Enter your organization's **current year budget**.

**COLUMN 3** Enter your organization's **most complete fiscal year budget**.

**COLUMN 4** Enter your organization's **most complete fiscal year actual**.

| ORGANIZATION NAME                        | Your organization's name  |  |  |  |
|--|---|--|--|--|
| FISCAL YEAR                              | Fiscal Year during which the grant will be used (mm/dd/yy - mm/dd/yy) |  |  |  |
| PREVIOUS FISCAL YEAR                     | Previous Fiscal Year (mm/dd/yy - mm/dd/yy)                            |  |  |  |
| COLUMN 1<br>(Budget categories)          | COLUMN 2<br>(CURRENT year total budget)                               | COLUMN 4<br>(Most complete fiscal year ACTUAL) |  |  |
| Income Sources                           |   |  |  |  |
| Foundation and Corporate Grants          |   |  |  |  |
| Government Grants and Contracts          |   |  |  |  |
| Individual Contributions                 |   |  |  |  |
| Earned Income                            |   |  |  |  |
| In-Kind Income                           |   |  |  |  |
| Investments                              | PLEASE USE  | THIS   |  |  |
| Other Income (please explain)            |   | S A REFERENCE                                  |  |  |
| Total Income                             | TOOL FOR Y  |  |  |  |
|  | BUDGET SUI  |  |  |  |
| Expenses                                 |   |  |  |  |
| Salaries and Wages (please indicate FTE) | Please export your  |  |  |  |
| Employee Benefits and Taxes              | organizations existing  |  |  |  |
| Total Personnel Costs                    | budgets into a  |  |  |  |
| Professional and Outside Services        | spreadsheet   |  |  |  |
| Fundraising/Development                  | comparable columns, similar   |  |  |  |
| Conference and Training                  | ·   |  |  |  |
| Travel                                   | to this samp  | le.  |  |  |
| Equipment                                | PLEASE TRY  | TO KEEP TO                                     |  |  |
| Insurance Expense                        | ONE PAGE.   |  |  |  |
| Marketing/Advertising                    | ONE TAGE.   |  |  |  |
| Postage and Delivery                     |   |  |  |  |
| Printing                                 |   |  |  |  |
| Rent / Facility Costs                    |   |  |  |  |
| Supplies and Materials                   |   |  |  |  |
| Technology                               |   |  |  |  |
| Telecommunications                       |   |  |  |  |
| Administrative                           |   |  |  |  |
| Other Expense (please explain)           |   |  |  |  |
| Miscellaneous                            |   |  |  |  |
| Total Non Personnel Costs                |   |  |  |  |
| Total Expenses                           |   |  |  |  |
| Excess of Revenue Over Expenses          |   |  |  |  |

Budget Narrative: Please be sure to include narrative to help explain project / program budget





# **HEADER INSTRUCTIONS:**

- First line is **organization's name**.
- Second line is **project/program title**.
- Third line is fiscal year during which the grant will be used (mm/dd/yy mm/dd/yy).

Please provide narrative to further explain budget, at bottom of document, if applicable.

#### **COLUMN INSTRUCTIONS:**

**COLUMN 1** Enter your organization's **budget categories related to your specific request**.

**COLUMN 2** Enter the **total project/program budget** for requested funding.

COLUMN 3 Enter the allocation of Thunderbirds Charities potential grant funds.

**COLUMN 4** Enter your organization's **current year budget**.

| ORGANIZATION NAME                        | Your organization's name  |   |                  |   |   |
|--|---|---|------------------|---|---|
| PROJECT TITLE                            | Project/Program Title   |   |                  |   |   |
| FISCAL YEAR                              | Fiscal Year during which the grant will be used (mm/dd/yy - mm/dd/yy) |   |                  |   |   |
| COLUMN 1<br>(Budget categories)          |   | COLUMN 2 COLUMN 3 (Thunderbirds Charities Request Amount) |                  |   | COLUMN 4<br>(Total Organization Budget) |
| Income Sources                           |   |   |                  |   |   |
| Foundation and Corporate Grants          |   |   |                  |   |   |
| Government Grants and Contracts          |   |   |                  |   |   |
| Individual Contributions                 |   |   |                  |   |   |
| Earned Income                            |   |   |                  | 1 |   |
| In-Kind Income                           |   |   |                  |   |   |
| Investments                              |   | <b>PLEASE US</b>  | E THIS           |   |   |
| Other Income (please explain)            |   | <b>EXAMPLE</b>  | AS A REFERENCE   |   |   |
| Total Income                             |   | <b>TOOL FOR</b>   | YOUR             |   |   |
| Expenses                                 |   | BUDGET SU   | JBMISSION.       |   |   |
| Salaries and Wages (please indicate FTE) |   | Please expo   | ort your         |   |   |
| Employee Benefits and Taxes              | organizations existing  |   |                  |   |   |
| Total Personnel Costs                    |   | budgets into a  |                  |   |   |
| Professional and Outside Services        |   |   |                  |   |   |
| Consultants                              |   | spreadsheet format with                                   |                  |   |   |
| Equipment                                |   | comparable  | columns, similar |   |   |
| Fundraising/Development                  |   | to this sam   | ple.             |   |   |
| Insurance Expense                        |   | DI EACE TO  | Y TO KEEP TO     |   |   |
| Marketing/Advertising                    |   | ONE PAGE.   | I TO KEEP TO     |   |   |
| Postage and Delivery                     |   | ONE PAGE.   |                  |   |   |
| Printing                                 | L   |   |                  |   |   |
| Conferences and Training                 |   |   |                  |   |   |
| Rent and Occupancy                       |   |   |                  |   |   |
| Supplies and Materials                   |   |   |                  |   |   |
| Technology                               |   |   |                  |   |   |
| Travel                                   |   |   |                  |   |   |
| Administrative                           |   |   |                  |   |   |
| Other Expense (please explain)           |   |   |                  |   |   |
| Miscellaneous                            |   |   | _                |   |   |
| Total Non Personnel Costs                |   |   |                  |   |   |
| Total Expenses                           |   |   |                  |   |   |
| Excess of Revenue Over Expenses          |   |   |                  |   |   |

Budget Narrative: Please be sure to include narrative to help explain project / program budget