

ONEIDA NATION

FINANCE ADMINISTRATION

P.O. Box 365
Oneida, WI 54155
Phone: 920- 869-4325



TO: Requestors for Product from the Community Fund

FR: Finance Committee & Finance Administrative Office

Thank you for your interest in the Community Fund's request for Coca-Cola products. Product requests are specifically for Oneida enrolled members, Oneida Community Organizations, and Oneida Programs. Product requests are reviewed under four categories:

- Oneida Tribal & Public School Systems Student Events;
- Oneida Community Events/Fundraising;
- Oneida Sponsored Promotional Events; and
- Oneida Sponsored Scholarship Funding

Requests are now being taken for events that will be occurring after July 1, 2016. Below are the dates of the remainder of the Finance Committee meetings in FY2016 as well as the dates all requests are due. There is also a new form for CY16-17 please use this form when making product requests. If you have any other questions on how to complete your request you can contact Denise Vigue in the Finance Administration Office at (920) 869-4325 or CF@oneidanation.org

FY16 Finance Committee Calendar For review of Community Fund-Product Requests

Requests Due by	for	FC Meeting Dates
May 24, 2016		May 31, 2016 (for Jun. mtg)
Jun. 28, 2016		Jul. 5, 2016
Jul. 25, 2016		Aug. 1, 2016
Aug. 30, 2016		Sept. 6, 2016

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All Community Fund requests are due by noon one week prior to the meeting. Requests to the Community Fund (CF) will be reviewed by the Finance Committee once a month during their first meeting of the month. It is suggested all requests should be received at least four to six weeks before actual event to ensure a timely review. Submissions to the CF can be e-mailed to: [CF@oneidanation.org](mailto:CF@oneidanation.org)

**COMMUNITY FUND**  
PRODUCT REQUEST FORM

CY 2016-17

DATE OF REQUEST: \_\_\_\_\_ REQUESTOR'S NAME: \_\_\_\_\_

HOME PHONE OR CELL#: \_\_\_\_\_ ONEIDA ENROLLMENT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*E-MAIL: \_\_\_\_\_

\*REQUIRED: All requestors will be notified by E-mail as to the status of their request and or for product pick up.

NAME OF EVENT: \_\_\_\_\_

NUMBER OF CASES REQUESTING & PRODUCT TYPE: \_\_\_\_\_  
(SEE NOTE IN THE INSTRUCTIONS)

DATE OF EVENT: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

DESCRIBE HOW PRODUCT WILL BE USED: \_\_\_\_\_

NAME OF DEPARTMENT OR ORGANIZATION: \_\_\_\_\_

BENEFIT TO ONEIDA COMMUNITY OR ONEIDA CITIZEN(S): \_\_\_\_\_

LIST OTHER EFFORTS TOWARD FUNDRAISING: \_\_\_\_\_

(Attach any documentation to this request such as event flyer, brochure, and budget of all expenses)



NO PRODUCT REQUEST WILL BE REVIEWED FOR ANY EVENT THAT HAS ALREADY OCCURRED BY REQUEST REVIEW DATE

**ALL REQUESTS FROM TRIBAL PROGRAMS REQUIRE THE FOLLOWING APPROVALS:**

PROGRAM DIRECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DIVISION DIRECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\* For Office Use Only \*\***

Date Received: \_\_\_\_\_ Date for FC Review: \_\_\_\_\_

Quarter of Review: \_\_\_\_\_ Product Request #: CFP- \_\_\_\_\_

Office Notes: \_\_\_\_\_

CY 2016-17

# Community Fund

## PRODUCT REQUEST INSTRUCTIONS

All information is needed to assist us in processing your request. All incomplete requests will not be reviewed and will be sent back to requestor to complete.

Please provide the following:

- 1) Date of request & Name of person completing form
- 2) Contact information & Oneida enrollment number of requestor (include copy of Tribal I.D.)
- 3) Requestors Address & E-mail address (All follow-up communication is sent electronically)
- 4) Name of the Event, Number of cases & specific products requesting
- 5) Date of Event & Date product needed by
- 6) List how product is to be used; i.e. sell for fundraising or free to all participants (describe)
- 7) Name of Department or Group/Organization as applicable
- 8) Describe the Benefit event will have for the Oneida community
- 9) List any other efforts towards fundraising
- 10) Program/Division requests require signatures of Program Director & Division Director

**NOTE:** Each request is limited to 25 cases; only one request will be reviewed per year/per organization; no requests will be reviewed if event has already occurred by the application and FC review dates; all requests are due one week prior to the regular scheduled first meeting of each month of the FC; & all requestors are required to provide a follow-up report directly after event. Product is limited to allocated amount.

For more information or to check on FC meeting and or due dates call the Finance Office at 920-869-4325. When request is completed please e-mail (preferred) your request to [CF@oneidanation.org](mailto:CF@oneidanation.org) or mail your request to:

FINANCE COMMITTEE  
Attn: Denise Vigue, Finance Administration  
P.O. Box 365  
Oneida, WI 54155

No personal information provided by a requestor (other than their name) will be made public without the expressed written permission of the requestor. All Community Fund reports or advertisements about the Community Fund will not include any personal information.