

Oneida Tribe of Indians of Wisconsin

FINANCE ADMINISTRATION

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



TO: Requestors for Product from the Community Fund for Contract Year (CY) 2015-2016

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

Attached to this letter is the CF Product Request Form for Contract Year 2015-16, (July 2015 through September 2016); along with the instructions to assist applicants in filling out their requests correctly and completely. All information is required for processing your request. Please read the instructions thoroughly before completing the Community Fund Product Request Form.

All incomplete requests will be sent back to requestor to complete. Additionally, all previously Community Fund requestors that received funding or products in FY2015 and who did not provide a follow-up report will not be received or reviewed in CY 2015-16.

The Finance Committee meeting dates for FY2015 where Community Fund requests are reviewed is attached. 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

Thank you for your interest in the Community Fund. When completed please e-mail your request (preferred) to CF@oneidanation.org or mail your request to: FINANCE COMMITTEE
Attn: Denise Vigue, Finance Administration, P.O. Box 365, Oneida, WI 54155

FY16 Finance Committee Calendar

For review of Community Fund-Product Requests

Request Due Dates for  Remaining Finance Committee Meeting Dates

Feb. 22, 2016

Feb. 29, 2016
(for Mar. mtg)

Mar. 28, 2016

Apr. 4, 2016

Apr. 25, 2016

May 2, 2016

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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The Finance Committee (FC) meets each month on Monday, one week prior to the regularly scheduled Business Committee meetings dates. FC meetings are held in the Business Committee Executive Conference Room, second floor at the Norbert Hill Center @ 10:00 A.M.

All Community Fund, Donation, and Internal requests are due by noon one week prior to the meeting. Requests are to be sent to the Finance Administration Office's e-mail: [FAO@oneidanation.org](mailto:FAO@oneidanation.org) Donation requests will be reviewed at the second meeting of the FC each month.

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)

 All regularly scheduled meeting times subject to change per the Office of the Treasurer and the Finance Committee. Please call 920-869-4325 for questions or to check on specific meeting dates/times.

# Community Fund

## PRODUCT REQUEST INSTRUCTIONS

These instructions were developed to assist applicants in filling out their requests for product correctly and completely. 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 all of the following:

- 1) Date of request & Name of person completing form
- 2) Enrollment number of requestor (include copy of Tribal I.D.) & Contact information
- 3) Name of the Event requesting product
- 4) Name of Department or Group/Organization
- 5) E-mail address of person or group (All follow-up communication is sent electronically)
- 6) Number of cases & specific quantify amounts; i.e. 10 Cs total; 5 cs water & 5 cs PowerAde
- 7) List how product is to be used; i.e. sell for fundraising (describe) or free to all participants
- 8) Describe the Benefit event will have for the Oneida community
- 9) List any other efforts towards fundraising (as applicable)
- 10) If request is from program/division signature of program Director and Division Director

When 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

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Note: No personal information provided by a requestor 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. Product is limited to allocated amount.

**COMMUNITY FUND**  
PRODUCT REQUEST FORM

CY 2015-16

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

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

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

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

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

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

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

NUMBER OF CASES REQUESTING & PRODUCT TYPE: \_\_\_\_\_

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

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

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: \_\_\_\_\_