



A good mind. A good heart. A strong fire.

COMMUNITY FUND – FY 2019

Thank you for your interest in the Community Fund – Products. Requests for Coca-Cola products are accepted from the Oneida Tribal members and Oneida community groups and cover three categories:

- 1.) Oneida Tribal & Public School Systems Student Events;
- 2.) Oneida Community Events / Fundraisers; and
- 3.) Oneida Sponsored Promotional Events

Included in this packet are the Finance Committee meeting submission dates; Additional Information when completing requests; Instructions for completing the form; and the Request for Product Request Form. The FY2019 fiscal year begins Oct. 1, 2018 and ends Sept. 30, 2019. The Finance Committee reviews Community Fund Product requests at their *first* meeting of each month.

Requests are only reviewed once each month so requestors are asked to plan ahead and submit their request at least six (6) weeks or more ahead of planned event. This change is to accommodate the increased number of requests being received. All product requests are subject to availability.

FY19 FINANCE COMMITTEE MEETING CALENDAR FOR REVIEW OF COMMUNITY FUND PRODUCT REQUESTS

Request Due Date:

September 24, 2018
October 29, 2018
November 26, 2018
December 24, 2018
January 28, 2019
February 25, 2019
March 25, 2019
April 22, 2019
May 28, 2019
June 24, 2019
July 29, 2019
August 27, 2019 (Tues.)

Finance Committee Meeting Dates:

October 1, 2018
November 5, 2018
December 3, 2018
December 31, 2018 (for Jan.)
February 4, 2019
March 4, 2019
April 1, 2019
April 29, 2019 (for May)
June 3, 2019
July 1, 2019
August 5, 2019
September 3, 2019 (Tues.)

Please include an e-mail address as all communication about your request will be conveyed to you through your e-mail. If you have any other questions on meeting dates or how to complete your request you can contact Denise Vigue via e-mail at: dvigue@oneidanation.org

Additional Information when Completing CF Product Requests

Following is information to keep in mind when filling out requests correctly and completely. All information is required for processing your request.

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 @ 9:00 A.M.

- ▶ Requests to the CF will be reviewed by the Finance Committee once a month during their first meeting of the month.
- ▶ Individuals, Departments, and Organizations/Groups are limited to **25 cases** of product /per family /organization /department /group once each fiscal year.
- ▶ All Community Fund Product requests are due by noon on the request due dates listed. It is suggested all requests should be received at least six weeks before actual event to ensure a timely review.
- ▶ All incomplete requests will be sent back to requestor to complete. Please read through everything to avoid any delays and or denial in processing your request.
- ▶ If requestor has received a previous CF-Product request in a previous year and the required Follow-up report has not been submitted, the current request will not be reviewed in FY19.

Submissions to the CF can be e-mailed in PDF format to: CF@oneidanation.org

If mailing in request send to:

**Finance Administration
Attn: Community Fund
P.O. Box 365
Oneida, WI 54155**

NOTE: 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

INSTRUCTIONS TO COMPLETE REQUEST FORM

All information is needed to assist us in processing your FY2019 Product 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 and name of person completing form
- 2) Contact information & Oneida enrollment number of requestor (include copy of Tribal I.D., required)
- 3) Requestors Address
- 4) E-mail address - REQUIRED (All follow-up communication is sent electronically)
- 5) Name of the Event (attach flyer or info)
- 6) Number of cases & specific products requesting (i.e. 20 Case = 10 water; 10 soda mixed, etc.)
- 7) Date of Event and Date Product Needed
- 8) List how product is to be used; i.e. sell for fundraising or free to all participants (describe)
- 9) Name of Department, Group, or Organization as applicable
- 10) Describe the Benefit the Event will have for the Oneida community
- 11) List all 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 date; all requests are due by Noon 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.

Completed Product requests are to be e-mailed (preferred) to: CF@oneidanation.org. Mailed requests should be sent to:

**FINANCE ADMINISTRATION
Attn: COMMUNITY FUND
P.O. Box 365
Oneida, WI 54155**

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NOTE: 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.



# COMMUNITY FUND

## FY19 PRODUCT REQUEST FORM

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

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 directions page)

DATE OF EVENT: \_\_\_\_\_ DATE PRODUCT 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)

**NOTE: 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: \_\_\_\_\_