



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

COMMUNITY FUND – FY 2021

Funding requests from the Community Fund are reviewed by the Finance Committee. Funds are for Oneida enrolled members and covers the following categories: 1.) Self-Development; 2.) Community Events; and 3.) Fundraising Activities. The FY20 fiscal year for the Oneida Nation begins Oct 1, 2019 and ends Sept. 30, 2020.

Included in this packet are the instructions for completing the form and the FY21 Community Fund Request Form. The Finance Committee Reviews Community Fund requests at their **first** meeting of each month. Following is the FC Meeting calendar:

FY21 FINANCE COMMITTEE MEETINGS to Review Community Fund Requests	
Request Due Date:	FC Meeting Dates:
Oct. 26, 2020	Nov. 2, 2020
Nov. 23, 2020	Nov. 30, 2019
Dec. 28, 2020	Jan. 4, 2021
Jan. 25, 2021	Feb. 1, 2021
Feb. 22, 2021	Mar. 1, 2021
Mar. 29, 2021	Apr. 5, 2021
Apr. 26, 2021	May 3, 2021
May 25, 2021 (Tues.)	June 1, 2021 (Tues.)
Jun. 29, 2021 (Tues.)	Jul. 6, 2021 (Tues.)
Jul. 26, 2021	Aug. 2, 2021
Aug. 23, 2021	Aug 30, 2021 (for Sept.)

The Finance Committee (FC) reviews CF requests at their first meeting of each month. All FC meetings are held virtually. All regularly scheduled meeting dates/times/place are 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/place.

All Community Fund requests are due by noon on the request due dates listed above. All incomplete requests will be sent back to the requestor. It is suggested all completed requests should be received at least six weeks before actual event to ensure a timely review and processing of the request.

NOTE: No CF request will be accepted /reviewed in FY21 if requestor had a previous request and did not submit the required follow up report.

Instructions for Completing the Community Fund Request Form FY-21

Please print legibly using black ink.

1. Print name of person making the request (parent or guardian must make request for any minor children)
2. Provide complete address of person making request
3. Provide E-Mail address of person making request (all communication about your request will be conveyed to you through your e-mail)
4. Provide best contact number to reach requestor and check if home or cell phone number
5. Provide Social Security Number and Oneida Enrollment number of requestor (If request is for yourself, provide copy of enrollment) **NOTE:** If returning requestor simply write *On File*
6. Provide reason for request (i.e. gymnastics registration fees for child, Oneida fundraising event for group, sports registration, etc.)
7. Provide start and end date of activity /event.
8. If request is on behalf of minor child include child's name and Oneida enrollment number (Provide copy of enrollment-Required) **NOTE:** If returning requestor simply write *On File*
9. Provide the total amount of need pertaining to request (this would be the total cost of paying for everything on your own; requested amount from the CF, and the match amount.
10. The date the funds are needed. (Please ensure your request has been submitted well before the FC review date as it does take several weeks for processing.
11. Check the category type (Attach flyers, brochures, payment schedules, registrations, receipts and budget)
12. If a check is to go to a 3rd party vendor, provide all information including name of business, EIN number, contact person at business, phone of contact person and the complete mailing address of vendor.
13. Signature of person making the request (required)

Along with the request form include on a separate sheet of paper the following:

- What other sources /organizations /agencies you have contacted regarding this request and what were the results? (All denial letters from other programs must accompany this request)
- Fully describe the reason for this request and the benefit to the Oneida Community/members.
- Attach receipts & provide budget of all expenses associated with this request

When completed please scan the Community Fund form and all backup and send to:

CF@oneidation.org or mail request to: Finance Administration, Attn: Community Fund, P.O. Box 365, Oneida, WI 54155.

Note: No personal information provided by a requestor will be made public without the expressed written permission of the requestor.



COMMUNITY FUND

FY21 FUNDS REQUEST FORM

REQUESTOR'S NAME: _____ Date of Request: _____

ADDRESS: _____
City State Zip

E-MAIL ADDRESS: _____
Required

BEST NUMBER FOR CONTACT: _____ CHECK ONE: HOME: _____ CELL PHONE: _____

SOCIAL SECURITY # _____ ONEIDA ENROLLMENT # _____

REASON FOR REQUEST: _____
Briefly describe

START AND END DATES OF EVENT/ACTIVITY: _____ DATE FUNDS NEEDED: _____

TOTAL COST: \$ _____ REQUEST AMT.: \$ _____ REQUESTER AMT.: _____ (10% match required)

TYPE OF REQUEST: COMMUNITY EVENT _____ FUND-RAISING _____ SELF-DEVELOPMENT _____

If Request is made on behalf of minor child provide name and tribal enrollment number of child here:

What other sources /organizations /agencies you have contacted regarding this request? _____

Describe the reason for this request and benefit to the Oneida Community/citizens.

→ If Funds are to be paid to a Third Party, provide complete information here:

NAME OF VENDOR: _____ EIN # _____

CONTACT NAME: _____ CONTACT'S PHONE # _____

VENDOR ADDRESS: _____

SIGNATURE OF REQUESTOR: _____ DATE: _____
REQUIRED

NOTICE: No Funding request will be reviewed for any event/activity that has already occurred by request review date. The Community Fund does not supplement tribal program budgets, or cover personal, household, travel, education, or professional/work expenses to individuals. This fund also does not provide duplicate funding for service already received or could be received under another program.

For Office Use Only

Date Received: _____ Date for FC Review: _____

Year of Review: FY21 Quarter of Review: _____ Request Number: CF# _____

Office Follow-Up: _____