



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

COMMUNITY FUND – FY 2018

Thank you for your interest in the Community Fund. Funding requests are for Oneida tribally enrolled members and covers three categories:

- 1.) Self-Development,
- 2.) Community Events, and
- 3.) Fundraising Activities

Included in this packet are the meeting submission dates; frequently asked questions sheet, and the FY18 CF Request Form and Instructions. The FY18 fiscal year for the Oneida Nation begins Oct 1, 2017 and ends Sept. 30, 2018. The Finance Committee reviews Community Fund requests at their *first* meeting of each month.

Following is information to keep in mind when filling out requests correctly and completely. All information is required for processing your request. All incomplete requests will be sent back to requestor to complete. The FY18 request forms have been shortened per requests from past recipients. Please read everything to avoid any delays.

Important Information in Completing Requests

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. Individual requests are limited **\$500** once each fiscal year and organizations are limited to **\$750** once each fiscal year. This change is to accommodate the increased number of requests being received.

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

NOTE: If requestor has made a previous request in FY2017 or earlier and a required follow-up report has not received, the current request will not be reviewed in FY2018.

FY18 Finance Committee Calendar

For review of Community Fund Requests

Request Due Date:		Finance Committee Meeting Date :
September 25, 2017		October 2, 2017
October 23, 2017		October 30, 2017 (for Nov.)
November 27, 2017		December 4, 2017
December 26, 2017		January 2, 2018
January 29, 2018		February 5, 2018
February 26, 2018		March 5, 2018
March 26, 2018		April 2, 2018
April 23, 2018		April 30, 2018 (for May)
May 29, 2018		June 4, 2018
June 25, 2018		July 2, 2018
July 23, 2018		July 30, 2018 (for Aug)
August 28, 2018		September 4, 2018

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

Requests to the Community Fund (CF) will be reviewed by the Finance Committee once a month during their first meeting of the month. All CF requests are due by noon on the request due dates listed. 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 in PDF format to: [CF@oneidanation.org](mailto:CF@oneidanation.org)

If mailing in request send to:

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



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.

## HOW TO COMPLETE THE COMMUNITY FUND REQUEST FORM - FY 2018

1. Print name of person making the request
2. Provide 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 either home or cell phone number
5. Provide Social Security Number and Oneida Enrollment number of requestor.  
(Provide copy of enrollment)
6. Provide reason for request (i.e. gymnastics registration fees for child, Oneida fundraising event for group, fees for sports participation, etc.)
7. If request is on behalf of minor child include child's name and Oneida enrollment number  
(Provide copy of enrollment-Required)
8. Indicate amount being requested (up to \$500 for individual; \$750 for groups) and amount /evidence of 10% match from the requestor toward request (attach receipt)
9. Indicate the total amount of need pertaining to request (i.e. asking \$500 toward registration--- total participation costs could be more) and the date funds needed
10. Check the category type (attach any flyers, brochures, cost lists)
11. If a check is to go to a third party vendor provide all information about vendor including name of business, EIN number, contact person at business, phone of contact person and the complete mailing address of vendor.
12. Signature of person making the request (required)

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

1. 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)
2. Describe the reason for this request and benefit to the Oneida Community/citizens.
3. Attach receipts & provide budget of all expenses associated with this request

When completed please scan the Community Fund form & all backup to: [CF@oneidanation.org](mailto:CF@oneidanation.org)  
or mail request 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 will be made public without the expressed written permission of the requestor. All Community Fund reports or advertisements about the Community Fund do not include any personal information.



## COMMUNITY FUND

### FUNDS REQUEST FORM – FY18

REQUESTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City State Zip

E-MAIL ADDRESS: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ ONEIDA ENROLLMENT # \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

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

CHILD'S NAME: \_\_\_\_\_ ONEIDA ENROLLMENT # \_\_\_\_\_

REQUEST AMOUNT: \$ \_\_\_\_\_ AMOUNT PROVIDED BY REQUESTOR: \_\_\_\_\_  
(10% match required)

TOTAL NEED: \$ \_\_\_\_\_ DATE FUNDS NEEDED: \_\_\_\_\_

TYPE OF REQUEST: COMMUNITY EVENT \_\_\_\_\_ FUND-RAISING \_\_\_\_\_ SELF-DEVELOPMENT \_\_\_\_\_

OTHER: \_\_\_\_\_  
(Briefly explain here)

-> If Funds are to be paid to a Third Party, provide 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 that has already occurred by request review date or for events that have already occurred by date of request. This 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: \_\_\_\_\_

Quarter of Review: \_\_\_\_\_ Request Number: CF# \_\_\_\_\_

Office Follow-Up: \_\_\_\_\_

CF FORM/FUNDS FY18