

COMMUNITY FUND - FY 2020

Thank you for your interest in the Community Fund Request for *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

Below are the Finance Committee meeting submission dates. Included in this packet is additional Information when completing requests; Instructions for completing the form; and the FY20 Product Request Form. The FY2020 fiscal year begins Oct. 1, 2019 and ends Sept. 30, 2020. 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 accordingly and submit their request at least eight (8) weeks or more ahead of planned event. This is to accommodate the increased number of requests being received and allow time for processing. All product requests are subject to availability.

FY 2020 FINANCE COMMITTEE MEETING CALENDAR COMMUNITY FUND PRODUCT REQUESTS

REQUEST DUE DATE:

September 24, 2019 (Tues.)

October 28, 2019 November 25, 2019

December 23, 2019

January 27, 2020 February 24, 2020

March 23, 2020

April 27, 2020

May 26, 2020 (Tues.)

June 22, 2020 July 27, 2020

August 24, 2020

FC MEETING DATE:

October 1, 2019 (Tues.) November 4, 2019

December 2, 2019

December 30, 2019 (for Jan.)

February 3, 2020 March 2, 2020

March 30, 2020 (for Apr.)

May 4, 2020 June 1, 2020

Jun. 29, 2020 (for Jul.)

August 3, 2020

August 31, 2020 (for Sept.)

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 the processing your request.

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 the first meeting of the month.
- Individuals, Departments, and Organizations/Groups are limited to *25 cases* of product per family /organization /department /group <u>once</u> each fiscal year.
- All Community Fund Product requests are <u>due by noon</u> on the request due date listed. It is suggested all requests should be received at least eight weeks before actual event to allow for a timely review and processing of the request.
- 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.
- No request will be reviewed if event has already taken place on the FC review date.
- If requestor has received a CF request in the past, and has not completed the required follow-up report, their request will not be reviewed.
- 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 FY20.

Submissions to the CF are to be E-Mailed as one document 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 FY2020 Product request. All incomplete requests will not be reviewed and will be sent back to requestor to complete.

Please provide the following:

- Date of request and name of person completing form;
- Name of Department, Group, or Organization as applicable;
- Contact information & Oneida enrollment number; include copy of Tribal I.D. (required); note: Returning requestors do not have to provide ID information: just write *ON File* on the form where it asks for the enrollment number;
- Requestors Address;
- E-mail address REQUIRED (All follow-up communication is sent electronically);
- Name and Date(s) of the Event (attach flyer or info);
- Number of cases & specific Products requesting (i.e. 15 Case = 5 water; 10 soda mixed, etc.);
- Date Product Needed (Note: cannot be more than 7 days prior to event);
- List how product is to be used (i.e. sell for fundraising or free to all participants, fully describe);
- Name and contact information of person responsible for picking up the product, if different from the requestor;
- Describe the Benefit the Event will have for the Oneida community;
- List all other efforts towards fundraising;
- 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; or requestor has not completed their CF request from a prior year; all requests are due by Noon one week prior to the regular scheduled meeting 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: <u>CF@oneidanation.org</u>. Mailed requests should be sent to:

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



FY20 PRODUCT REQUEST FORM

AME OF DEPARTMENT OR ORGANIZATION:	
HONE OR CELL #	ONEIDA ENROLLMENT#
DDRESS:	
-MAIL:	
	ed by <u>E-mail</u> as to the status of their request and for product pick up.
AME AND DATE(S) OF EVENT:	
UMBER OF CASES & PRODUCT TYPE REQUESTIN	NG:
ATE PRODUCT NEEDED:	(See Note in directions page)
ATE PRODUCT NEEDED.	
ESCRIBE HOW PRODUCT WILL BE USED:	
AME OF PERSON RESPONSIBLE FOR PRODUCT F	PICK UP:
	(Name and Contact Phone Number)
ENEFIT TO ONEIDA COMMUNITY OR ONEIDA CITIZ	ZEN(S):
	ZEN(S):
IST OTHER EFFORTS TOWARD FUNDRAISING:	
IST OTHER EFFORTS TOWARD FUNDRAISING: (Attach any documentation to this reque	
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