



## FY2023 Donation Requests from the Oneida Nation

The Oneida Nation and the Finance Committee provide this Donation Packet for your reference/use. The Finance Committee has a limited amount of funds for distribution to organizations that directly serve the Oneida people and Community. The FC has designated that all donation requests from the following groups can be accepted for review:

1. Not-for-Profit Charitable Groups
2. Oneida Affiliated Veteran's Groups
3. Social /Environmental Sponsored Groups
4. Special Funded Groups

Requestors who represent a qualified 501(c)(3) organization and are seeking donations may complete a Donation Request Form specifying the nature of request. This should include a budget; what request will cover; how funds will be used; date needed; and a copy of organization's non-profit status.

The maximum amount a group can request for Fiscal Year 2023 (Oct. 1, 2022 through September 30, 2023) is \$3,000. Requests are reviewed by the Finance Committee on a first come, first served basis at their second meeting of each month. Enclosed in this packet is the submission/review calendar, instructions and request form.

Please contact Melissa Alvarado in the Finance Administration Office at 920.869.4325 if you have any further questions or e-mail your questions to [FAO@oneidanation.org](mailto:FAO@oneidanation.org). Thank you for your interest in a donation from the Oneida Nation.

Sincerely,  
*Oneida Finance Committee,*  
**ONEIDA NATION**

## INSTRUCTIONS FOR COMPLETING THE DONATION REQUEST FORM

### PART 1. - CONTACT INFORMATION:

- Legal name of group must be clearly spelled out
- Name and title of requester, business telephone and e-mail
- A physical address of the group must be provided (not a P.O. Box number)
- Groups are required to provide a copy of their Federal Identification Number (EIN)

#### Donation Request Summary:

- Provide one sentence of what the funds being requested will be used for
- Include date(s) of event and date funds are needed

#### Financial Information:

- Total dollar amount being requested and total amount of the cost for the event
- A required matching contribution of 10% from the group for specific event/project must be clearly explained (provide receipts as necessary)

#### Requestor Authorization:

- The requester who is authorized to request funds/services on behalf of the group/organization; to provide information as to how group is related to the Oneida Nation's philosophy and mission.
- Requester printed name and signature are required to complete the form.

### PART 2. - REQUEST NARRATIVE:

The requester narrative asks for information about the requesting group; other activities related to fundraising for event; and how event/activity directly benefits Oneida tribal members and or the Oneida Nation.

#### **ADDITIONAL INFORMATION REQUIRED**

- Provide flyers /pamphlets /brochures or other written information about the Requester's agency and or organization including current event/activity
- Provide budget related to this request; include information on 10% matching contribution from agency and or organization
- Provide latest annual financial statement of agency and or organization.
- Attach documentation from other sources related to this request. For example, any letters of reference, letters of funding or denials.
- Provide copy of group/organization's 501(c)(3) non-profit status.

# FY2023

## Finance Committee Meeting Dates for Donation Requests

\*REQUEST DUE DATE:

October 10, 2022

November 7, 2022

December 12, 2022

January 9, 2023

February 6, 2023

March 6, 2023

April 10, 2023

May 8, 2023

June 12, 2023

July 10, 2023

August 7, 2023

September 11, 2023

FC MEETING DATE:

October 17, 2022

November 14, 2022

December 19, 2022

January 16, 2023

February 13, 2023

March 13, 2023

April 17, 2023

May 15, 2023

June 19, 2023

July 17, 2023

August 14, 2023

September 18, 2023

---

\* All completed Donation Requests are to be received by 4:30PM of the due date.  
Please E-Mail request in one in PDF document to: [FAO@onedanation.org](mailto:FAO@onedanation.org).

**Please Note:** All Donation Requests must be received by the FC for review at least Six Weeks before actual event/need. All information on the Request Form must be filled out completely or the request will be returned to sender to complete which could further delay review. The check for all approved donation requests will be made out to the group not to individuals.



## FY2023 DONATION REQUEST FORM

Date of Application: \_\_\_\_\_

This is a request for:  Donation  Special Event  Sponsorship

---

### CONTACT INFORMATION

Legal name of the organization according to the IRS [as it appears on most recent 501(c)(3)]

Federal I.D. #

Requester's Name / Title

Telephone

E-Mail

Address of Organization

City

State

Zip

---

### DONATION REQUEST SUMMARY

Brief one-sentence purpose and or description

Date of Event /Activity: \_\_\_\_\_

Date Funds Needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

### FINANCIAL INFORMATION

Total Dollar Amount being requested: \$ \_\_\_\_\_

Total Amount of Matching funds or in-kind contribution: \$ \_\_\_\_\_ (attach information)

Total Amount of Event: \$ \_\_\_\_\_

---

### REQUESTER AUTHORIZATION

Affiliation of Requester to the Oneida Nation

Printed Name of Authorized Requester

Signature

## Part 2 – REQUEST NARRATIVE

Date of Application: \_\_\_\_\_ Name of Requester: \_\_\_\_\_

---

---

Please include in a few sentences the following information:

**The Organization of the Requestor.** Include a brief summary of the history of the organization, its goals, activities, mission, accomplishments and current challenges.

---

---

---

---

**What other sources /organizations /agencies were contacted regarding this request and the results?**

---

---

**Describe the direct benefit of this request to the Oneida Community and Tribal Members:**

---

---

---

\* FOR OFFICE USE ONLY \*

DATE RECEIVED: \_\_\_\_\_ FC REVIEW DATE : \_\_\_\_\_

DONATION PURPOSE (type of request): \_\_\_\_\_ ANNUAL DONATION \_\_\_\_\_ SPECIAL EVENT \_\_\_\_\_ SPONSORSHIP

QUARTER OF REVIEW: \_\_\_\_\_ REQUEST NUMBER ASSIGNED: DONA23- \_\_\_\_\_

NOTES: \_\_\_\_\_

Form: FY23 FCD