

FY2023 ONEIDA FINANCE FUND

The Oneida Finance Fund requests are reviewed by the Finance Committee once a month. The FY23 fiscal year for the Oneida Nation begins Oct 1, 2022 and ends Sept. 30, 2023. Funds are for Oneida enrolled members and covers the following categories: 1.) Self-Development; 2.) Community Events; and 3.) Fundraising Activities.

Included in this packet are the instructions for completing the form and the FY23 Request Form. Following is the Finance Committee Meeting calendar when the requests are reviewed.

FY23 FINANCE COMMITTEE MEETINGS to review Oneida Finance Fund Requests

Request Due Date:	FC Meeting Dates:
Sept. 26, 2022	Oct. 3, 2022
Oct. 24, 2022	Oct. 31, 2022 (for Nov.)
Nov. 28, 2022	Dec. 5, 2022
Dec. 27, 2022 (Tues.)	Jan. 3, 2023 (Tues.)
Jan. 23, 2023	Jan. 30, 2023 (for Feb.)
Feb. 20, 2023	Feb. 27, 2023 (for Mar.)
Mar. 27, 2023	Apr. 3, 2023
Apr. 24, 2023	May 1, 2023
May 30, 2023 (Tues.)	Jun. 5, 2023
Jun. 26, 2023	Jul. 3, 2023
Jul. 24, 2023	Jul. 31, 2023 (for Aug.)
Aug. 29, 2023 (Tues.)	Sept. 5, 2023 (Tues.)

All regularly scheduled meetings are subject to change per the Office of the Treasurer and the Finance Committee. Contact the Finance Office at (820) 869-4325 for questions or to check on specific meeting times.

All Oneida Finance Fund requests are **due by 4:30 PM** on the request due dates listed above. All incomplete requests will be sent back to the requester to complete. It is advised that all completed requests are received at least six weeks before actual event to ensure a timely review and processing of the request.

Note: No requests will be accepted/reviewed in FY2023 if the requester had received a previous request in FY2022 and did not submit the required follow-up report. Individual requests are limited to one request per person/per year, up to \$500. Group requests are limited to one request per group/per year, up to \$750.

FY23 -ONEIDA FINANCE FUND Request Form Instructions

Please print legibly using Black Ink.

1. Print name of person making the request (only a parent or legal guardian can make request for any minor children)
2. Provide complete home address of person making request
3. Provide E-Mail address of person making request (required as all communication about your request will be conveyed to you through your e-mail)
4. Provide best contact number to reach requester and check if home or cell phone number
5. Provide Oneida Enrollment number of requester (If request is for yourself, **provide copy of Oneida I.D.**)
6. Provide reason for request (i.e. gymnastics classes; registration fees for child, Oneida fundraising event for group, sports registration, etc.)
7. Provide start and end date of activity /event.
8. 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)
9. Provide the total amount of need pertaining to request (this would be the total cost of paying for everything on your own; the requested amount, and the 10% match amount.
10. Check the category type and attach flyers, brochures, payment schedules, registrations, receipts and budget with your request
11. If request is on behalf of minor child include child's name and Oneida enrollment number **(Provide copy of enrollment-required)**
12. Provide 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)
13. Fully describe the reason for this request and the benefit to the Oneida Community/members.
14. 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.
15. Signature of person making the request **(required)**

Along with the request form include on a separate sheet of paper receipts & provide budget of all expenses associated with this request. When completed please e-mail the Oneida Finance Fund form and all backup in one PDF to: FAO@oneidanation.org or mail request to:

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

Note: All incomplete applications will be returned without review. No request will be reviewed if a previous request in FY22 was awarded and no required follow up report provided. No personal information provided will be made public without the expressed written permission of the requester. *Individual requests are limited to one request per person/per year, up to \$500. Group requests are limited to one request per group/per year, up to \$750. No equipment requests will be reviewed.*



ONEIDA FINANCE FUND

FY23 FUNDS REQUEST FORM

REQUESTER'S NAME: _____ Date of Request: _____

ADDRESS: _____
City State Zip

E-MAIL ADDRESS: _____
Required

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

ONEIDA ENROLLMENT # _____ **(Please provide proof of enrollment)**

REASON FOR REQUEST: _____
(Briefly describe)

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

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

Individual requests are limited to one request per person/per year, up to \$500. Group requests are limited to one request per group/per year, up to \$750.

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

If Request is made on behalf of minor child provide name and tribal enrollment number here: **(Please provide proof of enrollment.)**

List 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 REQUESTER: _____ DATE: _____

REQUIRED

NOTICE: No Funding request will be reviewed for any event/activity that has already occurred by request review date. The Oneida Finance Fund does not supplement tribal program budgets, or cover personal, household, travel, education, or professional/work expenses to individuals, this includes exercise equipment requests. 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: <u>FY23</u>
Quarter of Review: _____	Request Number: OFF #23- _____	
Office Follow-Up: _____		
9321 OFF form/funds		