



FY2025
ONEIDA FINANCE FUND

The Oneida Finance Fund requests are reviewed by the Finance Committee once a month. The FY25 fiscal year for the Oneida Nation begins October 1, 2024 and ends September 30, 2025. Funds are for Oneida enrolled members and covers the following category Self-Development.

Included in this packet are the instructions for completing the form and the FY25 Request Form. Following is the Finance Committee Meeting calendar when the requests are reviewed.

FY25 FINANCE COMMITTEE MEETINGS
to review Oneida Finance Fund Requests

Request Due Date:	FC Meeting Dates:
Oct. 2, 2024	Oct. 10, 2024
Nov. 6, 2024	Nov. 14, 2024
Dec. 4, 2024	Dec. 12, 2024
Jan. 2, 2025	Jan. 9, 2025
Feb. 5, 2025	Feb. 13, 2025
Mar. 5, 2025	Mar. 13, 2025
Apr. 2, 2025	Apr. 10, 2025
May 7, 2025	May 15, 2025
Jun. 4, 2025	Jun. 12, 2025
Jul. 2, 2025	Jul. 10, 2025
Aug. 6, 2025	Aug. 14, 2025
Sept. 3, 2025	Sept. 11, 2025

All regularly scheduled meetings are subject to change per the Office of the Treasurer and the Finance Committee. Contact the Finance Office at (920) 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 fifteen days before the conclusion of the event.

Note: No requests will be accepted/reviewed in FY2025 if the requester had received a previous request in FY2024 and did not submit the required follow-up report. Individual requests are limited to one request per person/per year, up to \$750.

FY25 -ONEIDA FINANCE FUND
Request Form Instructions

Please print legibly using a pen.

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, 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 **required** 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
PO BOX 365
ONEIDA WI 54155

Note: All incomplete applications will be returned without review. No request will be reviewed if a previous request in FY24 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 \$750. Up to 50% of requested amount can be used on equipment, uniform or special clothing needed to participate in event.*



ONEIDA FINANCE FUND

FY25 FUNDS REQUEST FORM

REQUESTER'S NAME: _____ Date of Request: _____

REASON FOR REQUEST: _____

(Briefly describe)

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

TOTAL COST: \$ _____ MINUS THE 10% MATCH: \$ _____ EQUALS REQUEST AMT: \$ _____
(REQUIRED)

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

TYPE OF REQUEST: COMMUNITY EVENT _____ SELF-DEVELOPMENT _____

If Request is made on behalf of minor child, please provide name here:

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 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.

REQUESTER'S NAME: _____

ADDRESS: _____
City State Zip

E-MAIL ADDRESS: _____
Required

BEST NUMBER FOR CONTACT: _____

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

If Request is made on behalf of minor child:

CHILD'S NAME: _____

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

FOR OFFICE USE ONLY

Date Received: _____ Date for FC Review: _____

Quarter of Review: 1 2 3 4 Request Number: OFF#25- _____