

FY2026 ONEIDA FINANCE FUND

The Oneida Finance Fund requests are reviewed by the Finance Committee once a month. The FY26 fiscal year for the Oneida Nation begins October 1, 2025, and ends September 30, 2026. 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 FY26 Request Form. Following is the Finance Committee Meeting calendar when the requests are reviewed.

FY26 FINANCE COMMITTEE MEETINGS to review Oneida Finance Fund Requests

Request Due Date:	FC Meeting Dates:
Oct. 1, 2025	Oct. 9, 2025
Nov. 5, 2025	Nov. 13, 2025
Dec. 3, 2025	Dec. 11, 2025
Dec. 31, 2025	Jan. 8, 2026
Feb. 4, 2026	Feb. 12, 2026
Mar. 4, 2026	Mar. 12, 2026
Apr. 1, 2026	Apr. 9, 2026
May 6, 2026	May 14, 2026
Jun. 3, 2026	Jun. 11, 2026
Jul. 1, 2026	Jul. 9, 2026
Aug. 5, 2026	Aug. 13, 2026
Sept. 2, 2026	Sept. 10, 2026

All regularly scheduled meetings are subject to change per the Office of the Treasurer and the Finance Committee. Contact the Finance Office at (920) 869-4491 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 FY2026 if the requester had received a previous request in FY2025 and did not submit the required follow-up report. Individual requests are limited to one request per person/per year, up to \$500 for adults (18 +) and up to \$750 for minors.

FY26 – ONEIDA FINANCE FUND

Request Form Instructions

Please print legibly using a pen or fill out online.

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. or proof of enrollment**).
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. **Required** and is considered backup for the 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 FY25 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 for adults (18 +) and up to \$750 for minors. Up to 50% of requested amount can be used on equipment, uniform or special clothing needed to participate in event.*



ONEIDA FINANCE FUND

FY26 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 \$500 for adults (18 +) and up to \$750 for minors.

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: _____

Along with the request form include on a separate sheet of paper receipts & provide budget of all expenses associated with this request. Missing information may delay your request.

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#26-_____