FY2027
ONEIDA FINANCE FUND

The Oneida Finance Fund requests are reviewed by the Finance Committee once a month. The FY27 fiscal year for the Oneida Nation begins October 1, 2026, and ends September 30, 2027. 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 FY27 Request Form. Following is the Finance Committee Meeting calendar when the requests are reviewed.

FY27 FINANCE COMMITTEE MEETINGS
to review Oneida Finance Fund Requests

Request Due Date:	FC Meeting Dates:
Oct. 7, 2026	**Oct. 15, 2026**
Nov. 10, 2026	**Nov. 19, 2026**
Dec. 2, 2026	**Dec. 10, 2026**
Jan. 4, 2027	**Jan. 14, 2027**
Feb. 1, 2027	**Feb. 11, 2027**
Mar. 1, 2027	**Mar. 11, 2027**
Mar. 29, 2027	**Apr. 8, 2027**
May 3, 2027	**May 13, 2027**
Jun. 1, 2027	**Jun. 10, 2027**
Jun. 28, 2027	**Jul. 8, 2027**
Aug. 2, 2027	**Aug. 12, 2027**
Aug. 30, 2027	**Sept. 9, 2027**

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 FY2027 if the requester had received a previous request in FY2026 and did not submit the required follow-up report. Individual requests are limited to one request per person per fiscal year, up to $250 for adults (18+) and up to $750 for minors. Households with up to three (3) eligible children may receive up to $750 per child, and one (1) eligible adult may receive up to $250, for a maximum total of $2,500 per household per fiscal year. Up to 50% of the requested amount may be used for equipment, uniforms, or special clothing necessary to participate in the event. All fitness related activities including fitness apps and subscriptions will be capped at $120.00 for adults (18+).

FY27 – ONEIDA FINANCE FUND

Request Form Instructions

Please print legibly using a pen or fill out online.

Individual requests are limited to one request per person per fiscal year, up to $250 for adults (18+) and up to $750 for minors. Households with up to three (3) eligible children may receive up to $750 per child, and one (1) eligible adult may receive up to $250, for a maximum total of $2,500 per household per fiscal year. All fitness related activities including fitness apps and subscriptions will be capped at $120.00 for adults (18+).

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 fees, 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 FY26 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. Up to 50% of the requested amount may be used for equipment, uniforms, or special clothing necessary to participate in the event.

ONEIDA FINANCE FUND

FY27 FUNDS REQUEST FORM

REQUESTER'S NAME: _____ Date of Request: _____

REASON FOR REQUEST: _____

_____

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

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

TYPE OF REQUEST: COMMUNITY EVENT _____ SELF-DEVELOPMENT _____

Individual requests are limited to one request per person per fiscal year, up to $250 for adults (18+) and up to $750 for minors. Households with up to three (3) eligible children may receive up to $750 per child, and one (1) eligible adult may receive up to $250, for a maximum total of $2,500 per household per fiscal year. Up to 50% of the requested amount may be used for equipment, uniforms, or special clothing necessary to participate in the event. All fitness related activities including fitness apps and subscriptions will be capped at $120.00 for adults (18+).
Receipts are required if seeking reimbursement.

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 below. ***
Additional vendor forms may be needed if the vendor needs to be set up in the system for payment.

NAME OF VENDOR: _____ EIN #: _____
CONTACT NAME: _____ CONTACT PHONE #: _____
VENDOR ADDRESS:

_____

Along with the request form, include a separate sheet containing all required receipts showing the 10% match and a complete budget of expenses associated with the request.
Incomplete or missing information will delay processing.

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 & AGE: _____

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

Requests that are missing required documentation or information may be considered incomplete and will be returned for additional information, which could delay the review process. Before submitting your request, please review the checklist below.

- ○ Completed Oneida Finance Fund Request Form
- ○ Request submitted at least 15 business days before the conclusion of the activity and is not for an activity or expense that has already occurred.
- ○ Copy of Oneida Enrollment Verification for the requester or child (photo of tribal I.D. or Enrollment letter)
- ○ Activity/event flyer, brochure, registration information, payment schedule, invoice, estimate, quote, or other documentation showing the activity, dates, and cost for the current fiscal year (October 1st through September 30th)
- ○ All receipts, invoices, and supporting documentation must be for the current fiscal year
- ○ Proof of the required 10% match (receipt required)
- ○ Receipts showing expenses paid in full if requesting reimbursement
- ○ Detailed budget of all expenses associated with the request, if applicable
- ○ Vendor information for payments issued directly to a vendor on your behalf. Additional vendor forms may be required before payment can be processed.

FOR OFFICE USE ONLY

Date Received: _____ Date for FC Review: _____

Quarter of Review: 1 2 3 4 Request Number: OFF#27-_____