

YÂKWÂMI CAR SERVICE FUNDING FORM

CONTACT INFORMATION	
Name	Date
Address	Community
Phone, Fax, Email	
ABOUT THE ACTIVITY	
How do you plan to implement Yâkwâmi car service?	
When will your car service start?	When will your car service end?

How many nights are you planning?				
Who else will be involved? (e.g other entities)				
Will you have other available sources to help fund the service?				
Return completed form to:				

Jordan Stephen

Planning Programming Research Officer - Life Promotion

Jordan.stephen@ssss.gouv.qc.ca

Phone: 418-770-8871

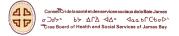
Alexandra Tremblay-Leclerc

Planning Programming Research Officer - Mental Wellness

Alexandra.tremblay-leclerc@ssss.gouv.qc.ca

Phone: 873-458-0294







WHAT IS YÂKWÂMI?

The Yâkwâmi Campaign aims to prevent impaired driving within Eeyou/Eenou Istchee by raising awareness and educating about the issue. Funds are available to support communities who are interested in implementing their own Yâkwâmi Car Service during the holiday season. These funds are provided by Public Health Awash-Uschiniichisuu Department of the Cree Board of Health and Social Services of James Bay.

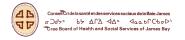
CONDITIONS/LIABILITY

- 1. Please note that we are not responsible for any damages caused to your vehicle during the Yâkwâmi Car Service.
- 2. This car service will only be within the communities:
 - Cannot pick up or drive persons to nearby towns, such as Chibougamau, Desmaraisville (D-ville), Matagami, and/or Radisson.
- 3. Driver will drive user of service directly to home address and not to another social setting.
- 4. Yâkwâmi is not an intervention, but a prevention, you are not obligated to intervene in any issue that may arise during the Yâkwâmi Car Service. Call Emergency Services right away if there needs to be an intervention.
- 5. Keep all receipts for your report at the end of this project.
- 6. The Cree Health Board, the local Bands (including Health and Social Departments, Recreational Departments), the Cree Women of Eeyou Istchee Association (CWEIA) and other entities can apply for Yâkwâmi Car Service funding; **partnership** must be established between those entities to facilitate activities and avoid their duplication (only one registration per community will be approved).
- 7. Flat rate is determined by the population of the community.

- 8. Please note that some restrictions may apply. You cannot use Yâkwâmi car service funding for:
 - Personal reasons (eg: individual take out plates)
 - Gift cards
 - Prizes
 - Additional honorariums

PROCEDURE

- 1. Fill out the *Funding* form. Write detailed information about your planned activity and how the money will be spent.
- 2. Fill out the *Cash Advance for Program Activity* form (found on the last page of this document). This will allow you to receive 75% of the requested amount in a timely matter. **Additional information requested includes:**
 - Breakdown your budget for this activity
 - Date and sign the form
 - direct deposit only: please provide a void cheque
- 3. Fax or email both forms to the Regional Public Health Department of CBHSSJB in Mistissini, for approval and authorization of payment.
- 4. You will be notified either by email or by phone, to inform you if there is already a registered group for your community.
- 5. To get the balance of the requested amount (25% or less depending on the total amount spent), the employee who received the funds will have to:
 - Include all original receipts
 - Send the Yâkwâmi log service
 - Complete the Yâkwâmi evaluation form
 - Send all those documents to the Regional Public Health Department of CBHSSJB in Mistissini



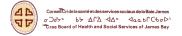


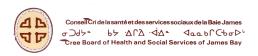
YÂKWÂMI CAR SERVICE Evaluation Form

Name			Commu	Community			
Start date			End dat	End date			
Participant num							
Total	Males	Females	Other	Number of times service was used (or frequency)			
Other partners	involved in the pr	oject					
How was your budget spent?							
What went we	ell (according to wi	nat was planned)?					
	(

Would you do the Yâkwâmi Car Service again? Please explain				
What would you improve?				
what would you improve?				
Comments				

Thank you





PAYMENT INFORMATION FOR PROGRAM ACTIVITY

Name of Employee:			Employee #:				
Place of Activity:							
Activity Starting date: _	date:/	// Expected # participants:					
		BUDGET BREAKDOWN	l				
	Descripti	on	Total				
			GRAND TOTAL				
Employee signature:			Dato				
Employee signature:			Date:				
Approved by:(Dire	isor)	Date:					
·	·	,					
o Cheque or o Direct dep	oosit (Please check one) re	equired by:					
For the first request, ple	ase provide either a che	eque specimen or the fo	ollowing banking ir	nformation:			
Institution name	Transit		tion number	Account number			
For Public Health Depa	rtment use only	Budge	et code	Amount			
Approved by:(Pe	erson responsible for budg	eet)					