



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

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Phone: 418-770-8871

Alexandra Tremblay-Leclerc

Planning Programming Research Officer -
Mental Wellness

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Phone: 873-458-0294

Regional Public Health Department - Cree Board of Health and Social Services of James Bay
260 Main Street, Mistissini (QC) G0W 1C0





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

Community

Start date

End date

Participant number

Total	Males	Females	Other	Number of times service was used (or frequency)

Other partners involved in the project

How was your budget spent?

What went well (according to what was planned)?

Would you do the Yâkwâmi Car Service again? Please explain

What would you improve?

Comments

Thank you



PAYMENT INFORMATION FOR PROGRAM ACTIVITY

Name of Employee: _____ Employee #: _____

Place of Activity: _____

Activity Starting date: ___/___/___ End date: ___/___/___ Expected # participants: _____

BUDGET BREAKDOWN

Description	Total
GRAND TOTAL	

Employee signature: _____

Date: _____

Approved by: _____
 (Director or Immediate Supervisor)

Date: _____

Cheque or Direct deposit (Please check one) required by: _____

For the first request, please provide either a cheque specimen or the following banking information:

Institution name _____	Transit _____	Institution number _____	Account number _____
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For Public Health Department use only		
	Budget code	Amount
Approved by: _____ (Person responsible for budget)	_____	_____