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CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY



Jordan's Principle – Project Request Form – Eeyou Istchee

Please complete this form to make a request, and send it by email to 18tcr.jordans.principle@ssss.gouv.qc.ca including all relevant documentation to support your request (list of children, support letter, consent forms)

SECTION 1 : Project Information	
Title of Project	
Project Lead	
Community	
Expected Date(s) of Project	
Estimate # of children	
Gender of children (#F/#M/other)	

SECTION 2 : Reason for the Project

What is the childrens' unmet need? (Give context)

SECTION 3 :Request Information

What are the services/products requested to meet the childrens' need?

SECTION 4: Summary of products or services requested (to be completed only where applicable or necessary)

Expenses related to the product or service requested	Amount	Comment/Description (if necessary)
Annual salary and fringe benefits		
Trainings related to the product or service (for employee concerned)		
Animation of workshops, activities or training		
Travel / transportation		
Educational material		
Medical equipment and supplies		
Service contracts (ex. : professional visiting)		
Professional fees (ex. : private clinic)		
Other (specify)		

Other (specify)		
Other (specify)		
Total		

SECTION 5 : FUNDING
What is the gap?
Why is this request a gap in service?
Who have you asked to fund this request ? <i>(Existing programs denied: Provincial/ Federal Funding programs, NIHB, CSB ,CHB, CNG....)</i>

SECTION 6 : REQUEST HISTORY

Was this project submitted to Jordan's Principal last fiscal year?

Yes No

If yes what are reasons for re-submitting? (Did you re-approach sources of funding?)

SECTION 7: OUTCOMES

What are the deliverable for this project

Additional Information

SECTION 7: DECLARATION & SIGNATURE

I declare this information to be true and accurate and that it does not contain a request for any benefit or service previously paid for by Department of Indigenous Services Canada or by any other plan(s)/program(s) that is noted in the statement of explanations of benefits.

Signature of Project Lead:

Name & Signature of person submitting the application:

Date:

Application Checklist

Also included in my application is:

- Excel list of children (birthdates and band number)
- Consent forms
- Support Letter – From a professional, within their scope of practice, how will this project (requested services/products) meet the children's unmet needs.
- Letter/ email from the manager to ensure that the department supports the project and that there is no source of funding for the project within their budget. *

**This applies to employees working under a supervisor ie CSB, CHB, CNG.*

All approved group projects will be required to submit a project summary report 30 days following the completion of their project.