



# INSTRUCTIONS FOR COMPLETING AN ONLINE PAYMENT REQUEST

*For approved funding under CFI*

This payment request form is intended only for individuals who have received a funding approval letter from Child First Initiative (CFI) Nunavik. If you do not have a letter signed by CFI Nunavik, your payment request must be addressed to Jordan's Principle at the following address: [principedejordanfacturation-qc-jordanprincipleinvoicing@sac-isc.gc.ca](mailto:principedejordanfacturation-qc-jordanprincipleinvoicing@sac-isc.gc.ca).

Please complete the online form when you have all the necessary documents and information required to process your payment request. This form cannot be saved before being submitted to CFI.

## PREPARE REQUIRED DOCUMENTS AND INFORMATION

- ISC file number for the approved request under CFI Nunavik
- Detailed invoices for products and services
- Void cheque, if applicable

## CLIENT TYPE

Please select the type of client your payment request is related to:

- Regular (individual, family or group): For a specific child or children, for whom you have the names and dates of birth.
- Project: For a project for which you do not have the names and dates of birth of specific children.

## FILE NUMBER

Provide the ISC file number associated with the approved funding for which you are submitting a payment request.

PAYMENT REQUEST INFORMATION		REGULAR	PROJECT
CHILD INFORMATION			
Please fill out for each child involved in the request:		Required	N/A
<ul style="list-style-type: none"><li>• Full Name</li><li>• Date of Birth</li></ul>			
If you need to include additional children, click "Add children". You can add as many children as needed, as long as you have all the required information. To remove a child from the request, click on the trash icon.			

PAYMENT REQUEST INFORMATION		REGULAR	PROJECT
TO WHOM WILL THE PAYMENT BE MADE ?			
Please indicate who the payment should be sent to by selecting one of the following options: <ul style="list-style-type: none"> <li>• <b>An Organization</b> if the payment should be made directly to an organization, such as community organization, health centre, etc.               <ul style="list-style-type: none"> <li>▪ Specify which one</li> </ul> </li> <li>• <b>A person</b> (parent, foster parent, etc.) If the payment should be made to an individual, such as a parent, foster parent or a friend, etc.</li> <li>• <b>The service provider</b> If the payment should be made directly to the provider who delivered the goods or services in question.               <ul style="list-style-type: none"> <li>▪ Company Name, if applicable</li> </ul> </li> </ul>		Required	Required
PAYMENT RECIPIENT INFORMATION			
<ul style="list-style-type: none"> <li>• Full name of the recipient</li> <li>• Title, if applicable.</li> <li>• Contact details (Phone number/extension and email address).</li> <li>• Contact Preference: Select your preferred method of contact in case we have questions.</li> </ul>		Required	Required
PAYMENT DETAILS			
You can add as many services as needed using the button at the bottom of the box. Remove a service by clicking the trash icon on the right.			
Select the service or product associated with the payment request from the drop-down menu.		Required	Required
<b>Children:</b> Check the children from the drop-down list (consisting of those you entered in the previous step).		Required	N/A
<b>Service cost:</b> Indicate the total cost, including taxes, of the service or product.		Required	Required

IT'S MY FIRST PAYMENT REQUEST TO CFI	I HAVE ALREADY SUBMITTED A PAYMENT REQUEST TO CFI
Provide the payment recipient's mailing address: <ul style="list-style-type: none"> <li>• Address, City/Community, Province/Territory, Postal Code</li> </ul>	Indicate if your address has changed since your last payment request. <ul style="list-style-type: none"> <li>• Yes, or Uncertain: Provide the payment recipient's mailing address Address, City/Community, Province/Territory, Postal Code</li> </ul>

## PAYMENT METHOD

Select your preferred method of payment:

- Cheque
- Direct deposit: Provide the email address to send the payment notification.
  - I have a Void cheque:  
**Yes**, Upload the Void cheque.  
**No**, please provide your banking information (institution number, branch number, account number, bank name).

## UPLOADING DOCUMENTS

You can upload as many documents as needed in each upload category.



### Invoices for services or products:

Please provide detailed invoices for the purchased services or products.

### Any other relevant documents:

Upload any other document you consider necessary for the proper understanding of your payment request.

## COMMENTS

Use this space to provide any comments regarding the uploaded documents or include the password if a document is protected.

If you have any questions, please contact us by email, phone, or schedule an appointment through the booking platform before submitting your request. We can assist you with filling out the online form.

Booking platform:	<a href="https://bit.ly/CFI-Booking">https://bit.ly/CFI-Booking</a>
Online form:	<a href="https://application.cfi.nrbhss.ca">https://application.cfi.nrbhss.ca</a>
Phone:	833-405-1234
Email:	<a href="mailto:cfi.nrbhss@ssss.gouv.qc.ca">cfi.nrbhss@ssss.gouv.qc.ca</a>

