ORAT
Office for Refugees
Archdiocese *of* Toronto

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CONSTITUENT GROUP (CG)
Cheque Requisition Form (to be used for PROJECT HOPE cases)

Funds can be released on a quarterly basis and should equal ¼ of the annual Resettlement Assistance Program support (RAP) or the amount deposited, whichever is less. Please note that the request is to be made at least one month in advance of when the funds are required. When entering dates, kindly use the DD-MMM-YY format (e.g., 26-Apr-17).

G Number	Family Size	Constituent Group Name	Date (DD-MMM-YY)

CG Representative Name

Last name (surname/family name)	Given name(s)	Telephone Number	Email Address

Principal Applicant (Newcomer)

Full Name	Telephone Number	Email Address

			DD-MMM-YY
Annual RAP Support:	$	Arrival Date:	
Monthly RAP Support:	$	Sponsorship End Date:	
¼ of Annual RAP:	$ 0		
Disbursed to Date:	$	Explanation:[i]	
Amount Requested:	$		
Remaining Balance:	$ 0	Satisfaction Level:[ii]	

Cheque Payable to:		Mailing Address:	

Signature Date: _____

CG Representative | ORAT Manager, Outreach | ORAT Manager, Operations

Archdiocese Accounting Date: _____- _____- _____

For Office Use:

Comments: _____

☐ - For Pick-Up ☐ - For Mailing Fund Pool: _____

[i] The cosponsor/CG is to provide a brief explanation of what the funds are required for (e.g., rent, food, clothing, furniture, incidentals…)
[ii] The newcomer is to provide a measure of satisfaction with their integration using the following scale: excellent, very good, good, poor, very poor