

830 Bathurst Street, Suite 104 Toronto, ON M5R 3G1 t: 647.494.5419 e: oratrefugeeoffice@archtoronto.org w: www.orat.ca

COSPONSOR Cheque Requisition from the <u>Central Refugee Account</u>

Funds are disbursed on a quarterly basis, with the initial installment including start-up plus 3 months of RAP support (Resettlement Assistance Program). Each of the remaining 3 installments include 3 months of RAP support only. Please fill and send in your request 30 days in advance of when the funds are required. Kindly use the DD-MMM-YY format (e.g., 26-Apr-17). Please email the form to oratoutreach@archtoronto.org.

G Number Family Size Con	astituent Group Name	Date (DD-MMM-YY)
Cosponsor		
Full Name	Telephone Number	Email Address
Principal Applicant (Newcomer)		
Full Name	Telephone Number	Email Address
Official Liability for Arrived: 1	Official Liability: 1	
Amount Deposited:	Arrival Date (DD-MMM-YY):	
Official Start-up Costs: 1	Sponsorship End Date:	
Official 3 Months RAP: 1	Is the Newcomer(s) Employee	d? ² □ Yes □ No
Present Balance:	Is the Newcomer(s) financiall sufficient?	y self- □ Yes □ No
Amount Requested	Number of Non-Accompanying Family Members (NAF): No. of NAF:	
Remaining Balance:	Satisfaction Level: ³	
Total Money Disbursed:		
Cheque: Payable to:	Mailing Address:	
Signatures:	Date	
Cosponsor	ORAT Outreach	ORAT Director
Archdiocese Accounting		Date:
For Office Use:		
Comments:	Fund pool: Gap Addressed:	
\square - For Pick-Up \square - For Mailing	g Other Instructions:	

¹ Please use the Budget Workbook, which is located on the ORAT website to calculate this figure. Archdiocese of Toronto - Resources (archtoronto.org)

 $^{^{2}}$ This is for information purposes only. It will not affect the disbursement of funds.

³ The newcomer is to provide a measure of satisfaction with their integration using the following scale: excellent, very good, good, poor, very poor O Cheque Request – Cosponsor 17-Jan-20