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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). Please email the form to "oratoutreach@archtoronto.org"

G Number Family Size Constituent Group Name				Date (DD-MMM-YY)
CG Representative Name				
	name(s)	Telephor	ne Number	Email Address
Principal Applicant (Newcomer)				
Full Name		Telephor	ne Number	Email Address
		1	I	DD-MMM-YY
Start-up Costs:			Arrival Date:	
Monthly RAP Support:		Sponsorsł	nip End Date:	
Start-up plus Yearly RAP:				
3 months of RAP:		E	xplanation: ⁱ	
Previously Disbursed:				
Amount Requested:				
Grand Total Disbursed:		Satisfac	tion Level: ⁱⁱ	
Cheque Payable to:		Mailing Address:		
<u>Signature</u>		L		Date:
CG Representative	Out	reach		ORAT Director
Archdiocese Accounting				Date:
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...)

"The newcomer is to provide a measure of satisfaction with their integration using the following scale: excellent, very good, good, poor, very poor