

1220 Yonge Street, Suite 203 Toronto, ON M4T 1W1 T: 416.934.3400 x 804 E:oratoutreach@archtoronto.org https://www.archtoronto.org/refugee

## **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 Gro	oup 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
Start-up Costs:	Arrival Date:	DD-MMM-YY
Monthly RAP Support:	Sponsorship End Date:	
Start-up plus Yearly RAP:		
3 months of RAP:	Explanation: <sup>i</sup>	
Previously Disbursed:		
Amount Requested:		
Grand Total Disbursed:	Satisfaction Level: <sup>ii</sup>	
Cheque Payable to:	Mailing Address:	
<u>Signature</u>		Date:
CG Representative	Outreach	ORAT Director
Archdiocese Accounting		Date:
Comments:		
☐ - For Pick-Up ☐ - For Mailing Fund Pool:		

<sup>&</sup>lt;sup>1</sup> 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