



### **COSPONSOR** **Cheque Requisition from the Central Refugee Account**

Funds are released on a quarterly basis. The first installment includes Start-Up plus 3 months of Resettlement Assistance Program (RAP) support. The remaining 3 installments only include 3 months of RAP support each. Please email the completed request to [oratoutreach@archtoronto.org](mailto:oratoutreach@archtoronto.org). Please be advised that there is a 30-day processing period for this request.

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

**Cosponsor**

Full Name	Telephone Number	Email Address

**Principal Applicant (Newcomer)**

Full Name	Telephone Number	Email Address

Official RAP for Arrived:	Arrival Date:
Amount Deposited:	Official Start-Up Costs:
Present Balance:	Official 3 Months RAP:
<b>Amount Requested:</b>	No. of Non-Accompanying Family Members:
Remaining Balance:	No. of Adult Dependents:
Total Money Disbursed:	No. of Seniors:
Family Reduction (New PA Name):	

Payable to:		Mailing Address:	
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Approval Signatures: \_\_\_\_\_ Date (DD-MMM-YY): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ *Cosponsor*                      \_\_\_\_\_ *ORAT Outreach & Director*                      \_\_\_\_\_ *Archdiocese Accounting*

For Office Use:

Comments: Installment # \_\_\_\_\_ Funding Pool: \_\_\_\_\_ Gap Addressed: \_\_\_\_\_

- For Pick-Up       - For Mailing      Other Special Instructions: \_\_\_\_\_

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