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

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. 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	Tele	phone Number	Email Address	
Principal Applicant (Newcomer)	,			
Full Name	Tele	phone Number	Email Address	
Official RAP for Arrived:	Arrival Date	e:		
Amount Deposited:	Official Star	Official Start-Up Costs:		
Present Balance:	Official 3 M	Official 3 Months RAP:		
Amount Requested:	No. of Non-	No. of Non-Accompanying Family Members:		
Remaining Balance:	No. of Adul	No. of Adult Dependents:		
Total Money Disbursed:	No. of Senio	No. of Seniors:		
Family Reduction (New PA Name):	1			
Payable co:	Mailing Address			
Approval Signatures:		Date (DD-MMM	M-YY):	
Cosponsor	ORAT Outreach & Director		Archdiocese Accounting	
For Office Use:				
Comments: Installment #	Funding Pool	:	Gap Addressed:	
\square - For Pick-Up \square - For Mailing	Other Special Instruction	ns:		