

SETTLEMENT PLAN and FINANCIAL ASSESSMENT COMMUNITY SPONSORS

REFER TO THE INSTRUCTION GUIDE FOR INFORMATION ON THIS FORM.

For CIC Use Only

CIC File Identification No.:

Principal Applicant ID No.:

A - GENERAL INFORMATION

Name of community sponsor			
Name of Cosponsor #1 (if applicable)			
Name of Cosponsor #2 (if applicable)			
Name of contact person - Surname		Given name(s)	
Home telephone no. () -	Work telephone no. () -	Fax no. () -	E-mail address
Mailing address (no. & street)			
City		Province	Postal code

B - ORGANIZATION PROFILE *If you require more space, add a page

1. Provide a description of your organization and its structure, purpose and designated officers and/or board of directors.
2. How many people form part of your organization? What are their various roles?
3. Provide a brief history of your organization. Include important dates, milestones and accomplishments.
4. Describe how your organization derives its income? (product sales, member fees, fundraising, etc.)
5. Is your organization financially solvent (able to manage its debt load)? What financial statements have you provided to show that your organization is solvent?

6. Briefly describe any refugee sponsorship activities or any other humanitarian work your organization has undertaken in the preceding three years.

C - SETTLEMENT NEEDS CHECKLIST

- * **Settlement Needs:** Identify who will be providing for the settlement needs by checking the relevant box (Note: more than one party may provide for the same need)
- * **In-Kind:** If your Group will have in-kind donations available to supply certain settlement needs, place a checkmark in the appropriate boxes.
- * **In-Kind Deduction:** Using the rates provided in the In-Kind Deduction Table (page 4), print the dollar value for each form of settlement assistance for which an in-kind donation is available. The total value of the in-kind donations will be deducted from the cost of your 12 month sponsorship.

Settlement Needs	Sponsor	Cosponsor #1	Cosponsor #2	In-Kind	In-Kind Deduction
START-UP COSTS					
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Home furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Household effects (pots, pans, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Bedding and linens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Food staples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Hook-up costs (rent deposit, telephone, utilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
MONTHLY EXPENDITURES					
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Transportation (public transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Living allowance (food, incidentals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
				Total In-Kind Deduction:	\$
SETTLEMENT ASSISTANCE					
Meet refugee(s) at the airport and provide transportation to the final destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Meet refugee(s) upon arrival at the final destination (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Locate an interpreter (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Apply for provincial health plan and Interim Federal Health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Apply for Social Insurance Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Select a family physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Select a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plan for medical emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Provide orientation (public transportation, banking services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Provide assistance in linking refugee(s) with community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enroll children in school (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Make child care arrangements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Register for child tax benefit (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enroll adults in language training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Provide assistance in finding employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

D - SETTLEMENT NEEDS - DETAILS

* Specify details of the plans your group has made or intends to make to help the refugee(s) settle.

* If you require more space, please add a page.

1. What accommodation (temporary or permanent) arrangements are available?

2. What support structure (staff or volunteer) will be available to provide the required settlement services?

Include the number of people who will assist with the refugee applicant's settlement and the times they will be available (day/evening/weekend) in your response.

3. Which immigrant settlement assistance agencies will the refugee applicant(s) likely access?

4. Are you planning to offer employment or labour market training to the sponsored refugee? If yes, provide details.

5. Describe the anticipated monthly expenses for the refugee applicant(s)?

6. If your group plans to use in-kind donations to support part of this sponsorship, provide details.

7. What contingency plans has your group made in case problems arise with the implementation of this plan?

8. **(Applicable only where cosponsors have signed the Undertaking)**

Provide further details on how the sponsor and cosponsor(s) plan to share settlement responsibilities.

E - FINANCIAL ASSESSMENT

* This section will allow the group to predetermine if it has committed sufficient funds to the sponsorship.

* Use the dollar amounts indicated on the Group's financial documents and the dollar amounts listed in the two cost tables below to fill out the following applicable sections to determine if the total amount committed equals or exceeds the total amount required.

Financial Commitment		Financial Requirement	
Community Sponsor's Commitment	\$ _____	Total Cost of Sponsorship (column "C" below)	\$ _____
1st Cosponsor's Commitment	+ \$ _____		
2nd Cosponsor's Commitment	+ \$ _____		
Funds held in trust	+ \$ _____	Total In-Kind Deduction (from page 2)	- \$ _____
Other sources of funds			
1. _____	+ \$ _____		
2. _____	+ \$ _____		
Total Financial Commitment = \$ _____		Final Cost of Sponsorship = \$ _____	

Sponsorship Cost Table (\$)

	A	B	C
Family Size	12 Months of Income Support	Start-Up Costs	Total Cost
1	7200	2300	9500
2	11950	3250	15200
3	14750	4550	19300
4	17100	5300	22400
5	19100	6000	25100
6	19600	6800	26400
For each additional family member add	700	500	1200

In-Kind Deduction Table (\$)

Family Size	Shelter	Clothing	Home Furnishings	Household Effects	Bedding & Linens	Food Staples
1	4000	375	700	325	75	100
2	6100	650	1025	350	125	175
3	6650	950	1350	375	175	350
4	7200	1150	1675	400	250	400
5	7800	1350	2000	425	325	400
6	8100	1550	2325	450	400	400
For each additional family member add	150	200	300	25	75	same

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☐ Met ☐ Not Met
F - SIGNATURE

Signature of Community Sponsor	DATE Day Month Year
Signature of Cosponsor #1 (if applicable)	DATE Day Month Year
Signature of Cosponsor #2 (if applicable)	DATE Day Month Year