



## SETTLEMENT PLAN and FINANCIAL ASSESSMENT Settlement organizations sponsoring under a Public Policy

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

Principal applicant's name - Surname (family name)		Given name(s)		Date of birth Y M D		
Name of settlement organization						
Name of cosponsor #1 (individual) (if applicable)						
Name of cosponsor #2 (organization) (if applicable)						
<b>Designated contact person:</b>						
Last name - Surname (family name)			Given name(s)			
Mailing address (no. & street)						
City			Province		Postal code	
Home telephone no. Area code No.		Work or cell telephone no. Area code No. Ext.		Facsimile no. Area code No.		E-mail address
<b>Alternate contact person:</b>						
Last name - Surname (family name)			Given name(s)			

### B - ORGANIZATION PROFILE (If you require more space, add a page)

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

**C - SETTLEMENT NEEDS CHECKLIST**

- \* **Settlement needs:** Check the relevant box to identify who will be providing for the settlement needs of the applicant you sponsor.  
**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.  
**Note:** In-kind supports are donations made in goods, commodities or services.
- \* **In-Kind deductions:** 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 support is available. The total value of the in-kind support will be deducted from the cost of your 12 month sponsorship.

Settlement Needs	Monetary Support	Amount	In-Kind	In-Kind Deduction
<b>START-UP COSTS</b>				
Clothing	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Furniture	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Start-up costs (Household effects, bedding and linens)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
School start-up costs	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Food staples (flour, sugar, rice, etc.)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Hook-up costs (rent deposit, telephone, utilities, etc.)	<input type="checkbox"/>	\$	n/a	n/a
Cost of medical health care (until family becomes eligible for provincial coverage)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Cost of prescribed medications and other supplemental health care (up to 1 year)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
<b>TOTALS</b>	<b>Total:</b>	<b>\$</b>	<b>Total:</b>	<b>\$</b>
<b>MONTHLY EXPENDITURES</b>				
Shelter	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Transportation (public transit)	<input type="checkbox"/>	\$	n/a	n/a
Living allowance (food, incidentals, etc.)	<input type="checkbox"/>	\$	n/a	n/a
<b>TOTALS</b>	<b>Total Monetary Support:</b>	<b>\$</b>	<b>Total In-Kind Deduction:</b>	<b>\$</b>

**D - SETTLEMENT NEEDS - DETAILS** (If you require more space, add a page)

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

<b>1</b>	What accommodation (temporary or permanent) arrangements are available?
<b>2</b>	What support structure (staff or volunteer) will be available to provide the required settlement services? Indicate the names of the individuals that will be volunteering and what tasks they will be assisting with (e.g. arrival, Social Insurance Number (SIN) application, Health card application, medical appointments, etc.). Also indicate their availability (daytime/evening/weekend).
<b>3</b>	<p>a) Which immigrant settlement assistance agencies will the applicant(s) likely access?</p>   <p>b) Have you contacted these agencies for information on available services?</p> <p><input type="checkbox"/> Yes   ►   Specify: _____</p> <p><input type="checkbox"/> No   ►   Explain: _____</p>
<b>4</b>	Are you planning to offer employment or labour market training to the sponsored person(s)?
<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   ►   If yes, provide details.</p>	

**5** Describe the anticipated monthly expenses for the sponsored applicant(s).

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

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

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**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/or individual member's Financial Profile and the dollar amounts listed in the two cost tables below to fill out this section.

<p><b>Financial Commitment</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Other sources of Funds</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td>Member 1 Financial Commitment</td> <td style="text-align: right;">+ \$ _____</td> </tr> <tr> <td>Member 2 Financial Commitment</td> <td style="text-align: right;">+ \$ _____</td> </tr> <tr> <td>Member 3 Financial Commitment</td> <td style="text-align: right;">+ \$ _____</td> </tr> <tr> <td>Member 4 Financial Commitment</td> <td style="text-align: right;">+ \$ _____</td> </tr> <tr> <td>Member 5 Financial Commitment</td> <td style="text-align: right;">+ \$ _____</td> </tr> <tr> <td><b>Total Financial Commitment</b></td> <td style="text-align: right;"><b>= \$ _____</b></td> </tr> </table>	Other sources of Funds	\$ _____	Member 1 Financial Commitment	+ \$ _____	Member 2 Financial Commitment	+ \$ _____	Member 3 Financial Commitment	+ \$ _____	Member 4 Financial Commitment	+ \$ _____	Member 5 Financial Commitment	+ \$ _____	<b>Total Financial Commitment</b>	<b>= \$ _____</b>	<p style="text-align: center; margin: 0;"><b>FOR CIC USE ONLY</b></p> <p><b>Financial Requirement</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Total Cost of Sponsorship: (column C below)</td> <td style="width: 30%; text-align: right;">\$ _____</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Total In-Kind Deduction: (from page 1)</td> <td style="text-align: right;">- \$ _____</td> </tr> <tr> <td><b>Final Cost of Sponsorship</b></td> <td style="text-align: right;"><b>= \$ _____</b></td> </tr> </table>	Total Cost of Sponsorship: (column C below)	\$ _____			Total In-Kind Deduction: (from page 1)	- \$ _____	<b>Final Cost of Sponsorship</b>	<b>= \$ _____</b>
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<b>Sponsorship Cost Table (\$)</b>			
Family Size	12 Months of Income Support	Start-up Costs	Estimated Total Annual Settlement Cost (\$)
1	9,800	2,800	12,600
2	16,800	4,400	21,200
3	17,700	5,300	23,000
4	20,000	7,000	27,000
5	22,500	7,200	29,700
6	24,500	8,000	32,500
<b>Additional member</b>	1,550	1,000	2,500

**E - FINANCIAL ASSESSMENT (continued)**

Family Size	In-Kind Deduction Table (\$)					School Start-up Costs	Food Staples
	Shelter	Clothing	Furniture	Start-up Costs			
1	6,000	500	1,500	325		175	
2	7,100	1,000	2,000	350		250	
3	7,800	1,375	2,500	375		325	
4	8,400	1,750	3,000	400		400	
5	9,600	2,125	3,500	425		475	
6	9,600	2,500	4,000	450		550	
<b>For each additional member, add</b>	900	375	500	25	150 per child between ages 5 - 21	75	

FOR CIC USE ONLY     Met     Not Met

**F - SIGNATURES**

Settlement organization (PRINT name)	Signature	DATE	Year	Month	Day
Cosponsor #1 (individual) (if applicable) (PRINT name)	Signature	DATE	Year	Month	Day
Cosponsor #2 (organization) (if applicable) (PRINT name)	Signature	DATE	Year	Month	Day

The information you provided on this form is collected under the authority of the **Immigration and Refugee Protection Act** and will be used to maintain a record of application and sponsorship undertakings according to the requirements of the Act. It will be retained in the Personal Information Bank CIC PPU 008 identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at [infosource.gc.ca](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**