

## UMCOR Afghan Refugee Resettlement REIMBURSEMENT FORM

### Application Information

There are four parts to this application.

- **Part I: General Applicant Information**
- **Part II: Engagement Information**
- **Part III: Expenses**
- **Part IV: Signatures**

Please be clear and concise when completing this form. All sections must be completed. Submit one form with all expenses claimed for a one-time reimbursement.

In Part IV, please note that applications must be signed by the senior pastor and a Church World Service (CWS) staff member, whether an affiliate or at national headquarters. This will verify your church's sponsorship relationship with CWS.

Completed applications will be accepted on a rolling basis through April 30, 2022. Please submit completed applications (Afghan Refugee Resettlement Reimbursement form, scanned receipts, and wire transfer form) to [migrationsp@umcor.org](mailto:migrationsp@umcor.org). File size limits on email can be avoided by sending files through [wetransfer.com](https://wetransfer.com).

Questions about the application form or the process can be sent to [migrationsp@umcor.org](mailto:migrationsp@umcor.org).

---

### Part I: General Applicant Information

**Local Church:** Name

Address

Telephone

Website

Annual Conference

**Total number of members in congregation**

**Contact person:** Name

Title

Telephone

Email

**Has your church received an UMCOR or Global Ministries grant in the past?** Y    N

---

### Part II: Engagement Information

1. How did your church hear about the opportunity to engage in Afghan refugee resettlement efforts with CWS?

2. What motivated your church to engage in Afghan refugee resettlement efforts?

3. What has your experience been like participating in this CWS program?

4. How many refugees benefited from your church's engagement?

5. Is there anything you would like to communicate to UMCOR?

---

### Part III: Expense List

Please list expenses up to \$1,000 and provide scanned copies of receipts, labeling receipts with the number listed below. Receipts can be sent as attachments.

Receipt #	Item	Description	Total cost	No. of refugees benefiting
0	Groceries	Groceries for 1 household for 1 month	\$200	2 adults, 2 children
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**Total Amount Expended**

---

## Part IV: Afghan Refugee Resettlement Reimbursement Form Signatures

**Local Church:** Name

Address

Telephone

Website

Annual Conference

**Senior Pastor:** Name

Date

Signature

**CWS Staff Person:** Name

Address

Telephone

Date

Signature