

Refugee Resettlement Program Estimates: CMA

(Cash/Medical/Administration/Unaccompanied Minors)

State: _____

Federal Fiscal Year: _____ Date: _____

Col. 1	Col. 2	Col. 3	Col. 4	
Cash/Medical Administration	Estimated Average Monthly Unit Cost	Estimated Average Monthly Recipients/Users	Estimated Fiscal Year Expenditures a/	
Cash assistance: RCA recipients	\$		\$	1
Medical assistance: Health Screenings b/ RMA recipients	\$ \$		\$ \$	2 3
Administration: Overall management c/ Provision of RCA/RMA			\$	4
Total administration/d			\$	5
			\$	6
Child welfare services for unaccompanied minors (including administration)	\$		\$	7
		Total Estimate e/	\$	8
Signature: Approving Official		Typed Name and Title		
Date Submitted		Agency Name		

a/ To annualize monthly costs, first multiply column 2 by column 3 and then multiply by 12.

b/ Include only health screening costs paid through RMA.

c/ In accordance with 45 CFR 400.13(c).

d/ Line 6 equals sum of lines 4 and 5

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			\$	4
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Child welfare services for unaccompanied minors (including administration)	\$		\$	6
		Total Estimate c/	\$	7
Signature: Approving Official		Typed Name and Title		
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a/ To annualize monthly costs, first multiply column 2 by column 3 and then multiply by 12.

b/ In accordance with 45 CFR 400.13(c).

c/ Total equals sum of lines 1, 2, 5, and 6 of column 4.