

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			\$	5
			\$	6
Child welfare services for unaccompanied minors (including administration)	\$		\$	7
		Total Estimate d/	\$	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/ Total equals sum of lines 1, 2,
3, 6, and 7 of column 4.