

**OFFICE OF REFUGEE RESETTLEMENT
ORR-1 CASH AND MEDICAL ASSISTANCE PROGRAM ESTIMATES**

Grantee: _____

Federal Fiscal Year: _____

| <i>Cash and Medical Assistance Program Components (Column A)</i> | | <i>Estimated Average Monthly Unit Cost (Column B)</i> | <i>Estimated Average Monthly Recipients/Users (Column C)</i> |
|--|---|---|--|
| 1. Refugee Cash Assistance (RCA) | <i>(a) RCA Recipient Costs</i> | | |
| | <i>(b) RCA Administration</i> | | |
| | <i>(c) Subtotal</i> | | |
| 2. Refugee Medical Assistance (RMA) | <i>(a) RMA Recipient Costs</i> | | |
| | <i>(b) RMA Administration</i> | | |
| | <i>(c) Medical Screening/2</i> | | |
| | <i>(d) Medical Screening Administration/2</i> | | |
| | <i>(e) Subtotal</i> | | |
| 3. Unaccompanied Refugee Minors (URM) | <i>(a) Services for URM</i> | | |
| | <i>(b) URM Program Administration</i> | | |
| | <i>(c) Subtotal</i> | | |
| 4. Administration - Program Coordination and Planning/3 | | | |
| 5. Total Administration/4 | | | |
| 6. Total Estimate/5 | | | |
| Signature of Approving Official | | Name and Title of Approving Official | |
| Telephone Number: | | E-mail Address: | |

1/ To annualize monthly costs for rows 1(a), 2(a), 2(c), and 3(a), multiply the figure in column B by the figure in column C and then multi

2/ Include only medical screening and medical screening administration costs paid through RMA.

3/ In accordance with 45 CFR 400.13c.

4/ Total Administration equals sum of lines 1(b), 2(b), 2(d), 3(b), and 4 of column D.

5/ Total Estimate equals sum of lines 1(c), 2(e), 3(c), and 5 of column D.

