

**OFFICE OF REFUGEE RESETTLEMENT  
CASH AND MEDICAL ASSISTANCE PROGRAM  
ORR-2 QUARTERLY REPORT ON EXPENDITURES AND OBLIGATIONS**

<i>Cash and Medical Assistance Program Components (Column A)</i>		<i>Total Cumulative Expenditures (Column B)</i>	<i>Total Cumulative Unliquidated Obligations (Column C)</i>	<i>Total Expenditures and Unliquidated Obligations (Column D)</i>	<i>Federal Funds Authorized (Column E)</i>
<b>1. Refugee Cash Assistance (RCA)</b>	<i>(a) RCA Recipient Costs</i>				
	<i>(b) RCA Administration</i>				
	<i>(c) Subtotal</i>				
<b>2. Refugee Medical Assistance (RMA)</b>	<i>(a) RMA Recipient Costs</i>				
	<i>(b) RMA Administration</i>				
	<i>(c) Medical Screening</i>				
	<i>(d) Medical Screening Administration</i>				
	<i>(e) Subtotal</i>				
<b>3. Unaccompanied Refugee Minors (URM)</b>	<i>(a) Services for URM</i>				
	<i>(b) URM Program Administration</i>				
	<i>(c) Subtotal</i>				
<b>4. Administration - Planning and Coordination</b>					
<b>5. Total Administration</b>					
<b>6. Total</b>					
<b>7. Recipient Organization and Address</b>			<b>8. Grant Document Number</b>		<b>OMB NO. X</b>
					<b>Approval Exp</b>
			<b>9. Grant Award Number</b>		<b>10. Final Report</b>
					<b>Yes [ ]</b>
<b>11. Grant Period</b>	<i>From:</i>		<b>12. Report Period</b>	<i>From:</i>	<b>13. Employer Identifi</b>
	<i>To:</i>			<i>To:</i>	
<b>14. Remarks:</b>					
<b>15. Name of Approving Official</b>			<b>16. Title of Approving Official</b>		
<b>17. Certification: I certify that, to the best of my knowledge, all expenditures and obligations are for the purpose set forth in the award documents.</b>			<b>18. Telephone Number</b>		
			<b>19. Email Address</b>		

*Signature of Approving Official*

*20. Date Report Submitted*

***Unobligated  
Balance  
(Column F)***


***XXX-XXXX***

***pires 2/28/XX***

***No [ ]***

***ification Number***

