

**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>
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</i>				
	<i>(d) Medical Screening Administration</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 - Planning and Coordination					
5. Total Administration					
6. Total					
7. Recipient Organization and Address			8. Grant Document Number		OMB NO. X
					Approval Exp
			9. Grant Award Number		10. Final Report
					Yes []
11. Grant Period	<i>From:</i>		12. Report Period	<i>From:</i>	13. Employer Identifi
	<i>To:</i>			<i>To:</i>	
14. Remarks:					
15. Name of Approving Official			16. Title of Approving Official		
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.			18. Telephone Number		
			19. Email Address		

Signature of Approving Official

20. Date Report Submitted

