## Refugee Support Services (RSS) and RSS Set Aside Sub-Grantee List Instructions

The **Refugee Support Services (RSS) and RSS Set Aside Sub-Grantee List** will provide a list of subgrantees who have been contracted to provide RSS and RSS Set Aside Programming {Refugee School Impact (RSI), Services to Older Refugees (SOR), Youth Mentoring (YM), and Refugee Health Promotion (RHP)}. In line with the ORR-6 Annual Service Plan, this form will be submitted every November 30. The Sub-Grantee information reported must reflect the 12-month period of services under contract as of October 1 that year. (For more information, see "Fiscal Year" below.)

| Item  | Data Element               | Instructions   |
|-------|----------------------------|--|
| 1.    | State/Grantee              | If the Refugee Resettlement Program (RRP) is state administered, enter only the state. If the RRP is administered by a Replacement Designee, enter the name of the agency and the state in which it operates.  |
| 2.    | Fiscal Year                | Enter the Federal Fiscal Year (FFY) for which the RSS and RSS Set Aside<br>Sub-Grantee Form is being submitted. Due to differences in state<br>contracting cycles, the Office of Refugee Resettlement (ORR) does not<br>specify that the contract period coincide with the FFY. Instead, this<br>information is to reflect each state's 12-month period of services under<br>contract effective at the beginning of a FFY, October 1, regardless of when<br>that period begins and ends. |
| 3.    | Date                       | Enter the date that the report is submitted.   |
| 4.    | Sub-Grantee<br>Information | In this section, list the sub-grantees for all RSS and RSS Set Aside sources<br>of funding, including RSI, SOR, YM, and RHP. As stated above, this<br>information must reflect the 12-month period of services under contract as of<br>October 1 that year. (Refugee Health Promotion will become a RSS Set<br>Aside beginning FFY 2021.)  |
| 4. A. | City                       | City where the sub-grantee is located.   |
| 4. B. | Name of Sub-<br>Grantee    | Name of sub-grantee under contract, as of October 1 that year.   |
| 4. C. | Agency Phone<br>Number     | Agency phone number for that sub-grantee.  |
| 4. D. | Program                    | Program should identify whether this sub-grantee is providing RSS, RSI, SOR, YM, or RHP. Only one program should be identified for each row.   |
| 4. E. | Funding Amount             | Funding amount for the contract, as of October 1 that year.  |