

**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/ Annualized monthly costs for rows 1(a), 2(a), 2(c), and 3(a), in column B are multiplied by the figure in column C and then multiplied

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 4 of column D.

<i>Estimated Total Fiscal Year Expenditures/1 (Column D)</i>	
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
Date Report Submitted:	