

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

OMB 0970-0407  
Expires 02/28/2026

<b>1. Federal Agency and Organization Element to Which Report is Submitted</b>		<b>2. Grant Document/Award Number</b>		<b>3. EIN</b>	
<b>4. Grantee Recipient Organization Name and Address</b>			<b>Grantee Name 2</b>		
<b>Address Line 1</b>			<b>Address Line 2</b>		
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Zip Ext.</b>	

<b>5a. Project/Grant Period Start Date:</b>	<b>5b. Project/Grant Period End Date:</b>	<b>6a. Reporting Period Start Date:</b>	<b>6b. Reporting Period End Date:</b>	<b>7. Final Report? (Yes or No)</b>

Cash and Medical Assistance Program Components (Column A)		Total Cumulative Expenditures (Column B)	Total Cumulative Unliquidated Obligations (Column C)	Total Expenditures and Unliquidated Obligations (Column D)	Federal Funds Authorized (Column E)	Unobligated Balance (Column F)
<b>1. Refugee Cash Assistance (RCA)</b>	(a) RCA Recipient Costs					
	(b) RCA Administration					
	(c) Subtotal					
<b>2. Refugee Medical Assistance (RMA)</b>	(a) RMA Recipient Costs					
	(b) RMA Administration					
	(c) Medical Screening					
	(d) Medical Screening Administration					
	(e) Subtotal					
<b>3. Unaccompanied Refugee Minors (URM)</b>	(a) Services for URMs					
	(b) URM Program Administration					
	(c) Subtotal					
<b>4. Administration - Planning and Coordination</b>						
<b>5. Total Administration</b>						
<b>6. Total</b>						

<b>7. Remarks:</b>	
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**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>8. Name and Title of Approving Official</b>	<b>9. Telephone Number</b>
<b>10. Email Address</b>	
<b>11. Signature of Approving Official</b>	<b>12. Date Report Submitted</b>

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