

OFFICE OF REFUGEE RESETTLEMENT

ORR-1 Cash and Medical Assistance Budget Estimate and Justification

[General Overview](#)

In order to receive quarterly Cash and Medical Assistance Grants (CMA) grants for cash assistance, medical assistance, services to unaccompanied refugee minors, and related administrative costs, a State or Replacement Designee (RD) must submit to ORR an estimate for reimbursable costs for the federal fiscal year (FFY), identified by type of expense and justification in support of the estimate. You must submit this estimate and justification no later than 45 days prior to the beginning of the FFY, in accordance with guidelines prescribed by the ORR Director (45 CFR §400.11(b)(1)).

The ORR-1 CMA Budget Estimate and Justification has two parts: 1) the ORR-1 form to report CMA estimates by program component and administrative costs for the FY; and 2) this document, the ORR-1 Instructions and Budget Workbook, to help you develop and justify your budget estimate for that ORR-1 form. The workbook includes the following:

- **INSTRUCTIONS:** Instructions on completing the ORR-1 Instructions and Budget Workbook and the ORR-1 form.
- **ORR-1 PREP FORM:** This form updates upon completion of the ORR-1 budget workbook; it is designed for you to use to populate the ORR-1 form in the Grant Solutions On-Line Data Collection.
- **ADMIN BUDGET AT-A-GLANCE:** Summary table of administrative costs that auto-populates with the data entered in ADMIN BUDGET WORKSHEET.
- **ADMIN BUDGET WORKSHEET:** Worksheet to develop and justify the administrative budget. The columns titled with LINE 1(b), LINE 2(b), LINE 2(d), LINE 3(b), and LINE 4 auto populate the corresponding lines on the ORR-1 prep form.
- **LINE 1(a) RCA BENEFICIARY COSTS:** Worksheet to develop and justify the RCA beneficiary costs.
- **LINE 2(a) RMA BENEFICIARY COSTS:** Worksheet to develop and justify the RMA beneficiary costs.
- **LINE 2(c) MEDICAL SCREENING:** Worksheet to develop and justify medical screening costs.
- **LINE 3(a) SERVICES FOR URM:** Worksheet to develop and justify services for URM costs.

Upon completion of the ORR-1 Instructions and Budget Workbook, the ORR-1 PREP FORM will auto populate, and you should use this information to populate the ORR-1 form in the Grant Solutions On-Line Data Collection.

Due Date: The ORR-1 CMA Budget Estimate and Justification is due annually on August 15.

Submission: The ORR-1 CMA Budget Estimate and Justification must be submitted via the OLDSC section in GrantSolutions. Recipients must enter CMA estimates directly in the ORR-1 form in the GrantSolutions On-Line Data Collection and upload the ORR-1 Instructions and Budget Workbook as an attachment.

[Instructions](#)

These INSTRUCTIONS follow the format of the ORR-1 form and refer to related worksheets in the ORR-1 Instructions and Budget Workbook. Each worksheet follows the instructions included on this tab, with additional detail dispersed throughout relevant sections of the worksheet to walk you through completion of each section. The worksheets are locked to eliminate errors in calculations.

The ORR-1 PREP FORM will auto-populate based on information entered into each section of the workbook. You should use this information to populate the ORR-1 form in the Grant Solutions On-Line Data Collection. You must upload the ORR-1 budget workbook as an attachment to the ORR-1 form.

1. Refugee Cash Assistance (RCA)

(a) RCA Beneficiary Costs

Report estimated cash assistance costs on line 1(a) of the ORR-1 form.

Step 1: Calculate the *Estimated Average Monthly Unit Cost* and enter the number in the appropriate field within the workbook tab titled Line 1(a) RCA BENEFICIARY COSTS.

- The monthly RCA unit costs should be consistent with applicable RCA/TANF rates as indicated in your state plan.

Step 2: Calculate the *Estimated Average Monthly Beneficiaries* and enter the number in the appropriate field within the workbook tab titled Line 1(a) RCA BENEFICIARY COSTS.

- Round the average monthly beneficiaries rounded up to the nearest whole number. Do not use decimals.

Step 3: Justify the monthly unit cost estimate (e.g., based on previous monthly expenditure) and the number of monthly beneficiaries in the appropriate field within the workbook tab titled Line 1(a) RCA BENEFICIARY COSTS

Step 4: Data from the workbook tab titled Line 1(a) RCA BENEFICIARY COSTS will auto populate in the workbook tab titled ORR-1 PREP FORM.

(b) RCA Administration

Report direct and indirect cost estimated for the administration of the RCA program on line 1(b) of the ORR-1 form:

- Include staff supervision and oversight, local travel for RCA intakes, interpretation and translation services for RCA beneficiaries, and other administrative direct and indirect costs estimated for performing tasks related to RCA intakes, eligibility determinations, and distribution of benefits.
- If the State Refugee Coordinator's office conducts RCA eligibility determinations, include the cost of dedicated staff performing that task.

Step 1: Calculate *RCA Administration* costs.

- In the ORR-1 budget workbook tab labeled ADMIN BUDGET WORKSHEET, enter estimates costs for staff supervision and oversight, local travel for RCA intakes, interpretation and translation services for RCA beneficiaries, and other administrative direct and indirect costs estimated for performing tasks related to RCA intakes, eligibility determinations, and distribution of benefits.
- For each cost category, provide justification and/or cost factors for deriving the estimated amount based on: staff FTE, function, and benefits; travel costs justified by number of staff and travel purpose (e.g., consultation, training, quarterly meetings, technical assistance, monitoring); and overhead.

Step 2: Data from the workbook tab titled ADMIN BUDGET WORKSHEET will auto populate in the workbook tab titled ORR-1 PREP FORM.

(c) Subtotal

The sum of *RCA Beneficiary Costs* and *RCA Administration* will automatically calculate the subtotal of the estimated RCA expenditures and auto populate in the workbook tab titled ORR-1 PREP FORM

2. Refugee Medical Assistance (RMA)

(a) RMA Beneficiary Costs

On line 2(a) of the ORR-1, report the *Estimated Total Fiscal Year Expenditures* for RMA beneficiary costs (Column D), including but not limited to:

- Costs of medical services for RMA beneficiaries.
- Costs of monthly premiums/capitation fees, as well as additional claims/encounters.
- Interpretation and transportation costs for medical services provided to RMA beneficiaries in parallel with the Medicaid program in the state.
- Medical screening related services billed through the RMA health coverage program as a covered benefit.

Do NOT include medical screening costs billed separately from the RMA health coverage program.

Step 1: Calculate the *Estimated Total Fiscal Year Expenditures* for RMA beneficiary costs and enter the number in the appropriate field within the workbook tab titled Line 2(a) RMA BENEFICIARY COSTS.

Step 2: Calculate the *Estimated Annual Beneficiaries* for RMA beneficiary costs and enter the number in the appropriate field within the workbook tab titled Line 2(a) RMA BENEFICIARY COSTS

Step 3: Provide an *RMA Justification Statement* in the appropriate field within the workbook tab titled Line 2(a) RMA BENEFICIARY COSTS

Step 4: Data from the workbook tab titled Line 2(a) RMA BENEFICIARY COSTS will auto populate in the workbook tab titled ORR-1 PREP FORM.

(b) RMA Administration

Report direct and indirect costs estimated for the administration of the RMA program by a state's Medicaid agency, local public assistance offices, and any other administering agencies on line 2(b) of the ORR-1 form:

- Include personnel and other administrative direct and indirect costs estimated for performing tasks related to RMA intakes, RMA eligibility determinations, and provision of RMA benefits.
- If a recipient combines RMA and RCA eligibility administrative costs during the public assistance intake, the recipient may report the cost on the RCA line but should indicate RMA is combined in the justification statement.
- If the SRC office conducts RMA eligibility determinations, include the cost of dedicated staff conducting RMA eligibility determinations on line 2(b).

Do NOT include SRC and SRC staff oversight of the RMA program; this should be included on ORR-1 line 4, *Administration - Program Coordination and Planning*.

Step 1: Calculate *RMA Administration* costs.

- In the ORR-1 budget workbook tab labeled ADMIN BUDGET WORKSHEET, enter the personnel, travel, and other administrative costs for RMA Administration.
- For each cost category, provide justification and/or cost factors for deriving the estimated amount based on: staff FTE, function, and benefits; travel costs justified by number of staff and travel purpose (e.g., consultation, training, quarterly meetings, technical assistance, monitoring); and overhead.

Step 2: Data from the workbook tab titled ADMIN BUDGET WORKSHEET will auto populate in the workbook tab titled ORR-1 PREP FORM.

(c) Medical Screening

On line 2(c) of the ORR-1 form, report allowable costs of local health departments, screening clinics, and other health and non-health agencies under agreement with the SRC and/or the Refugee Health Coordinator (RHC) involved in the provision of medical screenings, including but not limited to:

- Personnel and administrative costs of subrecipients necessary for the provision of medical screening, such as coordination to ensure timeliness and accessibility, data entry, and other administrative tasks.
- Direct costs of medical services (e.g., cost of a test or cost of bundled services).
- Interpretation and transportation for medical screening beneficiaries (allowable if activity is not already provided by the Department of State (DOS)/Bureau of Populations, Refugees, and Migration (PRM) Reception & Placement program (R&P)).
- Other costs necessary for the provision of medical screening.

Do NOT include on line 2(c) the medical screening costs billed through the RMA health coverage program or the RHC and RHC staff costs, even if the RHC is a subrecipient of the SRC.

Step 1: Calculate the *Estimated Total Fiscal Year Expenditure* for Medical Screening and enter the number in the appropriate field within the workbook tab titled Line 2(c) MEDICAL SCREENING.

Step 2: Calculate the *Estimated Annual Beneficiaries* for Medical Screening and enter the number in the appropriate field within the workbook tab titled Line 2(c) MEDICAL SCREENING.

Step 3: Provide *Medical Screening Subrecipients* in the appropriate fields within the workbook tab titled Line 2(c) MEDICAL SCREENING, consistent with the instructions provided therein.

Step 4: Provide the *Medical Screening Fee Schedule* in the appropriate fields within the workbook tab titled Line 2(c) MEDICAL SCREENING, consistent with the instructions therein.

Step 5: Provide a *Medical Screening Justification Statement* in the appropriate field within the workbook tab titled Line 2(c) MEDICAL SCREENING.

Step 6: Data from the workbook tab titled Line 2(c) MEDICAL SCREENING will auto populate in the workbook tab titled ORR-1 PREP FORM.

(d) Medical Screening Administration and Health Coordination

On line 2(d) of the ORR-1 form, report allowable costs of the RHC and RHC staff involved in the administration of the medical screening program and overall coordination of health-related activities, including but not limited to:

- Personnel and administrative costs of the RHC and RHC staff, including but not limited to management, planning, coordination, policy and program development, oversight, monitoring, consultation, training, technical assistance, travel, data collection, and reporting.
- RHC office indirect and allocated costs, in accordance with approved state Indirect Cost Rate Agreements and Cost Allocation Plans.
- Include the costs of the RHC and health staff dedicated to the administration of the medical screening program and overall coordination of health-related activities on line 2(d) even if they reside in the same office as the SRC. Do not include these costs on ORR-1 line 4, *Administration - Program Coordination and Planning*.

Step 1: Calculate Medical Screening Administration and Health Coordination costs.

- In the ORR-1 budget workbook tab labeled ADMIN BUDGET WORKSHEET, enter the personnel, travel, and other administrative costs for Medical Screening Administration and Health Coordination.
- For each cost category, provide justification and/or cost factors for deriving the estimated amount based on: staff FTE, function, and benefits; travel costs justified by number of staff and travel purpose (e.g., consultation, training, quarterly meetings, technical assistance, monitoring); and overhead.

Step 2: Data from the workbook tab titled ADMIN BUDGET WORKSHEET will auto populate in the workbook tab titled ORR-1 PREP FORM.

(e) Subtotal

The RMA Beneficiary Costs, RMA Administration, Medical Screening, and Medical Screening Administration and Health Coordination will automatically sum to determine the subtotal of the estimated RMA expenditures and will be auto populated in the workbook tab titled ORR-1 PREP FORM.

3. Unaccompanied Refugee Minors (URM)

(a) Services for URMs

On line 3(a) of the ORR-1 form, report all allowable costs of counties, URM provider agencies, and other service providers under agreement with the state to provide children and youth enrolled in the URM program approved benefits and services available to other foster youth in the state, per federal regulations and ORR policy, including but not limited to:

- Core services including case management, family reunification, health care, mental health services, social adjustment, English language learning, education and vocational training, career planning and employment, preparation for independent living and social integration, preservation of ethnic and religious heritage, coordination of immigration assistance, and transition to adulthood services and benefits.
- Expenditures incurred in establishing legal responsibility
- Services identified in the State's plans under titles IV-B and IV-E of the Social Security Act, and services permissible under title XX of the Social Security Act
- Administrative costs incurred by subrecipients in the provision of child welfare services to URMs
- Indirect and allocated costs, in accordance with approved state Indirect Cost Rate Agreements and Cost Allocation Plans

Step 1: Calculate the *Estimated Total Fiscal Year Expenditures* and enter the number in the appropriate field within the workbook tab labeled LINE 3(a) SERVICES FOR URM.

Step 2: Calculate the *Estimated Average Monthly Beneficiaries* and enter the number in the appropriate field within the workbook tab labeled LINE 3(a) SERVICES FOR URM. When making this calculation, recipients should obtain refugee minor (M4s) arrival estimates from the DOS/PRM and use historical national level projection of ORR referred eligible URM populations to formulate estimate. Recipients may use a client loading chart to calculate the average number of monthly URM beneficiaries and include beneficiaries anticipated to roll over from the previous year.

Step 3: *Estimated Average Monthly Unit Cost* for URM services will auto populate in the appropriate field within the workbook tab labeled LINE 3(a) SERVICES FOR URM.

Step 4: Provide *Subrecipient(s) and Budget Categories* in the appropriate fields within the workbook tab titled Line 3(a) SERVICES FOR URM, consistent with the instructions provided therein, including items #1-9

Step 5: Provide the *Budget Justification and Narrative* in the appropriate fields within the workbook tab titled Line 3(a) SERVICES FOR URM, consistent with the instructions provided therein.

Step 6: Provide an *Identification of Attachments* in the appropriate field within the workbook tab titled Line 3(a) SERVICES FOR URM, consistent with the instructions provided therein. Upon completion of *Estimated Total Fiscal Year Expenditures*, *Estimated Average Monthly Beneficiaries*, *Subrecipient(s) and Budget Categories*, and the *Budget Justification and Narrative*, any associated documentation should also be uploaded into OLDC as attachments. Please identify the attachments the recipient is uploading.

Step 7: Data from the workbook tab titled Line 3(a) SERVICES FOR URM will auto populate in the workbook tab titled ORR-1 PREP FORM.

(b) URM Program Administration

On line 3(b) of the ORR-1 form, report all allowable costs of the SRC, SRC office and/or other state agency (e.g., child welfare or medical assistance agency) related to the administration of the URM program, including but not limited to:

- Personnel, management, planning, coordination, policy and program development, oversight, monitoring, consultation, training, technical assistance, travel, data collection, and reporting.
- SRC office and/or other state agency indirect and allocated costs, in accordance with approved state Indirect Cost Rate Agreements and Cost Allocation Plans.

Step 1: Calculate URM Program Administration costs.

- In the ORR-1 budget workbook tab labeled ADMIN BUDGET WORKSHEET, enter the personnel, travel, and other administrative costs for URM Program Administration.
- For each cost category, provide justification and/or cost factors for deriving the estimated amount based on: staff FTE, function, and benefits; travel costs justified by number of staff and travel purpose (e.g., consultation, training, quarterly meetings, technical assistance, monitoring); and overhead.

Step 2: Data from the workbook tab titled ADMIN BUDGET WORKSHEET will auto populate in the workbook tab titled ORR-1 PREP FORM.

(c) Subtotal

The sum of *Services for URM* and *URM Program Administration* will automatically calculate the subtotal of the estimated URM expenditures and auto populate in the workbook tab titled ORR-1 PREP FORM

4. Administration - Program Coordination and Planning

On line 4 of the ORR-1 form, report:

- Administrative costs estimated for the overall management of the state refugee program, including personnel and travel costs for the SRC or RD lead and staff, coordination, planning, policy and program development, oversight, monitoring, consultation, data collection, reporting, and travel. Examples include: development of state plans, program and service coordination, development of program instructions, program monitoring to meet ORR requirements, training and technical assistance provided by state core staff to local government and private sector service providers, interagency coordination where applicable, and conferences and related travel as allowable. All personnel costs should be in accordance with the amount of time devoted to activities specifically allocable to the administration of CMA for eligible populations.
- For contractual costs, include administrative costs. In the narrative sections accompanying each cost category in ADMIN BUDGET WORKSHEET, specify which portion of each cost is administrative.
- Indirect and allocated costs, in accordance with approved state Indirect Cost Rate Agreements and Cost Allocation Plans.

Do not include administrative costs related to the administration of medical screening, or overall coordination of health-related activities on Line 4, even if the RHC reports directly to the SRC. These costs should be allocated to line 2(d) on the ADMIN BUDGET WORKSHEET.

Step 1: Calculate program coordination and planning administration costs.

- In the ORR-1 Budget Instructions & Workbook tab labeled ADMIN BUDGET WORKSHEET, enter the personnel, travel, and other administrative costs for Program Coordination and Planning.
- For each cost category, provide justification and/or cost factors for deriving the estimated amount based on: staff FTE, function, and benefits; travel costs justified by number of staff and travel purpose (e.g., consultation, training, quarterly meetings, technical assistance, monitoring); and overhead.

Step 2: Data from the workbook tab titled ADMIN BUDGET WORKSHEET will auto populate in the workbook tab titled ORR-1 PREP FORM.

5. Total Administration

The sum of the data entered in the workbook tab titled ADMIN BUDGET WORKSHEET will automatically calculate the estimated *Total Administration* expenditures and auto populate in the workbook tab titled ORR-1 PREP FORM, as well as the workbook tab titled ADMIN BUDGET AT-A-GLANCE.

6. Total Estimate

The total estimated Fiscal Year expenditures are automatically calculated. Upon completion of the ORR-1 Instructions and Budget Workbook, the ORR-1 PREP FORM will auto populate. You should use this information to populate the ORR-1 form in the Grant Solutions On-Line Data Collection. When using the GrantSolutions/OLDC, the ORR-1 still requires you to enter manually the *Total Estimate* based upon entries provided. If the OLDC detects an error in the math upon final submission, you receive an error message and can check calculations and entries to correct the estimate.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to serve as the application for grants under the Cash and Medical Assistance (CMA) program. Public reporting burden for this collection of information is estimated to average 0.6 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information required by ORR program regulations at 45 CFR 400.11(b). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0030 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact draprograms@acf.hhs.gov.

OFFICE OF REFUGEE RESETTLEMENT

ORR-1 FORM CASH AND MEDICAL ASSISTANCE PROGRAM

Recipient: _____

Cash and Medical Assistance Program Components (Column A)		Estimated Average Monthly Unit Cost (Column B)
1. Refugee Cash Assistance (RCA)	(a) RCA Beneficiary Costs	\$ -
	(b) RCA Administration	
	(c) Subtotal	
2. Refugee Medical Assistance (RMA)	(a) RMA Beneficiary Costs	
	(b) RMA Administration	
	(c) Medical Screening ²	
	(d) Medical Screening Administration and Health Coordination ²	
	(e) Subtotal	
3. Unaccompanied Refugee Minors (URM)	(a) Services for URM	#DIV/0!
	(b) URM Program Administration	
	(c) Subtotal	
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:	

¹Annualized monthly costs for rows 1(a) and 3(a), in column B are multiplied by the figure in column C and then multiplied by 12.

²Include only medical screening and medical screening administration and health coordination costs paid through RMA.

³In accordance with 45 CFR § 400.13(c).

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.

ESTIMATES

Federal Fiscal Year:

<div><i>Estimated Average Monthly Beneficiaries (Column C)</i></div>	<div><i>Estimated Total Fiscal Year Expenditures¹ (Column D)</i></div>
0.00	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
0.00	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
cial	Date Report Submitted:

Recipient:	
Federal Fiscal Year:	

ADMINISTRATIVE BUDGET AT-A-GLANCE

This worksheet provides an easy-to-view snapshot of the total administrative costs by category in Columns E-J in TAB-4 ADMIN BUDGET WORKSHEET.
Column G is your TOTAL ADMINISTRATIVE BUDGET.
Office of Grants Management (OGM) will award funds on a quarterly basis.

OBJECT CLASS CATEGORIES	RCA Administration (Line 1b)	RMA Administration (Line 2b)	Medical Screening Administration and Health Coordination (Line 2d)	URM Program Administration (Line 3b)	Program Coordination & Planning (Line 4)
PERSONNEL	\$ -	\$ -	\$ -	\$ -	\$ -
FRINGE	\$ -	\$ -	\$ -	\$ -	\$ -
TRAVEL	\$ -	\$ -	\$ -	\$ -	\$ -
EQUIPMENT	\$ -	\$ -	\$ -	\$ -	\$ -
SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -
CONTRACTUAL	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER	\$ -	\$ -	\$ -	\$ -	\$ -
INDIRECT/ALLOCATED COSTS	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -

IMPORTANT NOTE:
The totals in row 18 must match the corresponding totals in the ORR-1 form.

EQUIPMENT:

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$10,000.

TYPE OF EQUIPMENT	DESCRIPTION		RCA Admin (Line 1(b))	RMA Admin (Line 2(b))	Medical Screening Admin & Health Coordination (Line 2(d))	URM Admin (Line 3(b))	Program Coordination & Planning (Line 4)	TOTAL ADMIN (Line 5)
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EQUIPMENT:			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

SUPPLIES: (Consumable Office Supplies)

Supplies means all tangible personal property other than those included in Equipment.

TYPE OF SUPPLIES	DESCRIPTION		RCA Admin (Line 1(b))	RMA Admin (Line 2(b))	Medical Screening Admin & Health Coordination (Line 2(d))	URM Admin (Line 3(b))	Program Coordination & Planning (Line 4)	TOTAL ADMIN (Line 5)
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL SUPPLIES:			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

CONTRACTUAL:No contractual costs should be applied to lines 2(d) (Medical Screening Admin & Health Coordination) and 3(b) (URM Admin) in TAB-4 ADMIN BUDGET WORKSHEET. Such contractual costs should be included in TAB-6 MEDICAL SCREENING and TAB-7 SERVICES FOR URM. Under *DESCRIPTION*, briefly describe the scope of work and include a description of how costs are calculated, if applicable.

CONTRACT	DESCRIPTION		RCA Admin (Line 1(b))	RMA Admin (Line 2(b))	Medical Screening Admin & Health Coordination (Line 2(d))	URM Admin (Line 3(b))	Program Coordination & Planning (Line 4)	TOTAL ADMIN (Line 5)
			\$ -	\$ -			\$ -	\$ -
			\$ -	\$ -			\$ -	\$ -
			\$ -	\$ -			\$ -	\$ -
			\$ -	\$ -			\$ -	\$ -
			\$ -	\$ -			\$ -	\$ -
			\$ -	\$ -			\$ -	\$ -
			\$ -	\$ -			\$ -	\$ -
			\$ -	\$ -			\$ -	\$ -
			\$ -	\$ -			\$ -	\$ -
			\$ -	\$ -			\$ -	\$ -
TOTAL CONTRACTUAL:			\$ -	\$ -			\$ -	\$ -

Costs not included in any of the above line items, including but not limited to: Rent & Facilities costs not covered by indirect or allocated costs; and Maintenance & Operation of Equipment not covered in contractual costs or supplies.

- explanation of any significant changes from the prior year;
- clarification of any important information regarding estimates; and
- any other important factor impacting recipient's administrative costs.

	RCA Admin (Line 1(b))	RMA Admin (Line 2(b))	Medical Screening Admin & Health Coordination (Line 2(d))	URM Admin (Line 3(b))	Program Coordination & Planning (Line 4)	TOTAL ADMIN (Line 5)
TOTAL ADMINISTRATION:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

RCA BENEFICIARY COST JUSTIFICATION
(ORR-1 Form Line 1(a))

	Estimated Average Monthly Unit Cost	Estimated Average Monthly Beneficiaries	Estimated Total Fiscal Year Expenditure
TOTAL RCA BENEFICIARY COSTS (ORR-1 Line 1(a))	\$ -	0	\$ -
<p>When estimating the average monthly beneficiaries, you should:</p> <ul style="list-style-type: none">• Obtain refugee and SIV arrival estimates from the Department of State/PRM and local affiliates for all projected NEW arrival numbers and sponsored cases, and use historical data to formulate estimates for other populations expected to be served (e.g., asylees, entrants, trafficking victims) for the FY beginning 10/1.• Consider national level projections of ORR-eligible populations, if provided by ORR.• The average monthly beneficiaries should be rounded up to the nearest whole number. Do not use decimals.			
<p>RCA JUSTIFICATION STATEMENT: For cost included in Line 1(a) of the ORR-1, Justify the monthly unit cost estimate (e.g., based on previous monthly expenditure) and the number of monthly beneficiaries. Specify the number of arrived/served clients by eligibility category used to formulate the estimate.</p>			

RMA BENEFICIARY COST JUSTIFICATION (ORR-1 Form Line 2)

TOTAL I

Estimated Annual Beneficiaries

Consider the following in calculating annual beneficiaries:

- Obtain refugee and SIV arrival estimates from the Department of State/PRM and local numbers and sponsored cases, and use historical data to formulate estimates for other (e.g., asylees, entrants, trafficking victims) for the FY beginning 10/1.
- Consider national level projections of ORR-eligible populations if provided by ORR.
- Factor in Medicaid expansion if the state has expanded Medicaid.

RMA JUSTIFICATION STATEMENT:

For cost included in Line 2(a) of the ORR-1, provide a rationale for estimating the annual beneficiaries. Please specify the number of arrived/served clients by eligibility category

JUSTIFICATION
2(a))

	Estimated Total Fiscal Year Expenditure
IRMA BENEFICIARY COSTS (ORR-1 Line 2(a))	\$ -

Local affiliate for all projected NEW arrival populations expected to be served (e.g.,	0
--	---

Unit cost (e.g., based on previous expenditure) and annual used to formulate the estimate.

ESTIMATED ANNUAL BENEFICIARIES

Enter the number of estimated annual beneficiaries. Consider the 1

- Obtain refugee and SIV arrival estimates from the Department of Homeland Security to formulate estimates for other populations expected to be served
- Consider national level projections of ORR-eligible populations if available
- Consider historical medical screening participation rate in the state

MEDICAL SCREENING SUBRECIPIENTS:

List each confirmed and pending subrecipient name and briefly describe the organizational structure where subrecipients are too numerous to list (e.g., the regional office). You may add additional lines as necessary. The total estimated subrecipient count is _____.

Under **POPULATION/SERVICE AREA**, provide information on the nu
Under **PERSONNEL**, enter each subrecipient's total salaries and frin
Under **FTE**, enter the FTE applied to the Medical Screening progr
Under **ADMINISTRATIVE COST**, enter each subrecipient's total adm
Under **DIRECT MEDICAL SERVICES**, enter each subrecipient's total c
Under **INTERPRETATION & TRANSPORTATION**, enter each subrecip
Under **OTHER**, enter each subrecipient's total other costs necessar

SUBRECIPIENT NAME

MEDICAL SCREENING JUSTIFICATION STATEMENT:

Provide a justification statement for the estimated costs on Line 2c

- explanation of how recipients determined the *Estimated Total*
- justification for how the Medical Screening fee schedule was ne
- clarification of any important information regarding subrecipier
- rational for annual medical screening beneficiaries; and
- any other important factor impacting grantee's medical screeni

A horizontal bar chart with a single bar labeled 'TOTAL' on the right. The bar is divided into two segments: a blue segment on the left and a grey segment on the right. The blue segment represents approximately 75% of the total, and the grey segment represents approximately 25% of the total.

Category	Blue Segment (%)	Grey Segment (%)
TOTAL	~75	~25

Following in calculating annual beneficiaries:

- State/PRM and local voluntary resettlement agencies for all projected NEW arrival numbers and (asylees, entrants, trafficking victims) for the FY beginning 10/1.
- provided by ORR.
- te.

scribe their scope of work related to medical screening. Indicate if an agreement with a proposed recipient utilizes all county health departments), the recipient may describe similar subrecipient costs should total Line 2c *Medical Screening* on the ORR-1 Form.

number or proportion of medical screening clients served, or of the areas of the state served.
 large benefits of personnel necessary for the provision of medical screening.
 not funded by the CMA grant for each position.
 administrative costs necessary for the provision of medical screening.
 direct medical service costs, as applicable. The direct medical services costs should be based on
 recipient's total interpretation and transportation costs for medical screening recipients.
 cost for the provision of medical screening; if selecting *OTHER* because recipients costs cannot be

[illegible]

[REDACTED]

of the ORR-1 and LINE 2(c) MEDICAL SCREENING including, but not limited to:
Fiscal Year Expenditures on line 2c *Medical Screening* on the ORR-1 Form;
negotiated;
nt estimates;

ng costs.

[REDACTED]

[REDACTED]

MEDICAL SCREENING COST JUSTIFICATION (ORR-1 Form Line 2(c))

	Estimated Total Fiscal Year Expenditure
MEDICAL SCREENING COSTS (ORR-1 Line 2(c))	\$ -

and sponsored cases, and use historical data	ESTIMATED ANNUAL BENEFICIARIES

used subrecipient is pending. A subrecipient is any agency the grantee provides CMA funding to for the costs providing a similar scope of work, on one line (e.g., all county health departments in a specific area).

on the fee schedule noted below.

e distributed among the given cost categories, please provide an explanation and description of service

n the fee schedule noted below.

e distributed among the given cost categories, please provide an explanation and description of service

[illegible]



provision of medical screening, whether through grants, contracts, MOUs, interagency agreements, or other arrangements; whether the state provides comprehensive medical screenings); the categories (personnel, direct costs, indirect costs, etc.) of the costs of the program; and the methods of funding the program.

es provided in the *MEDICAL SCREENING JUSTIFICATION STATEMENT* below.

[illegible]



eements, and/or other arrangements. If a state has a medical services, etc.,) should be estimated. Recipients

[illegible]

\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
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\$ -	\$ -
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\$ -	\$ -

[illegible]

[illegible]

Part 1: ORR-1 3. Unaccompanied Refugee Minors (URM)

	a. Services for URM students
--	------------------------------

Part 2: Subrecipient(s) and Budget Categories

1. SUBRECIPIENT(s)-- list all entities that work with a your agency for the purpose of URM service
2. DESCRIPTION -- briefly describe their scope of work related to URM services
3. TOTAL FTE -- enter the full time equivalent of each subrecipient's URM allocation
4. PERSONNEL & FRINGE -- enter the total of salaries and fringe benefits
5. PLACEMENT -- enter the total placement cost of items such as foster care maintenance, sem
6. BENEFITS & SERVICES -- enter the total cost for benefits and services provided to children an
7. TRANSITION TO ADULTHOOD SERVICES/EDUCATION AND TRAINING VOUCHERS -- enter estim
8. OPERATION & ADMIN -- enter the total cost for operation, supplies, human resources, and/o
9. OTHER -- enter indirect and other costs not included in any of the other line items on this tak
10. TOTAL -- once you fill out #3 - #9, this total column will auto populate
11. TOTAL SUBRECIPIENT(s) COSTS -- will auto populate once you fill out #3 - # 9

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9. OTHER -- enter indirect and other costs not included in any of the other line items on this ta
10. TOTAL -- once you fill out #3 - #9, this total column will auto populate
11. TOTAL SUBRECIPIENT(s) COSTS -- will auto populate once you fill out #3 - #9

[illegible]

11. TOTAL SUBRECIPIENT(s) COSTS:

Part 3: Budget Justification and Narrative

Provide budget justification and narrative for the following as attachments and budget summary

1. Explain how you determined, using what method, the Estimated Average Monthly Beneficiary
2. Provide subrecipient budgets and budget narratives, or budget estimates
3. Explain the breakdowns and cost factors for each budget category (Part 2, Items #3 - 9)
4. Explain how placement costs have been estimated; include estimates for each placement type
5. Explain contracts for placement(s) and their budget estimate
6. Explain any other important factors impacting subrecipient costs and significant changes from
7. Provide a budget summary in the below space

Budget Summary:

Part 4: Identification of Attachments

Upon completion of Part 1, 2, and 3, you must list and upload any associated documentation. Submit

1. Justification for Average Monthly Beneficiaries (Part 1)
2. Loading charts (Part 1)
3. Justification on placement costs for diverse Placement Types (Part 2)
4. Contracts and their Budget Estimate (Part 2)
5. Justification narrative including details on the breakdowns on budget categories (Part 2 and 3)



Line 3(a)) **SERVICES FOR UNEMPLOYED INDIVIDUALS**

Line 3(a)) **SERVICES FOR UNEMPLOYED INDIVIDUALS**

Estimated Average Monthly Unit Cost		
Estimated Average Monthly Unit Cost (Column B)	Estimated Average Monthly Beneficiaries (Column C)	Estimated Total Fiscal Year Expenditures (Column D)
#DIV/0!	0	\$ -

ces provision, including URM providers, contractors, public (or government) agencies, etc.

• Semi-independent living placement, group homes, specialized or sub-contracted placement, etc. for youth not already included in other columns

• Estimate for ORR-funded transition to adulthood benefits and services, including ETV, etc.

• For staff related costs not already included in #3

o 7

ces provision, including URM providers, contractors, public (or government) agencies, and other community-based organizations;
 6. Semi-independent living placement, group homes, specialized or sub-contracted placement, and youth not already included in other columns;
 7. Estimate for ORR-funded transition to adulthood benefits and services, including ETV, and other staff related costs not already included in #3;
 8. Total.

[illegible]

0.00	\$	-	\$	-
0.00	\$	-	\$	-
0.00	\$	-	\$	-
0.00	\$	-	\$	-
0.00	\$	-	\$	-

in the space below.
ies (e.g., a loading chart)

e
n the prior year

pplemental documentation should be uploaded into OLDC as attachments. Pleas

3)

[REDACTED]

M

encies, and other partners that are funded by the CMA grant to provide URM placement, services

acements

ts, comparable to those offered through the states' Chafee program, in alignment with ORR policy

[illegible]

\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-



Identify the attachments the state has uploaded.

[REDACTED]

\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-



