

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

OMB 09
Expires 0.

| | | |
|--|---------------------------------------|---------------|
| 1. Federal Agency and Organization Element to Which Report is Submitted | 2. Grant Document/Award Number | 3. EIN |
| | | |

| | |
|---|-----------------------|
| 4. Grantee Recipient Organization Name and Address | Grantee Name 2 |
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| Address Line 1 | Address Line 2 |
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|-------------|--------------|-----------------|-----------------|
| City | State | Zip Code | Zip Ext. |
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|---|---|---|---------------------------------------|-------------------------------------|
| 5a. Project/Grant Period Start Date: | 5b. Project/Grant Period End Date: | 6a. Reporting Period Start Date: | 6b. Reporting Period End Date: | 7. Final Report? (Yes or No) |
| | | | | |

| <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 Beneficiary Costs</i> | | | | |
| | <i>(b) RCA Administration</i> | | | | |
| | <i>(c) Subtotal</i> | | | | |
| 2. Refugee Medical Assistance (RMA) | <i>(a) RMA Beneficiary Costs</i> | | | | |
| | <i>(b) RMA Administration</i> | | | | |
| | <i>(c) Medical Screening</i> | | | | |
| | <i>(d) Medical Screening Administration and Health Coordination</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 | | | | | |

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| 7. Remarks: | |
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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.

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| 8. Name and Title of Approving Official | 9. Telephone Number |
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| 10. Email Address |
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| 11. Signature of Approving Official | 12. Date Report Submitted |
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170-0407
2/28/2026

*Unobligated
Balance
(Column F)*

