



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201  
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## **Fiscal Year 2021 Refugee Health Promotion Refugee Support Services Set-Aside**

Dear Colleague Letter 21-12

Date: July 1, 2021

Dear Colleague:

ORR will issue Refugee Health Promotion (RHP) funding to states<sup>1</sup> as a “set-aside” within the fiscal year (FY) 2021<sup>2</sup> Refugee Support Services (RSS) formula allocation. This letter describes ORR’s method of determining RHP FY 2021 set-aside allocations and details the FY 2021 funding amounts for RHP program activities to be conducted in FY 2022. For a description of program goals and services, eligible populations, and reporting and monitoring requirements, please reference [ORR Policy Letter 20-05](#).

### **Qualification for FY 2022 Allocations**

As noted in [ORR Dear Colleague Letter 20-08](#), ORR has chosen to fund states for three consecutive years before states need to requalify, although annual awards may shift during that three-year period. Last year’s RHP set-aside awards marked the first year of this three-year period with 45 states qualifying; the FY 2021 allocations will be the second year with the same 45 states.

The FY 2021 allocations to states are based on the number of ORR-eligible individuals who arrived and were served in FY 2019 and FY 2020 (combined), as reported in the ORR-5 and verified against a number of federal sources in the ORR Refugee Arrivals Data System (RADS). The Congressional Justification for FY 2021 indicated that ORR will use this two-year lookback period to determine RSS allocations, providing a level of funding stability in response to the dramatic decrease in arrivals in the past year.

### **FY 2021 Allocation Chart**

The chart below documents the number of eligible individuals served per state in FY 2019 and FY 2020 and the corresponding funding allocations for the RHP program in FY 2022. The allocations are based on the availability of federal funding and will be awarded as an annual award in the fourth quarter of FY 2021. As required under 45 C.F.R. §400.210, these funds must be obligated by September 30, 2022 and liquidated by September 30, 2023.

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<sup>1</sup> “States” throughout this Dear Colleague Letter refers to states and replacement designees.

<sup>2</sup> October 1, 2020 through September 30, 2021.

<b>State</b>	<b>FYs 2019 + 2020: Total Served</b>	<b>FY 2021 Allocation</b>
Florida	21,827	\$167,375
Texas	14,566	\$167,375
California	13,637	\$167,375
Washington	5,114	\$150,000
New York	4,429	\$150,000
Virginia	3,723	\$150,000
Kentucky	3,041	\$150,000
Maryland	3,013	\$150,000
Arizona	2,409	\$150,000
Michigan	2,215	\$139,974
Georgia	2,177	\$137,625
Ohio	2,176	\$137,562
Pennsylvania	2,148	\$135,771
Illinois	2,117	\$133,801
North Carolina	2,078	\$131,315
Colorado	1,836	\$116,021
Minnesota	1,753	\$110,807
Massachusetts	1,464	\$90,000
Indiana	1,457	\$90,000
Tennessee	1,366	\$90,000
Nevada	1,323	\$90,000
New Jersey	1,194	\$90,000
Missouri	1,185	\$90,000
Oregon	1,055	\$90,000
Iowa	1,027	\$90,000
Wisconsin	966	\$90,000
Nebraska	960	\$90,000
Utah	890	\$90,000
Idaho	769	\$90,000
Kansas	672	\$75,000
Connecticut	637	\$75,000
Oklahoma	433	\$75,000
New Hampshire	313	\$75,000
South Carolina	281	\$75,000
Maine	277	\$75,000
New Mexico	264	\$75,000
Louisiana	247	\$75,000
South Dakota	204	\$75,000
North Dakota <sup>3</sup>	192	\$75,000
Rhode Island	155	\$75,000
Montana	148	\$50,000
Vermont	142	\$50,000
District of Columbia	120	\$50,000
Arkansas	88	\$50,000
Alaska	85	\$50,000
<b>Total</b>	<b>106,170</b>	<b>\$4,600,000.00</b>

<sup>3</sup> The FY 2021 funding chart does not include funds (totaling \$56,250) issued to the state of North Dakota after the state assumed oversight of the RSS program upon the withdrawal from the program by Lutheran Social Services of North Dakota (LSSND) in February 2021. These funds were originally issued to LSSND in FY 2020 for services to be provided in FY 2021.

## **Explanation of Allocations**

RHP set-aside allocations fall into the following tiers: 1) a top tier for states that served 2,400 individuals or more, which was further broken down to sub-tiers of 2,400–9,999 individuals (\$150,000) and 10,000 individuals or more (\$167,375); 2) a per capita tier for states that served between 1,500–2,399 individuals; and 3) a floor funding tier for states that served 80–1,499 individuals, which was further broken down to sub-tiers of 80–149 individuals (\$50,000), 150–699 individuals (\$75,000), and 700–1,499 individuals (\$90,000). The goal of the tiered system is to ensure that those states within the same tiers receive comparable funding, while also ensuring that those states with lower arrival numbers have sufficient and sustainable funding.

Please note that even though this allocation is based on arrivals for FY 2019 and FY 2020, the service population includes all arrivals for the past five-year period.

We appreciate all of your work to support refugee health and well-being.

Please direct any questions about this Dear Colleague Letter to Curi Kim, Director of the Division of Refugee Health, at [curi.kim@acf.hhs.gov](mailto:curi.kim@acf.hhs.gov).

Sincerely,  
Cindy Huang  
Director  
Office of Refugee Resettlement