**NIH NRSA Fellowship and NIH NRSA Institutional Trainee Childcare Allowance –**

**Reimbursement Request Form Requirements**

The National Institutes of Health (NIH) has a Childcare Allowance ([NRSA Childcare Allowance](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgrants.nih.gov%2Fgrants%2Fguide%2Fnotice-files%2FNOT-OD-21-074.html&data=04%7C01%7Ckyle.richard%40atg.wa.gov%7Cabebcb8f1e0842d2ea7908d914132f6c%7C2cc5baaf3b9742c9bcb8392cad34af3f%7C0%7C1%7C637562894929638846%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=f%2FjAwWA2LgtMMVhv84JISIwRCB8nlDl1Ax5j1Z9cuvs%3D&reserved=0) or CCA), allocable to UR recipients (graduate students and postdoctoral scholars) of NIH NRSA Individual Fellowships and to NIH NRSA Institutional Trainees.

**Required information**

|  |  |
| --- | --- |
| Date of Request: |  |
| NIH Fellowship UR Grant Number (the SC is fixed): | GR | SC57975 |
| Name of Fellow/Trainee: |  |
| Name of Child/Children: |  |
| Name of Licensed Childcare Provider <https://ocfs.ny.gov/programs/childcare/looking/ccfs-search.php>  |  |

**Allowance calculation**

|  |  |
| --- | --- |
| Maximum amount available per 12-month budget period: | $3,000 |
| Award Budget Period (Ex. 1/1/25 – 12/31/25): |  |
| Number of months of eligibility in Budget Period: |  |
| Amount paid for childcare (must match attached invoice(s) from NY State licensed childcare provider\*\*\*\*\*): |  |
| Amount requested (lessor of amount paid or Max allowable): |  |

**Attestation**

I certify that my child meets the eligibility requirements for the NIH Childcare Allowance as my child is under the age limitations (12 years or under of 17 years or under if disabled) by the end of the budget period, and resides with me.

|  |  |
| --- | --- |
| **Fellow’s Printed Name:** |  |
|  **Fellow’s Signature:** |  |
| **Date:** |  |

\*\*\*\*\*Attachment: Invoice(s) from NY State licensed childcare provider