**NIH Fellowship Childcare Allowance**

**Reimbursement Request Form/Attestation**

The National Institutes of Health (NIH) provides a childcare allowance on certain Fellowship or Training Grants awards. Additional information can be found in the **NIH Childcare Allowance Guidance**.

**Required information**

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| --- | --- |
| Date of Request: |  |
| NIH Childcare Allowance FOP Number: |  |
| Name of Fellow: |  |
| Name of Child/ren: |  |
| Name of Licensed Childcare Provider: |  |

**Allowance calculation**

|  |  |
| --- | --- |
| Maximum amount available per 12-month budget period: |  |
| Award Budget Period: |  |
| Number of months of eligibility in Budget Period (any months prior to April 2021 are not eligible): |  |
| Amount paid for childcare (must match attached receipt from Eligible Childcare Provider): |  |
| Balance remaining (if any): |  |

**Attestation**

I certify that my child meets the eligibility requirements for the NIH Childcare Allowance as my child is under the age limitations (birth to under the age of 13, or children who are disabled and under age 18) by the end of the budget period, and resides with me.

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

Attachment: Receipt for eligible childcare provider