

March 5, 2023

LETTER OF ATTESTATION

TO: [Name] Department Staff
[email address]
[Department Name]

FR: [Name], Principal Investigator
[Name], Primary Mentor
[Department Name]

RE: [WBS Element Number] Fellowship [Application/Supplement/RPPR]

By signing below, I have read and understand the eligibility and restriction as required by NIH per [NOT-OD-21-074](#), I attest to the following:

- I am a UK predoctoral/postdoctoral fellow, requesting childcare support be included in my:
 - Ruth Kirschstein NRSA Individual Fellowship Application [A#]
 - Supplement Application for Award [WBS#]
 - RPPR for Award [WBS#]
- I am/will be a full-time NIH NRSA fellow.
- I am requesting childcare support for the funded project period [enter number of months].
- I am parent to and support eligible child/children – under the age of 13 or disabled and under the age of 18.
- I will inform [Department Contact] immediately if the eligibility status of my child/children changes.
- I will engage the services of a licensed (regulated by state or local authorities) childcare provider/service.
- I understand that I may receive a \$2500/budget period reimbursement of childcare costs during the term of my award if I provide the following documentation:
 - Copy of Childcare provider’s license (regulated by state or local authorities) and
 - Proof of payment to licensed childcare provider (e.g. payment receipt(s) and invoice(s)/statement(s)per year)
- I understand it is my responsibility for retaining the documentation for the federal sponsor as indicated in the announcement.
- I understand that this reimbursement will be reported as income on my W2.

Agreed to by:

Date: _____

Signature of PRINCIPAL INVESTIGATOR: _____

Date: _____

Signature of PRIMARY MENTOR _____

Both signatures are required (digital signatures are acceptable).
After obtaining signatures, please print to PDF and email PDF to Department Staff named above.

References: [NOT-OD-21-074](#), [NOT-OD-21-075](#)