

March 5, 2023

**LETTER OF ATTESTATION
NRSA Trainee Childcare**

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

FR: [Name], Appointed Trainee
[Name], PD/PI, NRSA Training Award
[Department Name]

RE: [WBS Element Number] NIH Institutional Training Award, [PD/PI], [Award#]

By signing below, I have read and understand the eligibility and restrictions as required by NIH per [NOT-OD-21-177](#), I attest to the following:

- I am a UK predoctoral/postdoctoral fellow, requesting childcare support.
- I am a full-time NIH NRSA fellow appointed on the subject NIH Institutional Training Award.
- I am requesting childcare support for the term of my appointment on the subject NRSA training award [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 the Department Contact, named above, 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 appointment if I provide the following documentation:
 - Copy of Childcare provider/service license (regulated by state or local authorities) and
 - Proof of payment to licensed childcare provider/service (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 **Appointed Full-time NRSA Trainee:** _____

Date: _____

Signature of **PD/PI, NRSA Training Award** _____

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-21-177](#)

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