**Requirements for payment**

1. The childcare costs are provided by a licensed childcare provider.

2. The NRSA childcare costs apply to full-time NIH-NRSA-supported fellowship positions. Each fellow is eligible to receive $2,500 per budget period for costs for childcare provided by a licensed childcare provider. For households where both parents are NRSA fellows, each parent is eligible to receive $2,500.

3. Childcare costs are permitted for dependent children living in the eligible fellow’s home from birth under the age of 13, or children who are disabled and under age 18. Childcare costs do not apply to elder or non-child dependent care costs.

4. The NRSA childcare costs are not tied to payback obligations, nor should it be reported as such.

5. The childcare expenses must be incurred during the individual fellow’s appointment period.

6. When childcare costs are awarded, they are generally restricted and cannot be re-budgeted without prior written approval from the NIH awarding IC. In cases of early termination, recipients may not use any unused portion of the childcare costs. It will remain unobligated and will be adjusted by the agency as part of the closeout process.

**Other requirements and attestations**

I will retain all receipts and provide copies to prove eligibility should the sponsor request them. If I also receive the [Stanford Postdoctoral Scholar Child Care Assistance](https://postdocs.stanford.edu/2021-2022-child-care-assistance-grant-program), I will not submit the same expenses to both programs.

I hereby certify that I read NIH Notice [NOT-OD-21-074](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-074.html) and [FAQs](https://grants.nih.gov/faqs#/funding_programs_childcare_costs.htm) and that I meet the requirements therein and those listed above.

**Request Details**

Fellowship SPO#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fellowship recipient full name \_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fellow Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_