

NIH/AHRQ Fellowship or Training Grant Childcare Reimbursement Form

NRSA childcare costs may be awarded to full-time predoctoral and postdoctoral NIH-NRSA supported individual fellowship positions (F30, F31, F32, and F33), as well as trainee positions on institutional research training awards (T32, TL1, TU2, and T90). See [NOT-OD-21-075](#), [NOT-OD-21-177](#), and [NIH's Childcare Costs FAQs](#). Specific AHRQ-funded fellowships and training grants also provide this benefit (see [NOT-HS-22-013](#) and [NOT-HS-22-014](#)). See Columbia's webpage [NIH/AHRQ Childcare Costs](#) for more information.

Individual fellowships: fellowship applicants must request childcare costs in the proposal or Research Performance Progress Report (RPPR) in order to be awarded these costs. The Notice of Award (NOA) will indicate whether these costs were awarded to the individual. They may not necessarily be awarded childcare costs every budget period of the award. A fellow may receive \$2,500 per budget period for childcare costs provided by a licensed provider.

Institutional training awards: Childcare costs will generally be provided based on the number of trainee slots awarded. The Notice of Award (NOA) will indicate whether these costs were awarded, along with the total amount for all trainees. Each trainee will receive \$2,500 per budget period for childcare costs provided by a licensed childcare provider. Reimbursement of childcare costs cannot exceed \$2,500 per trainee per budget period (or appointment period), even if other trainees appointed on the grant have not fully utilized their allotment of childcare costs.

*The fellow or trainee should complete all sections below, retain a copy, and provide the original to their departmental administrator for reimbursement processing in Concur. Additionally, please attach a copy of daycare receipt or other financial statement from childcare provider, including dates of service and amounts paid, along with any other supporting documentation demonstrating the service provider is licensed. See Columbia's webpage [NIH/AHRQ Childcare Costs](#) for supporting documentation examples. Dates of service must be within the budget/appointment period, and expenses must be posted to the sponsored project no **later than 90 days from the date of service**.*

Childcare eligible for reimbursement includes (but is not limited to): Childcare at a day camp, nursery school, or by a private sitter; before- or after-school care, pre-schools; licensed day care centers; summer or holiday day camps.

1. **Confirmation that Trainee or Fellow is Eligible.** Fellow must be appointed on a F30, F31, F32 or F33 grant or a Trainee on a T32, TL1, TU2, or T90 grant.

Name of Fellow or Trainee: _____ UNI: _____

I am a full-time year-long trainee/fellow appointed on NIH/AHRQ Grant Number: _____

Start date of appointment on this grant: _____

End date of appointment on this grant: _____

- If I am a fellow, I have requested and have received a notice of award from NIH authorizing childcare funds for me (trainees receive their funds automatically, and so may leave this checkbox blank).

2. **Confirmation that Child/Children are Eligible.** Eligible children include birth children, foster children, or adopted children and arrangements that include part-time custody. If you have more than two eligible children, provide additional name, birthday and date when child is no longer eligible in the additional comment section at the end of the form.

Name of Child 1: _____

Birthdate (MM/DD/YYYY): _____

Date when child will no longer be eligible (when child turns 13 or, if disabled, turns 18): _____

Name of Child 2: _____

Birthdate (MM/DD/YYYY): _____

Date when child will no longer be eligible (when child turns 13 or, if disabled, turns 18): _____

2. **Confirmation that the Childcare is Provided by a Licensed Provider.** Provide the name and license number (and State, if not a New York provider) of the licensed childcare provider. This license number must appear on the receipt for childcare services. If you use more than one childcare provider, provide additional name/license information in the Additional Comments section at the end of the form.

Name of Child Care Provider: _____

License number (and State if not New York): _____

4. Request for Reimbursement

- (a) Total amount available for reimbursement this grant year: \$2,500
- (b) Total amount previously reimbursed this grant year: _____
- (c) Total amount remaining for reimbursement this grant year: _____ (a) – (b)
- (d) Total amount of this invoice: _____
- (e) Total amount requested for reimbursement at this time: _____ (d) up to the limit of (c)

5. Additional Comments (if necessary):

6. Acknowledgement

I have read the NIH/AHRQ Notices and FAQs referenced above and confirm the amounts being requested are eligible for reimbursement according to NIH policy. I also understand NRSA childcare reimbursements are considered taxable income and should be reported as such on personal tax returns.

Fellow/Trainee Signature

Date

Section below is for department use only.

Department Administrator should complete the section below and attach a copy of the Notice of Award (NOA), demonstrating that childcare costs were awarded, with the supporting documentation provided by the fellow/trainee.

Budget Period Begin Date: _____

Budget Period End Date: _____

ARC ChartField String to be Charged:

Department	Project	Activity	Initiative	Segment	Account
					61181

Name of PI on grant: _____

Department Administrator Acknowledgement

I can confirm that this reimbursement request for childcare costs does not exceed \$2,500 cumulatively for the budget period (or trainee's appointment period for training grants).

Department Administrator Signature

Date