February 28, 2022

**LETTER OF ATTESTATION**

TO: [Name] Department Staff

[email address]

[Department Name]

FR: [Name], Appointed Trainee

[Name], PD/PI, NRSA Training Award

[Department Name]

RE: [Activity Code] NIH Institutional Training Award [NIH FAIN], [PD/PI], [A#]

By signing below, as required by NIH per [NOT-OD-21-177](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-177.html), I attest to the following:

* I am a UCSF 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 that this reimbursement will be reported as income on my W2.

Agreed to by:

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**Signature of Appointed Full-time NRSA Trainee:**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

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**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](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-177.html)