M | FINANCE
UNIVERSITY OF MICHIGAN

National Research Service Award (NRSA) Childcare Supplement Request

Fellow/Trainee Information

*Name: _____

*U-M Email: _____   * U-M ID: _____

Phone (optional): _____

Grant Information

*Sponsored Project/
Grant Number _____

Award (AWD) #
(optional): _____
This can be found in the eResearch Proposal Management System.

* Appointment
Start Date: _____

*Appointment
End Date: _____

Childcare Details and Amount Requested

Information about your dependent child(ren) who will be in licensed child care. If necessary, continue your list on reverse side.

* Name:	* Dates of enrollment: (Must be within appointment time frame)	* Age:	Amount/Cost:
_____	_____	_____	_____
_____	_____	_____	_____

Total amount requested (may not exceed $2,500*): *
_____

Licensed Child Care Provider Name	Child Care License Number
_____	_____
_____	_____

If necessary, continue your list on reverse side or additional page.

Receipt / Proof

*
I have attached receipt and proof of childcare provider licensing identification.

I will submit receipt and proof of childcare provider licensing identification at a later date.
(If you choose this option you must send receipts directly to nrsa.staff@umich.edu)

All receipts must be provided by the end of the fellowship/training grant appointment. Any part of the supplement that is not supported will be returned to NIH.

Payment Details

Pre-Docs:
- Submit the completed form and supporting documentation to nrsa.staff@umich.edu.
- The payment will be made in the form of a stipend through Student Financials.

Post-Docs:
- Submit the completed form as an attachment to the Personnel Action Request (PAR) for payment.
- The payment will be made through payroll as a FEL additional pay, similar to monthly stipend.

* Signature   Date:

For more information on NIH requirements for fellowships and training grants please visit: https://orsp.umich.edu/nrsa.

* Required Field