FINANCE UNIVERSITY OF MICHIGAN

National Research Service Award (NRSA) Childcare Supplement Request

*Name:			
<u>*U-M Email:</u>		*_U-M ID:	
Phone (optional):			
Grant Information			
*Sponsored Project/ Grant Number		Award (AWD) # (optional): This can be found in the eRe	search Proposal Management System.
 Appointment Start Date: 		*Appointment End Date:	
	nd Amount Requested		ontinue your list on reverse side.
* Name:	* D (M	Pates of enrollment: lust be within appointment time frame)	* Age: Amount/Cost:
	Total amount reques	sted (may not exceed	\$3,000*): *
	Licensed Chi		Child Care License Number
	 	necessary, continue your list o	n reverse side or additional page.
Dessint / Dreaf		oof of childcare provider licensing	
Receipt / Proof	 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 <u>nrsa.staff@umich.edu</u>) 		
	All receipts must be provided by the ensurement that is not supported will be		appointment. Any part of the
	Submit the completed form and supThe payment will be made in the for		
 Post-Docs: Submit the completed form as an attachment to the Personnel Action Request (PAR) for particular to the payment will be made through payroll as a FEL additional pay, similar to monthly stiper 			
* Signature			Date:

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

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