

**National Institutes of Health
Child Care Subsidy Program Application**

Employee Name: _____

Institute/Center: _____

Work Location/Address: _____

Telephone: _____

E-Mail Address: _____

I, _____, understand the following NIH Child Care Subsidy policies:

1. The NIH Child Care Subsidy Program is operated on a first-come, first-served basis. If the program administrator determines that all agency funds for the current fiscal year have been committed, newly completed applications will be placed on a waiting list in the order of the date they are received.
2. Monthly subsidy invoices must be turned in to FEEA within 60 days of the last day of the month care was provided in order to receive reimbursements. Example: Invoice dated January 31 needs to be to FEEA no later than March 31.
3. Participants are required to re-apply annually according to written instructions from the Subsidy Administrator.
4. Subsidy benefits terminate immediately for participants who leave the employment of NIH.
5. Participants who leave the employment of NIH are required to notify FEEA and their child care provider immediately.
6. Participants, who fail to notify FEEA of their termination of employment at NIH, and continue to receive payments, will be required to re-pay the government.
7. Knowingly making false or fraudulent statements on any of the Child Care Subsidy forms or documents are grounds for immediate termination of subsidy benefits. NIH employees who knowingly make false or fraudulent statements are subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, NIH employees may be subject to administrative punishment, including the termination of federal employment. (U.S. Code, title 18, section 1001.).

Signature

Date