



COVID-19 Faculty Dependent Back-up Care Fund

APPLICATION

Applicant information

Name: _____

Net ID: _____ Daytime phone: _____

Email: _____

Position: _____

Department/school: _____

Contract or Endowed? _____

Have you previously applied to the Faculty Dependent Care Back-up Fund this fiscal year? Yes No

Are you receiving funds from any other source to cover the expenses being applied for? Yes No

Dependent Information (Child or Adult)

Name: _____ Relationship to applicant _____ Age _____

Name: _____ Relationship to applicant _____ Age _____

Name: _____ Relationship to applicant _____ Age _____

Professional Activities (Purpose of Back-up Care)

Please detail your professional activities that require back-up dependent care, such as writing a grant proposal, authoring a publication with an impending deadline, or teaching. Be specific and include funders/agencies, due dates/deadlines, and/or course number/times:

Care Arrangements

Describe your normal dependent care arrangements and reason(s) that care is currently unavailable.

Describe the back-up care that you arranged and attach documentation of expenses paid.

List the expenses you are requesting reimbursement for below and attach receipts in the email along with the application.

Expense Information			
Date of service	Paid to	Service rendered	Amount (\$)
Subtotal of Expenses			
*25% of Subtotal			
Total Amount Requested			

*This is a taxable payment. If your application is approved, Cornell will add an additional 25% of the final expenses when the payment is issued to help defray the tax burden. Note: Only the subtotal amount will be deducted from your annual grant allotment.

This application and documentation must be submitted by July 15, 2021 to be eligible for funds from the 2020-2021 fiscal year. Failure to submit by the July 15, 2021 deadline will result in expenses being applied to the 2021-2022 fiscal year and will count towards the recipient’s \$1000.00 cap for the 2021-2022 fiscal year. If documentation cannot be submitted by the July 15, 2021 deadline, expenses will be applied to the 2021-2022 fiscal year.

I certify that I have completed this application accurately for consideration for reimbursement under COVID-19 Faculty Dependent Back-up Care Fund. I attest that my spouse/partner was unavailable during the time indicated to provide care. I understand that incomplete or inaccurate information may adversely affect my eligibility under this program and require repayment of any funds awarded.

Signature: _____

Date: _____

Submit application to:
 Diane Bradac, Work/Life Consultant, Cornell Human Resources
sdb39@cornell.edu | 255-1917