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| --- | --- | --- |
|  |  |  |
| Employee Name (print or type) |  | Employee ID Number (print or type) |

**PLEASE NOTE: This Program in effect from April 18, 2020 through June 26, 2020, is PHASE 2 and is a new Phase relying upon the Phase I Program adopted for the period (March 16, 2020 through April 17, 2020) that was developed to provide financial support to individuals who are required to work outside their home in the field or at a National Grid location, and who are incurring a financial hardship as a result of the COVID-19 Pandemic due to obtaining and paying for child care services for their child(ren).**

PHASE 1 is now closed.

New requests for the Phase 1 Program March 16th through April 17th will not be considered**.**

Individuals that work from home do not meet these criteria and are not to complete this affidavit**.**

Affidavit must be received by Employee Services by close of business on day Friday, July 17, 2020

*If received after this date, your request for the PHASE 2 emergency hardship caregiver subsidy will be declined.*

Payments will be paid by July 31, 2020 or as soon as reasonably possible thereafter

**Certification for Emergency Hardship Caregiver Subsidy** *(employee must meet all criteria to be eligible)*

**I (employee) hereby certify that I meet all of the following criteria and did so as of the date I requested the emergency hardship caregiver subsidy:**

1. I (employee) am a regular full-time and/or part-time management or union employee who works a minimum of twenty (20) hours per week who is required to work outside my home, either in the field or at a National Grid location.
2. I (employee) have experienced a financial hardship as a result of the pandemic due to incurring a new or additional caregiving expense for services that were not in place prior to the pandemic
3. My child(ren) who need the caregiving services as described under this Phase 2 Program is/are my legally dependent child(ren) and/or my tax dependent(s) who is/are under the age 13 or is/are a disabled dependent child(ren) over the age of 13.
4. The child care services I (employee) have obtained and are paying for, meet the following criteria:
5. My newly obtained caregiver arrangement (either in home or center based) was not in place prior to the pandemic, ***or*** I am experiencing an increase in caregiver costs over and above what I was paying prior to the pandemic.

**AND**

1. I am paying for in-home caregiver services, where the caregiver does not live in my household or otherwise would have been caring for my child(ren) without pay, ***or*** I am paying for center-based care at a day care center that provides child care services outside my home and requires a fee for that service
2. I (employee) confirm that I am not currently receiving reimbursement from a dependent care reimbursement account, insurance policy or other program that is helping me pay for my newly obtained or increased child care services.

**Select One** (Current applicant section or New applicant section)

OR

* **Current applicant** (received payment for caregiver costs in PHASE 1)

***Check all that apply to the Current applicant section***

* + I am still actively working outside my home in the field or at a National Grid location
  + My request for payment is for the same child(ren) under the age of 13 that I applied for in PHASE 1 (print or type child’s name and date of birth)
    - Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + My request for payment is for a different child(ren) that I did not apply for in PHASE 1 and is under the age of 13 (print or type child’s name and date of birth)
    - Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + My child is/has been enrolled as a dependent on my National Grid benefits (no birth certificate required unless child is not found in National Grid’s benefit system)

**OR**

* + I have attached copies of the required documentation (birth certificate(s), adoption documentation or proof of legal tax dependent supporting documentation) with my Affidavit

**Dates that I have incurred caregiver costs between April 18, 2020 and June 26, 2020**

* **New applicant** (first time applying for the Emergency Hardship Caregiver Subsidy)

**Copy of child(ren) birth certificate(s), adoption documentation or**

**proof of legal tax dependent documentation supporting documentation is required**

***Check all that apply to the New applicant section***

* + I am actively working outside my home in the field or at a National Grid location
  + My request for payment is for the following child(ren) who is/are under the age of 13 (print or type child’s name and date of birth)
    - Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My child is/has been enrolled as a dependent on my National Grid benefits (no birth certificate required unless child is not found in National Grid’s benefit system)

**OR**

* + - I have attached copies of the required documentation (birth certificate(s), adoption documentation or proof of legal tax dependent supporting documentation) with my Affidavit

**Select One**

* Maximum # days per week (10 weeks) – 49 days *(holidays are not included)*

OR

* Number of days \_\_\_\_\_ for services between the dates of \_\_\_\_\_\_\_\_\_\_ and\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions**

I (employee) understand that the information contained in this Affidavit and accompanying documentation (ex: birth certificate, legal documentation or tax documentation) will be reviewed by Employee Services for eligibility. Eligibility review may also include verifying if my child is either enrolled in my benefits or otherwise on file with National Grid, contacting my supervisor to verify that my job requires me to work outside the home either in the field or at a National Grid location, and confirming that I was actively at work during the period I have requested the subsidy.

I (employee) understand that this is a temporary program in place due to the COVID-19 pandemic, payment is at the discretion of National Grid, and the program can be changed or terminated at any time.

I (employee) agree to notify Employee Services if my job duties have changed and I am no longer required to work in the field or at a National Grid location, if I begin to work from home, if I am unable to report to work due to quarantine, or my need for the subsidy has changed.

I (employee) understand and agree that if I misrepresent or provide false information, the emergency hardship caregiver subsidy may be terminated (including retroactively). I understand if I have improperly or incorrectly received this Subsidy that I will be obligated to reimburse the Company for all nonqualifying payments and costs and expenses in obtaining recovery of reimbursement including all legal costs and expenses.

I (employee), affirm that the information I am attesting to is true. I understand and agree that if I misrepresent or provide false information, I am subject to disciplinary action up to and including termination of employment.

I understand that all decisions as to eligibility, continued qualification of an employee, and amount of payments are determined by Human Resources and such decisions are binding and final**.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Employee ID Number Date

**This section to be completed by the Employee (print or type)**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Phone # |  | Employee Work Location |  |
| Employee Email address |  | Union Local  *(leave blank if*  *management employee)* |  |
| Full Time or Part Time |  | Manager/Supervisor  Name |  |
| Working Hrs/week |  | Manager/Supervisor  Contact # |  |
| Pay Frequency  (Weekly or Monthly) |  | Manager/Supervisor  Email Address |  |

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| --- |
| *This affidavit must be received by Employee Services by end of day Friday, July 17, 2020.*  *Before sending, please review to ensure everything is signed and all the fields are filled out and required documentation is attached.*  *Submission of incomplete forms and/or missing required documentation may result in a denial for the subsidy.*  *Requests for the emergency hardship subsidy will be declined if your form is received after the deadline.*  *Please submit your form to Employee Services via email to* [*Employee.Services@nationalgrid.com*](mailto:Employee.Services@nationalgrid.com)  *If you need to send by regular mail, please send to;*  *SDC Employee Services*  *300 Erie Blvd. West*  *Syracuse, NY 13202*  *Please ensure you sending with enough time for it to be received by July 17.* |