



VALUE OF DONATED EQUIPMENT

Grantee: _____ Grant Number: _____

Address: _____ Granting Period

Project: _____ From: _____ To: _____

Date	Type & Size of Equipment	Total Hours of Use	Hourly Rate	Value of Donation (Hours x Rate)	Equipment Operator's Signature

Value of Total Donation _____

I certify that to the best of my knowledge and belief, the information contained herein is true and correct.

Signature of Authorizing Grantee Official

Date

Name & Title (Print)