CCCHP Grant Program

NEVADA
STATE HISTORIC
PRESERVATION OFFICE

VALUE OF DONATED MATERIAL

Grantee: _____ **Grant Number**: _____

Address: _____ **Granting Period**

Project: _____ **From:** _____ **To:** _____

Date	Description of Donated Material	Basis of Value	Fair Market Value

Value of Total Donation _____ $ 0.00

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)