STATE OF NEVADA
STATE HISTORIC PRESERVATION OFFICE
NATIONAL PARK SERVICE SUBGRANT

VALUE OF DONATED EQUIPMENT

Subgrantee: _____ **Address:** _____ **Project Title:** _____	**Subgrant No.** _____ **Report Period** From:_____ To:_____

DATE	TYPE AND SIZE OF EQUIPMENT	TOTAL HOURS OF USE	HOURLY RATE	VALUE OF DONATION (HOURS OF USE X HOURLY RATE)	EQUIPMENT OPERATOR'S SIGNATURE

TOTAL VALUE OF DONATION _____

I certify that to the best of my knowledge and belief, this report is correct and complete for the purposes set forth under the terms of the approved project.

Signature of Authorizing Subgrantee Official _____ Date _____ Title _____