STATE OF NEVADA
STATE HISTORIC PRESERVATION OFFICE
NATIONAL PARK SERVICE SUBGRANT

VALUE OF DONATED MATERIAL

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

DESCRIPTION OF MATERIAL DONATED	DATE OF DONATION	CURRENT FAIR MARKET VALUE	BASIS OF VALUE

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 _____