Illinois Department of Natural Resources
Grants Program

DONATED CASH AND MATERIALS
NON-REIMBURSABLE, COUNTED TOWARDS LOCAL 30% MATCH

Project Number: _____ Project Title: _____

CLG Name: _____

For purchased items, proof of payment must be attached.

Code*	Material or Item	Donor	Quantity	Value or Cost Per Item	Total Cost or Value of Donation
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

_____
Project Manager's Signature

_____
Project Manager Name and Title

_____
Date

*CODE KEY:
C = Purchased with donated funds
D = Donated item (A letter from the donor showing the basis for determining the value of donation is required.)