Michigan Department of Natural Resources - Forest, Mineral and Fire Management

COMMUNITY FORESTRY GRANT PROGRAM
GRANTEE'S FINANCIAL REPORT

GRANT NUMBER

#_____

This information is required under authority of Part 5 of Act 451, P.A. 1994, as amended, and the U.S. Cooperative Forestry Assistance Act of 1978, CFDA 10.664, to verify information on the Community Forestry Grant Program.

	GRANT FUNDS (Dollars) Cash[1] only	GRANTEE MATCH (Dollars) Cash[1]	In-Kind[2]	TOTAL
Personnel/Fringes				
Overhead				
Volunteer				
Trees				
Travel				
Equipment				
Supplies				
Contractual Services				
Other				
TOTAL				

1. *Cash Contributions:* ***Cash*** *payments made to complete the project (e.g. purchase of supplies, trees, labor, equipment etc.). Must be documented with copies of paid salary stubs, receipts or invoices.*

2. *In-kind services:* *Value of* ***non-cash*** *contribution provided to complete the project (e.g., volunteers, in-house labor/equipment/supplies or donations). Must be documented by minimum of signed/dated letterhead explaining how expense/value was calculated.*

I certify that the above information is true and correct.

Grantee Representative Name (please print) _____ *Signature* _____ *Date* _____

FOR GRANT REIMBURSEMENT, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

- ☐ Project summary report (1pg max). Report should include project goals, methodology, accomplishments and impact on the community and natural resources (social, environmental, economic) and other observations.
- ☐ Signed *Community Forestry Grant Program Tree Maintenance Agreement/Tree Inventory* (PR 4107-4) (*if applicable*)
- ☐ Signed *Community Forestry Grant Program Grantee's Financial Report* - (PR 4107-5)
- ☐ *Community Forestry Grant Program Volunteer Time Record (if applicable)* - (PR 4107-6)
- ☐ USDA Certification Regarding Drug-Free Workplace Requirements - (AD-1049)
- ☐ Request for Taxpayer Identification Number and Certification - (form W-9)
- ☐ Copies of invoices, vouchers, receipts that document expenditures for this project
- ☐ Copies of pamphlets, reports, photos or other information developed or generated under the grant *(if applicable)*

Return completed report to:

COMMUNITY FORESTRY GRANT PROGRAM
FOREST, MINERAL AND FIRE MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30452
LANSING MI 48909-7952