

Idaho Pacific Coastal Salmon Recovery Fund Program

In-Kind Match Contribution Form: Equipment* for Subrecipients

PCSRF project number: _____

Project name: _____

Description of equipment and how it was used on the project:

Describe the period of equipment use (e.g., hours, days, weeks, months) including the dates and hours of use per day, if applicable:

Fair market value of like equipment in like condition (attach documentation): _____

Cumulative value of equipment approved as match to-date (excluding this invoice): _____

Available value remaining (fair market value less previously approved value): _____

Use rate (e.g., \$100/day): _____ Total use this period (e.g., 10 days): _____

Total value claimed with this submission: _____

Describe how the use was determined, including the names of all third-party rental companies that provided quotes and their rental rates (attach quotes and/or other documentation):

I certify that the above information is accurate and that the above equipment was not purchased with federal funds and was used on the above project for the described services during the stated time.

Printed name and title of subrecipient representative

Signature and date

* Equipment is any item with a current market value of \$5,000 or more and a useful life of more than a year. The total value claimed over the life of the project may not exceed the purchase price of a like item in like condition.

Updated 4/15/19