**GRANT EQUIPMENT JUSTIFICATION AND CERTIFICATION STATEMENT**

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| 1. **Project Title:**
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| 1. **Grant Program:**
 |  | 1. **Grant Number:**
 |  |
| 1. **Equipment Description**
 | **Type:**(i.e., Dozer, Engine, Pick up, Pump, Map Grade GPS, etc.) |  |
| **Make & Model:**(i.e., Ford F-350 4x4, John Deere 750J, Honda GX340, Trimble Juno, etc.) |  |
| **Specialized/Custom/Technical Requirements:**(i.e., Briefly describe any special or customized modifications to the equipment required for use in project implementation. Include performance and/or safety items. For Example: screens, shields, manual fuel shut-off valves, etc. that is not standard.) |  |
| 1. **Quantity:**
 |  |
| 1. **Cost**
 | **Cost Per Unit:** |  | **Total Cost:** |  |
| 1. **Equipment Need and Added Value To Grant Declaration**
 |
| 1. **Briefly describe how this equipment is necessary** **to accomplishment the grant project/program objectives.**
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|  |
| 1. **Briefly describe how this equipment is unique (i.e., safety, efficiency, innovative, etc.) in its ability to accomplish the grant task(s) described above (6A) compared to other potential options (i.e., other equipment types, contracting, etc.):**
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|  |
| 1. **Time equipment will be used for this grant project/program:**
 | **Months:** |  |
| **Days:**  |  |
| 1. **Will equipment be used to support another federal grant?**

**(Note: Equipment cannot be included as a cost or used to meet cost sharing requirements of any other federal award.)** | **YES:** [ ]  **NO:** [ ]  |
| 1. **Grantee Certification Statement**
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| 1. **This equipment purchase adheres to Cooperator’s purchasing/acquisition guidelines and State Statutes (as applicable)**
2. **Cooperator will maintain purchase and usage documentation to support grant accounting.**
3. **Use of grant funded equipment for incident work: Only actual costs of operation may be reimbursed, but no replacement or acquisition costs may be included. See associated provision in the award document.**
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| **Certified by:** |  | **Title:** |  |
| 1. **USDA Forest Service Grant Program Manager Review and Approval**
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| **Approved by:** |  | **Program Manager** |

Burden Statement

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