

**US Forest Service Great Lakes Restoration Initiative Grant  
2019 Application Cycle**

**Evidence of Match Form - Award #18-DG-11420004-019**



Please complete and return this form with any relevant attachments to [amanda.oparka@macombgov.org](mailto:amanda.oparka@macombgov.org). Application guidance, including detailed project plan criteria, is provided in the **Project Information Packet** available at [green.macombgov.org](http://green.macombgov.org). This form must be filled out and signed before subgrant is approved.

**1. Planting date (approximate)**

Month\_\_\_\_\_ Date\_\_\_\_ Year\_\_\_\_\_

**2. Number of trees desired. Tree expenses are reimbursable up \$150 per tree.**

**3. Identify match to subgrant (Please check option)**

a. \_\_\_\_Community pays for professional contracted services to be completed; if so, what are the costs incurred by the community (please provide copy of paid invoices).

b. \_\_\_\_ In-Kind staff installation & Maintenance  
Hours: \_\_\_\_\_ Value: \$ \_\_\_\_\_ (please attach number of employees)

c. \_\_\_\_ Other (please explain):

**Value of match (minimum \$150 per tree for install and two years commitment to maintenance must be provided before any reimbursement can be processed)**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_