

ILLINOIS FUND GRANT AGREEMENT

EQUIPMENT USE REPORT for year ending DECEMBER 31, ______ **Report #___ of**

RESOURCES		Per	son Co	ompleting this Report	Date of			
Equipment '	Type & Mod	el:		Serial Number: Contact Person & Telephone #:				
Storage Loc	ation:							
Acreage Meter Reading: BeginningEnding				Rental Charge Rate/Collected:		Maintenance Expenditures (attach description):		
Date	County	Township, Range, Section (T, R, S)		Cooperator Name & Address Description (Management practice, species planted, etc.)		Acres Affected		
MAY 2018	Effingham	T6N-R6E SEC 23	1514	Marie Elmore Rev Trust 7 E 400 th Ave rich, IL 62424	CRP/Q	QUAIL BUFFERS	4.5	

Mail (email) completed form to: Illinois Department of Natural Resources, Office of Grant Management & Assistance, One Natural Resources Way, Springfield, IL 62702-1271. Questions? Call (217) 785-4416 or e-mail Susan.Duke@Illinois.gov (You may copy this form as necessary.) Revised 7/2019