Illinois Department of Natural Resources
Grants Program

BID TABULATION

Project Number: _____ Project Title: _____

CLG Name: _____

BID OPENING

Date: _____

Time: _____

Location: _____

If the Grantee is entering into a contact for goods or services that exceeds $25,000 or a contract for professional services that exceeds $20,000, the Grantee must email this form with copies of the Requests for Proposals, Requests for Bids, and the resulting contract to DNR.Grants@illinois.gov.

Bidder's Name	Base Bid	Alternates Amount	Remarks

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

_____
Project Manager's Signature

_____
Project Manager Name and Title

_____
Date