



HUDSON COUNTY OPEN SPACE, RECREATION, AND  
HISTORIC PRESERVATION TRUST FUND

## EXTENSION REQUEST FORM

### APPLICANT INFORMATION

1. Name of applicant (municipality/organization): \_\_\_\_\_

2. Applicant address: \_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

3. Chief Executive Officer: \_\_\_\_\_

Name, Title

\_\_\_\_\_

Email

\_\_\_\_\_

Telephone

4. Primary Contact: \_\_\_\_\_

Name, Title

\_\_\_\_\_

Email

\_\_\_\_\_

Telephone

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

5. Support staff (optional): \_\_\_\_\_

Name, Title

\_\_\_\_\_

Email

\_\_\_\_\_

Telephone

6. Support staff (optional): \_\_\_\_\_

Name, Title

\_\_\_\_\_

Email

\_\_\_\_\_

Telephone

7. Authorization:

I, \_\_\_\_\_, hereby certify that the information provided within this  
Name of authorized official

Hudson County Open Space Reprogramming Form is complete and true.

Date: \_\_\_\_\_  
MM/DD/YYYY

Signature: \_\_\_\_\_  
Authorized official only

CURRENT GRANT INFORMATION

Project Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Project Title: \_\_\_\_\_

Awarded Amount: \$ \_\_\_\_\_

PROJECT FUNDING

17. Total project cost: \$ \_\_\_\_\_

18. Amount applicant requests: \$ \_\_\_\_\_

19. Local share: \$ \_\_\_\_\_

20. List all other award matches(Green Acres, NJ Historic Trust, etc.):

Matching funding source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Matching funding source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Matching funding source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

UPDATED DESCRIPTION OF PROJECT

21. Please describe the progress of the objectives outlined in the initial grant application and any items identified in your grant agreement. Provide details for (a) grant-assisted work completed to date; (b) work currently underway; (c) work that has not yet been initiated; and (d) any impediments or delays encountered.

[Empty rectangular box for project description]

DEVELOPMENT OF PROJECT

22. Expected completion date for project: \_\_\_\_\_  
MM/YYYY