



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

SCOPE OF WORK CHANGE 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: \$ _____

DEVELOPMENT OF PROJECT

21. Proposed starting date for project: _____
MM/YYYY

22. Expected completion date for project: _____
MM/YYYY

UPDATED DESCRIPTION OF PROJECT

23. Please describe how the development of this project has changed since the original grant application.

[Empty rectangular box for project description update]