REQUEST FOR BUDGET REVISIONS

Hudson River Foundation

FOR HRF USE ONLY

HRF GRANT NO. _____ RECIPIENT NO. _____

PRINCIPAL INVESTIGATOR: _____

RECIPIENT ORGANIZATION: _____

CATEGORY OF EXPENSE	LAST APPROVED BUDGET			NEW PROPOSED BUDGET		
	HRF SHARE A	COST SHARING B	TOTAL C	HRF SHARE D	COST SHARING E	TOTAL F
DIRECT COSTS						
LABOR						
A. TOTAL LABOR COSTS						
B. FRINGE BENEFITS						
C. NON-EXPENDABLE EQUIPMENT						
D. EXPENDABLE EQUIPMENT						
E. EQUIPMENT RENTAL						
F. BOAT USE						
G. COMPUTER SERVICES						
H. CONSULTANT SERVICES						
I. TRAVEL						
J. PUBLICATION COSTS						
K. TOTAL OFFICE SUPPORT						
(SUPPLIES, PHONE, POSTAGE, ETC.)						
L. MISCELLANEOUS						
M. TOTAL DIRECT COSTS						
N. INDIRECT COSTS						
O. SUBCONTRACTS						
P. TOTAL COSTS						
Q. SHARING PERCENTAGE	%	%	100%	%	%	100%

_____
SIGNATURE

_____
TYPED NAME

_____
DATE

INSTRUCTIONS

1. Fill in line item amounts for last approved budged in cols. A thru C.
2. Fill in line item amounts for new proposed budget in cols. D thru F.
3. Sign & date this form.
4. Send to: **Hudson River Foundation**
   17 Battery Place
   Suite 915
   New York, NY 10004
   Attn: Science Director