## REQUEST FOR BUDGET REVISIONS

**Hudson River Foundation**

<table>
<thead>
<tr>
<th>HRF GRANT NO.</th>
<th>RECIPIENT NO.</th>
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</thead>
</table>

**PRINCIPAL INVESTIGATOR:**

**RECIPIENT ORGANIZATION:**

<table>
<thead>
<tr>
<th>CATEGORY OF EXPENSE</th>
<th>LAST APPROVED BUDGET</th>
<th>NEW PROPOSED BUDGET</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>HRF SHARE A</td>
<td>COST SHARING B</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>%</th>
<th>100%</th>
<th>%</th>
<th>%</th>
<th>100%</th>
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</thead>
</table>

**INSTRUCTIONS**

1. Fill in line item amounts for last approved budget 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

**SIGNATURE**

**TYPED NAME**

**DATE**