**Extension Request Form**

Send to mailing address:

New Jersey Historic Trust

Department of Community Affairs

PO Box 457

Trenton, NJ 08625

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

Name of Organization:

Address:

Report Prepared by (Name and Title):

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the progress toward accomplishing the objectives as set forth in your proposal. Please state the anticipated project completion date.

*\* Please attach a one-page document showing total income and expense information to date. Describe any budget changes or other financial adaptations required by any unforeseen situation(s.)*

*\*Attach copies of any significant materials, newsletters, brochures, articles, and other publicity that sheds light on the project or your organizations activities.*