



# Massachusetts Bar Foundation

## 2009/2010 IOLTA Grants Program

### Expenditure Update 9/1/09-Present

Organization Name: \_\_\_\_\_  
 Program Name: \_\_\_\_\_  
 Grant Period: Sept. 1, 2009 - Aug. 31, 2010  
 Fiscal Year: From: \_\_\_\_\_ To: \_\_\_\_\_

<b>PERSONNEL</b>	<i>Total</i>	<i>&amp;</i>	<i>Total</i>	<i>% of Time</i>	<i>Total</i>	<i>MBF</i>	<i>Amount*</i>
<i>Job Title</i>	<i>Salary (FTE)</i>		<i>Benefits</i>	<i>X Allocated =</i>	<i>Program</i>	<i>Approved</i>	<i>Expended</i>
				<i>to Program</i>	<i>Budget</i>	<i>Funding</i>	<i>as of / /</i>
_____	_____		_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____
_____	_____		_____	_____	_____	_____	_____
				<b>Total Personnel:</b>	_____	_____	_____
<b>NON-PERSONNEL</b>							
Attorney Fees					_____	_____	_____
Other Consultants and Professional Fees (Incl. Audit)					_____	_____	_____
Insurance					_____	_____	_____
Equipment					_____	_____	_____
Supplies					_____	_____	_____
Printing and Copying					_____	_____	_____
Telephone, Fax, Internet					_____	_____	_____
Postage and Delivery					_____	_____	_____
Training					_____	_____	_____
Other (Please Specify)					_____	_____	_____
				<b>Total Non-Personnel:</b>	_____	_____	_____
				<b>TOTAL EXPENSES</b>	_____	_____	_____

If total program budget is more than approved MBF funding, please detail additional program revenue sources below. Please indicate whether funding is **pending** or **secured**.

	<u>Source</u>	<u>Status</u>	<u>Amount</u>
<b>Please complete this section. --&gt;</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

\* Please indicate total amount expended of the 2009/2010 IOLTA grant award only.