

MASSACHUSETTS BAR FOUNDATION

2012/2013 IOLTA Grants Program - PROPOSED BUDGET 9/1/12 - 8/31/13

Organization Name:						
Program Name:						
Fiscal Year:		From:		To:		
PERSONNEL (Salary + Benefits x Percentage of Time = Total Program Budget Amount)						
Job Title	Total Salary (FTE)	Total Benefits	% of Time Allocated to Program	Total Program Budget	Amount Requested from MBF	2011/2012 MBF Grant Award
Total Personnel:						
NON-PERSONNEL						
Attorney Fees						
Other Consultants and Professional Fees (Incl. Audit)						
Insurance						
Equipment						
Supplies						
Printing and Copying						
Internet/Telephone						
Postage and Delivery						
Training						
Other (Please detail, attach extra page if necessary)						
Total Non-Personnel:						
TOTAL EXPENSES:						

ADDITIONAL FUNDING SOURCES: If the Total Program Budget is more than the amount awarded from the MBF, please detail additional revenue here. Indicate whether funding is **PENDING** or **SECURED**. Do not combine amounts as pending/secured (list the amount pending and also list amount secured).

NON-MBF FUNDING SOURCES	Status	Amount
TOTAL:		

NOTE: MBF Award + Total Amount of Additional Funding Sources should equal Total Program Budget.