MASSACHUSETTS BAR FOUNDATION 2022/2023 IOLTA Grants Program - FINAL BUDGET REPORT 9/1/22 - 8/31/23

| Organization Name: | | | | | | |
|---|-----------------------|------------------------------|--------------------------------------|----------------------------|----------------------------|--|
| Program Name: | | | | | | |
| Fiscal Year: | From: | | To: | | | |
| PERSONNEL (S | alary + Benefi | Total Program Budget Amount) | | | | |
| Job Title | Total Salary (FTE) | Total Benefits | % of Time Allocated to Program | Total Program Budget | MBF Approved Funding | MBF Amount Expended as of 8/31/23* |
| | ~~~~ (1 1 2) | 2010110 | vo 11 ogi um | g., | | |
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| | | | | | | |
| | | To | tal 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: | | | | | | |
| | | TOTA | | | | |
| | | TOTAL | EXPENSES: | | | |

* Please indicate total amount expended of the 2022/2023 IOLTA grant award only.

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**.

| NON-MBF FUNDING SOURCES | Status | Amount |
|-------------------------|--------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | TOTAL: | |

NOTE: MBF Award + Total Amount of Additional Funding Sources Should = Total Program Budget