

# MASSACHUSETTS BAR FOUNDATION

**2023/2024 IOLTA Grants Program - REVISED BUDGET 9/1/23 - 8/31/24**

<b>Organization Name:</b>						
<b>Program Name:</b>						
<b>Fiscal Year:</b>	From:				To:	
<b>PERSONNEL (Salary + Benefits x Percentage of Time = Total Program Budget Amount)</b>						
Job Title	Total Salary (FTE)	Total Benefits	% of Time Allocated to Program	Total Program Budget	Original MBF Request*	Revised 23-24 MBF Award**
<b>Total Personnel:</b>						
<b>NON-PERSONNEL</b>						
<b>Attorney Fees</b>						
<b>Other Consultants and Professional Fees (Incl. Audit)</b>						
<b>Insurance</b>						
<b>Equipment</b>						
<b>Supplies</b>						
<b>Printing and Copying</b>						
<b>Internet/Telephone</b>						
<b>Postage and Delivery</b>						
<b>Training</b>						
<b>Other (Please detail, attach extra page if necessary)</b>						
<b>Total Non-Personnel:</b>						
<b>TOTAL EXPENSES:</b>						

*\* Please list your original request. \*\* Please list your proposed revised budget in this column.*

**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
<b>TOTAL:</b>		

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