

# MASSACHUSETTS BAR FOUNDATION



## 2010/2011 IOLTA GRANTS PROGRAM PROPOSAL SUMMARY

<b>Organization Name:</b>		
<b>Main Address:</b>	<b>Satellite Office 1:</b>	<b>Employer ID Number:</b>
		<b>Tax Exempt Status Code:</b>
<b>Phone:</b>		<b>Fax:</b>
<b>Email:</b>		<b>Website:</b>
<b>Exec. Director:</b>		<b>Grant Contact:</b>
<b>Program:</b>		
<b>Program Staff:</b> <i>(Names and Titles)</i>		
<b>Organization Type:</b>		<b>Program Topic:</b>
<b>Amount Requested from MBF:</b> _____ % of Program Budget <i>Round numbers only.</i> _____ % of Organization Budget		
<b>Category (choose only ONE):</b> _____ Civil Legal Services to the Poor _____ Administration of Justice		<b>Application Type:</b> _____ New _____ Reconsider _____ Renew
<b>Geographic Area Served by Program:</b> <i>1. Please check the region your project serves. 2. Please rank counties numerically with 1 representing the area of greatest activity.</i>		
___ <b>Northeast</b> ___ Essex	___ <b>Greater Boston</b> ___ Norfolk ___ Suffolk ___ Middlesex	___ <b>Central</b> ___ Worcester
		___ <b>Southeast</b> ___ Barnstable ___ Bristol ___ Dukes ___ Nantucket ___ Norfolk ___ Plymouth
		___ <b>West</b> ___ Berkshire ___ Franklin ___ Hampden ___ Hampshire
<i>The Foundation considers programs serving all regions or impacting the administration of justice across the state as statewide.</i>		
<b>Is your project Statewide:</b> _____		
<b>Program Summary:</b> <i>Please describe both program goals and objectives as specifically and concisely as possible.</i>		

*(This text should appear on page 1. If it does not, this page has been over-populated.)*

**Organization:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Pro Bono Private Bar Involvement:**

*Please describe how the project will enlist the pro bono support of the private bar, if at all.*

**Target Population and Client Eligibility Guidelines:** *Please describe any guidelines and eligibility requirements you will utilize for accepting clients, including the screening process and formula used.*

**Projected Program Outcomes:**

*Please list the measurable, quantitative accomplishments that will result from this program.*

**Collaboration:** *Please describe how your organization will collaborate with local attorneys, bar associations, the courts, legal services, and other agencies to deliver services for THIS PROGRAM. Please explain how you will avoid duplication of services.*

**Organization:** \_\_\_\_\_

**Program:** \_\_\_\_\_

<b>Previous MBF Grants for this Project:</b>							
2004-2005	\$	2007-2008	\$				
2005-2006	\$	2008-2009	\$				
2006-2007	\$	2009-2010	\$				
<p><b>Rationale for Monetary Request:</b> <i>If you are applying for renewed MBF funding for an on-going program, please provide a rationale for any increase in the amount requested this year.</i></p>          							
<p><b>Number of People Organization Serves Annually:</b>            2010 (est.): _____ 2009: _____ 2008: _____ 2007: _____            Rationale for Count: _____</p>							
<p><b>Organization Governance:</b>            Board of Trustees/Directors? _____ Number of Trustees/Directors: _____ Direct oversight of this project? _____</p>							
<p><b>Organization Staffing:</b>            Full-Time: _____ Part Time: _____ # of Attorneys: _____</p>							
<p><b>Number of Volunteers:</b>            Attorneys: _____ Paralegal: _____ Non-Legal: _____</p>							
<p><b>Organization's Other Programs and Services:</b> <i>Please list briefly, using bullets.</i></p>          							
<p><b>Organization Financial Information:</b> <i>List the annual operating results or budgets for fiscal years beginning in:</i></p>							
	Total Revenues	Total Expenditures	Revenue Over (Under) Expenditures				
2009							
2008							
2007							
2006							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 45%;"><b>Organization receives National LSC funding</b></td> <td style="width: 20%;">Yes _____ % of Budget</td> <td style="width: 15%;">No</td> <td style="width: 20%;">No, Never</td> </tr> </table>				<b>Organization receives National LSC funding</b>	Yes _____ % of Budget	No	No, Never
<b>Organization receives National LSC funding</b>	Yes _____ % of Budget	No	No, Never				
<p><b>Fiscal Year Begins (month):</b> _____</p>							
<p><b>Total Amount of Reserves and/or Endowments:</b> \$ _____</p>							
<p><b>NOTE:</b> Please explain any deficits or other significant matters which may affect your current or future financial position in the Proposal Narrative component of the application.</p>							