



2010/2011 IOLTA Grants Program
GRANTEE QUESTIONNAIRE 9/1/2010 – 8/31/2011

Organization: _____
Program: _____
Contact Name: _____
Contact Title: _____

REQUEST FOR CARRYOVER FUNDS

Please advise the MBF if you anticipate any remaining funds from this grant as of 8/31/11.

- NO.** The entire 2010/2011 grant will be expended by 8/31/11.
- YES.** We are requesting to carryover funds for no more than one year.

Anticipated amount unexpended as of 8/31/11 _____
Anticipated date of complete expenditure of carryover funds _____

Carryover Rationale:

AUDITED FINANCIAL STATEMENTS

Provide a copy of your most recent audit or 990.

Total Organizational Budget: _____
Fiscal Year: _____
Month Audit is Completed: _____
Date of Most Recently Completed Audit: _____

- Yes, our organization is audited annually by an outside accounting firm.
- Our most recently completed audited financial statements have already been submitted to the MBF.
- No, our organization is not audited by an outside accounting firm.
Rationale for not obtaining an audit:

Describe alternative financial oversight mechanisms in place in lieu of an audit:

