

MASSACHUSETTS BAR FOUNDATION

2011/2012 IOLTA Grants Program - REVISED BUDGET 9/1/11 - 8/31/12

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	Original MBF Request*	Revised 11-12 MBF 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:						

** 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
TOTAL:		

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