**IOLTA Budget Summary Form A (Legal Aid Providers)**

**Applicant Agency: [Insert Name] Fiscal Year: [Insert Fiscal Year Period]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cost Categories** | **2018-19** **IOLTA Request** | **2019-20****IOLTA Request** | **2020-21 IOLTA Request** | **LSC Funds** | **All Other Funds** | **Total Budget** |
| **A. Personnel:** |  |  |  |
| # Lawyers (\_\_\_\_\_) |  |  |  |  |  |  |
| # Paralegals (\_\_\_\_) |  |  |  |  |  |  |
| # Other Staff (\_\_\_\_) |  |  |  |  |  |  |
| **Personnel Sub-total** |  |  |  |  |  |  |
| **B.** **Fringe Benefits:** |  |  |
| **Fringe Benefit Sub-total** |  |  |  |  |  |  |
| **Personnel & Fringe Benefits Sub-total** |  |  |  |  |  |  |
| **C. Travel:** |  |  |  |
| In-state Travel |  |  |  |  |  |  |
| Out-of-state Travel |  |  |  |  |  |  |
| **Travel Sub-total** |  |  |  |  |  |  |
| **D. Equipment:** |  |  |  |
| **Equipment Sub-total** |  |  |  |  |  |  |
| **E. Operating Expenses:** |  |  |  |
| **Operating Expenses Sub-total** |  |  |  |  |  |  |
| **F. Contractual:** |  |  |  |
| **Contractual Sub-total** |  |  |  |  |  |  |
| **G. Other:** |  |  |  |
| **Other Sub-total** |  |  |  |  |  |  |
|  |  |  |
| **GRAND TOTAL** |  |  |  |  |  |  |

**IOLTA Budget Summary Form B (Non Legal Aid Programs)**

**Applicant Agency: [Insert Name] Fiscal Year: [Insert Fiscal Year Period]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cost Categories** | **2018-19****IOLTA Request** | **2019-20****IOLTA Request** | **2020-21 IOLTA Request** | **All Other Funds** | **Total Budget** |
| **A. Personnel** |  |  |  |  |  |
| **B. Fringe Benefits** |  |  |  |  |  |
| **C. Travel** |  |  |  |  |  |
| **D. Equipment** |  |  |  |  |  |
| **E. Operating Expenses** |  |  |  |  |  |
| **F. Contractual** |  |  |  |  |  |
| **G. Other** |  |  |  |  |  |
| **GRAND TOTAL** |  |  |  |  |  |

*For Use By Program Areas B & C Applicants Only*