

IOLTA Budget Summary Form

Applicant Agency: [Insert Name]

Fiscal Year: [Insert Fiscal Year Period]

Cost Categories	IOLTA Request 2021-22	IOLTA Request 2022-23	IOLTA Request 2023-24	IOLTA Request 2024-25	LSC Funds (if applicable)	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							