



**Interest on Lawyers' Trust Accounts (IOLTA) and Legal Services Grant  
Year-End Report – Fiscal Year 2018 IOLTA and Legal Services Grant**

***For Grantee Funding Period: September 1, 2018 – August 31, 2019***

***Deadline: September 13, 2019***

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_

**Executive Director Email:** \_\_\_\_\_

**Project Name (if applicable):** \_\_\_\_\_

**Signature of Person Completing Report:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit the completed report by **September 13, 2019** to Hannah Poor, c/o Boston Bar Foundation, 16 Beacon Street, Boston, MA 02108 or by e-mail to: [hpoor@bostonbar.org](mailto:hpoor@bostonbar.org)

*Electronic Submission Preferred: Send e-mail to [hpoor@bostonbar.org](mailto:hpoor@bostonbar.org)*



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### **Narrative**

*Please provide the Narrative in the same order listed with the headings provided. The Narrative should be no longer than four (4) pages.*

**STAFFING:** *Briefly describe project staff and volunteers, % of time spent on project (if applicable), including any staff changes that have occurred during the grant period. For any non-lawyer staff, please describe any supervision they received. Describe the pro bono component (if applicable). Also, please include any organizational changes that may have affected this project.*

**SUMMARY OF PROGRESS:** *Briefly describe the progress of this project over the specified time period in relation to the goals and objectives outlined in your grant application. Were any large milestones or objectives reached? Do you anticipate any objectives not being met?*

**ADDITIONAL PROGRAM ACTIVITIES:** *During the year did the project identify any new needs or emerging trends? Please describe collaborations with any existing or new partners and the effects on this project. Please describe any training provided during this time period.*

**CHALLENGES:** *Describe any challenges the project faced over this grant period. How were staff and the organization able to address these challenges? Discuss any significant modifications to the project that were not outlined in the original grant proposal.*

**ADDITIONAL INFORMATION:** *Please feel free to provide any additional information regarding changes to your anticipated effectiveness.*

**FUNDING UPDATE:** *Please complete separate budget form. List any change in anticipated funding since submitting application. Identify any critical program changes resulting from funding changes. Describe any additional fundraising efforts for this project. How will the organization address any changes in funding for this project?*

**PROJECT STORY:** *Please provide a brief story about a client that illustrates the impact of this project or program. Please change any identifying information to protect client confidentiality. (Please note that project stories may be shared in BBF marketing materials).*

### **Budget**

**BUDGET:** *Please use Excel document "[FY18 BBF IOLTA Year-End Budget Sheet](#)" to complete the budget sheet for September 1, 2018 to August 31, 2019.*

*If you have any questions, please contact Hannah Poor at 617-778-1938 or [hpoor@bostonbar.org](mailto:hpoor@bostonbar.org).*



**Statistical Information**

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**Instructions:** Please complete this form with statistics that you have recorded for BBF-funded projects during the grant period.

Name of Organization	
Name of Project (if applicable)	

<u>Program Statistics</u>	<u>9/1/2017- 8/31/2018</u>
<b>Case Information</b>	
Total number of opened cases	
Total number of closed cases	
Total number of closed cases with less than full representation	
Total number of closed cases with full representation	
<b>Client Demographics</b>	
Total number of clients assisted	
Of the number of total clients assisted, please indicate the number of:	
Gender	
Female clients	
Male clients	
Non-binary/gender non-conforming clients	
Clients gender unknown	
Age	
Clients under 18 years old	
Clients between 18-59 years old	
Clients 60 years and older	
Clients age unknown	
Income <sup>1</sup>	
Clients below 125% of the poverty line	
Clients between 125%-187.5% of the poverty line	
Clients above 187.5% of the poverty line	
Clients income unknown	

<sup>1</sup>2019 HHS Poverty Guidelines: Yearly salary at 125% for a single person: \$15,612; for a family of 4: \$32,187. Yearly salary at 187.5% for a single person: \$23,418; for a family of 4: \$48,281.

<i>Race/Ethnicity</i>	
<i>Asian clients</i>	
<i>Black clients</i>	
<i>Hispanic/Latinx clients</i>	
<i>Native American clients</i>	
<i>Pacific Islander clients</i>	
<i>White/Non-Hispanic clients</i>	
<i>Clients race/ethnicity not listed above</i>	
<i>Clients race/ethnicity unknown</i>	
<i>Of the total number of clients assisted, please indicate the number of total clients assisted in the following counties:</i>	
<i>Barnstable</i>	
<i>Berkshire</i>	
<i>Bristol</i>	
<i>Dukes</i>	
<i>Essex</i>	
<i>Franklin</i>	
<i>Hampden</i>	
<i>Hampshire</i>	
<i>Middlesex</i>	
<i>Nantucket</i>	
<i>Norfolk</i>	
<i>Suffolk</i>	
<i>Plymouth</i>	
<i>Worcester</i>	
<i>Unknown</i>	
<i>Location of Clients</i>	
<i>Total number of clients within Route 128</i>	
<i>Total number of clients outside Route 128</i>	
<i>Unknown</i>	
<b>Volunteer Statistics</b>	
<i>Total number of volunteer attorneys</i>	
<i>Total number of volunteer attorneys who took a case</i>	
<i>Number of pro bono hours provided by volunteer attorneys</i>	
<i>Total number of cases referred to volunteer attorneys</i>	
<i>Total number of non-attorney volunteers</i>	