



Indiana Pro Bono Commission
 230 East Ohio Street, Suite 400
 Indianapolis, IN 46204

**COMBINED 2008 DISTRICT REPORT, 2010 PRO BONO GRANT APPLICATION,
 AND 2010 PLAN**

Pro Bono District _____
 Program Name: _____
 Mailing Address: _____
 City: _____, IN Zip: _____
 Phone: _____ Fax: _____
 E-mail address: _____
 Judicial Appointee: _____
 Plan Administrator: _____
 Names of Counties served: _____

Number and Percentage of volunteer attorneys (as defined on page 3) who rendered pro bono service to at least one low-income client during the year or who accepted a pro bono case in 2008 per registered attorneys in district, i.e. the district's pro bono participation rate:
 # _____ % _____

Please also provide pro bono participation rates by county, if available.

<u>County</u>	<u>Registered Attorneys</u>	<u>Volunteer Attorneys</u>	<u>Participation Rate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of volunteer attorneys (as defined on page 3) who provided pro bono representation for at least 50 hours during 2008: _____
Number of potential clients requesting help in 2008 (limit this to actual intake done or sessions in which plan administrator or his/her delegate provided more than minimal assistance): _____
Number of potential clients who were actually provided with legal services (through volunteer attorney referral or assistance organized by the plan administrator) as a result of their request: ____ **Please provide this information by county, if available.**
Amount of grant received for 2009: _____
Amount of grant (2009 & prior years) projected to be unused as of 12/31/09: _____
Amount requested for 2010: _____

2010 PLAN SUMMARY

- 1. Please write a brief summary of the 2010 grant request. Please include information regarding your district's planned activities including committee meetings, training, attorney recognition, newspaper or magazine articles, marketing and promotion. The grant request should cover needs to be addressed, methods, target audience, anticipated outcomes, and how past difficulties will be addressed.**

2008 REPORT OF VOLUNTEER ATTORNEY CASES IN DISTRICT _____

Please attach additional pages for each pro bono provider that receives IOLTA funding, whether directly or indirectly, in your district. See the sample additional pro bono provider page 3A. Please list one case per each line in the chart below. The information provided in this chart, and the charts immediately following, should be for the calendar year 2008 and not the fiscal year.

Definitions

Case: A legal matter referred to and accepted by a pro bono attorney volunteer. This includes mediation and GAL services.

Volunteer Attorney: An attorney who has rendered pro bono service to at least one low-income client during the year or accepted a pro bono referral from the identified program. This does not include attorneys who are in the list of pro bono volunteers but who have never taken a case. The case numbers do not include cases screened, only cases actually referred to a pro bono attorney. This also includes an attorney who has worked solely on a pending pro bono case that was neither opened nor closed during the reporting year. Volunteer attorneys for modest means programs may be counted, as long as they are separately identified as such.

Case Type: Please use the abbreviations listed in Indiana Supreme Court Administrative Rule 8(B)(3) or any other defined abbreviation. Please be sure to include the mortgage foreclosure code of MF, if applicable.

Program Name (includes legal service provider, court, plan administrator, bar association, and other organizations or individuals): _____

IOLTA funding accounts for _____% of total pro bono provider budget. Please state the percentage of volunteers and cases which are attributable to IOLTA funding _____. **If this percentage is substantially more than the percentage of IOLTA funding, please explain.**

Volunteer Attorney Name	County of case	Was case pending at beginning of 2008?	Was case opened in 2008?	Was case closed in 2008?	Number of hours worked on case if closed in 2008 (include prior years' hours)	Case Type
TOTAL:	<i>No total needed</i>	TOTAL:	TOTAL:	TOTAL:	TOTAL:	<i>No total needed</i>

2008 REPORT

Please list your District's 2008 activities—including committee meetings, training, attorney recognition, newspaper or magazine articles, marketing and promotion—in chronological order.

Date

Activity

2008 REPORT

Please provide a short summary of how the provision of pro bono service is coordinated in your district, including the intake process, the relationships of pro bono providers in the district, how referrals are made, and how reporting is done.

Please describe any special circumstances affecting your District's 2008 implementation of its plan.

BUDGETS for 2008, 2009 and 2010

Income Category	Final 2008 Income	2009 Actual Income To ___	2009 Budget	2010 Budget	Difference between 2009 and 2010
A. INCOME					
1. IOLTA Grant Amount					
2. Previous year carryover					
Other Income: <i>Explain source in narrative.</i>					
3.					
4.					
5. Total Income (sum of lines A1-A4)	\$	\$	\$	\$	\$
Expense Category	2008 Actual Expenditures	2009 Actual Expenditures to _____	2009 Budget	2010 Budget	Difference between 2009 and 2010
B. PERSONNEL EXPENDITURES					
1. Plan Administrator (Salary & FICA)					
2. Paralegals (Salary & FICA)					
3. Support Staff					
Other – Please Explain					
4. Employee Benefits					
A. Insurance (WC, Health, Life)					
B. Retirement plans					
C. Other- Please Explain					
5. Total Personnel expenditures (sum of lines B1-B4c)	\$	\$	\$	\$	\$
C. NON-PERSONNEL EXPENSES					
1. Occupancy (include utilities)					
2. Equipment Rental					
3. Office Supplies					
4. Telephone					
5. Travel					
6. Training/Conferences					
7. Library/Info. Technology					
8. Malpractice Insurance/D&O insurance					
9. Dues & Fees					
10. Marketing & promotion					
11. Attorney recognition					
12. Litigation expenses					
13. Equipment Acquisition					
14. Contract Services					
15. Grants to other pro bono providers					
16. Other- Please Explain					
17. Total Non-Personnel Expenditures (sum of lines C1-C-17)					
D. TOTAL EXPENDITURES (sum of B5 & C18)					
E. ENDING FUND BALANCE (A4 less D)					

2010 Budget Narrative

Please provide descriptions of the following line items in the foregoing budget chart, by item number, in the space provided. Please explain any other budget entries that are not self-explanatory, including other sources of income and any significant deviation in requests from previous years.

Lines (B) (1), (2), (3), (4) Please indicate the number of hours per week for each personnel position, rate of pay, and all employee benefits.

Line (C) (1) Please describe the occupancy cost in terms of square footage, utilities or other amenities and indicate whether the occupancy cost is above or below the market rate for that space.

Line _____

One supplemental, explanatory page may be added to the end of this report and plan.

ANNUAL TIMETABLE FOR SUBMISSION OF FORMS AND CHECKS:

First week of January:	Checks distributed
July 1:	Annual report, plan and grant application due to IPBC
November:	Notification of awards
December 1:	IBF grant agreement due and revised budget due