

Make it Right Restorative Community Conferencing 2019

Proposal Coversheet

Proposal Contact		Fiscal Agent Information (if applicable)	
		<i>Organization Name:</i>	
Contact Name:		Contact Name:	
Title:		Title:	
Street Address:		Street Address:	
City & Zip Code:		City & Zip Code:	
Telephone:		Telephone:	
e-mail:		e-mail:	
Indicate which service is the organization applying for (check all that applies):			
Restorative Community Conferencing - Facilitation			
Restorative Community Conferencing – Agreement Monitoring			
General Information			
Is the organization a registered City Vendor?	Yes / No		
What is your organization's current global budget?	\$		
Organization Information			
What is the organization's mission?			
Number of years in providing services to youth in San Francisco's juvenile justice system			
Is organization currently receiving funding from other City departments to provide these	Yes / No		
<i>If yes, please list CURRENTLY contracted work with which city departments, along with amount, duration of services, and a brief scope of work description:</i>			
<i>City Department</i>	<i>Duration</i>	<i>Amount</i>	<i>Scope of Work</i>
		\$	
		\$	
		\$	