

Juvenile Justice Mentoring Network Proposal Title Page

Host Agency/Fiduciary Name	
Program Name (if different from above)	
Address of Organization	
Telephone	
Website	
EIN Number	
Type of Entity (501(c)3, school, faith based, governmental, etc.)	
Chief Executive Officer/Executive Director; telephone & email	
Contact Person (if different from above); telephone & email	
Principal Purpose of Organization (1-2 sentences)	
Geographic Area Served:	
Number of Persons Served Annually, and % Minority	
Organization's Total Budget	
Requested project budget	
Number of years program in existence	
Date Mentoring Census completed	

Date: _____

Signature of CEO/Executive Director, or other authorized individual