



CommuniCare

2020-2021 Grant Application Form

CONTACT INFORMATION

Name of Organization: Lines for Life

Organization's Mailing Address: 5100 SW Macadam Ave Ste 400, Portland, OR 97239

Organization's Website: www.linesforlife.org

Organization Representative: Sharlene Vance

Representative's Title: Development Coordinator

Representative's Pronouns: She/her/hers

Representative's Phone Number: 503-244-5211

Representative's Email Address: sharlenev@linesforlife.org

Were you invited to apply by a school? Yes No

If so, which school: _____

APPLICANT ORGANIZATION

Year incorporated: 1993 Federal tax identification number: 93-0725294

Is the name of the organization as stated the same as it appears on the IRS letter of determination?

Yes: No: If not, please explain: _____

Name of fiscal sponsor, if applicable: N/A

ORGANIZATIONAL INFORMATION

Number of full-time staff: 185 Number of part-time staff: 50

Number of volunteers: 250 Number of board members: 23

Explanation (optional):

Geographic area(s) served: Throughout the state of Oregon - particularly the Portland metro



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2020-2021 Grant Application Form - *continued*

FUNDING QUESTIONS

Amount requested: \$ 5,000

If we divide the money among applicants, will you be able to use any amount - even if it is not all of your request? Yes: No:

Type of funds requested: Operating Support Program Support

If requesting funds for a specific program, please include the name of the program:
YouthLine's Safe Social Spaces Project: Innovation in Online Crisis

FINANCIAL INFORMATION

Total operating budget for fiscal year: \$12,842,906.00

Total operating budget for project/program (if requesting funds for a specific program): \$150,361.41

Total income for most recent fiscal year: \$9,285,644.05

Total expenses for most recent fiscal year: \$8,703,654.37

Explanation (optional):

It's important to note for this grant that our YouthLine operates as a division of Lines for

Sources of income: Earned Income (tuition/ticket sales/fees): 65 % Individual Donations: 1 %
Special Events: 2 % Corporate/Foundation Grants: 6 % Government Grants: 26 %

Explanation (optional):

Certification: I hereby certify that the information included in this application is true and correct, to the best of my knowledge. I further certify that this organization does not discriminate on the basis of race, religion, national origin, marital status, age, disability, gender, or sexual orientation. I understand that if my organization receives a grant, a representative from my organization must attend the Awards Ceremony to receive the grant.

Signature of authorized agency official: Sharlene Vance

Title: Development Coordinator Date: 12/18/2020