

**Request for Applications  
for  
Peer-Operated Projects (POP) by and for people with lived experience**

The Vermont Department of Mental Health is seeking applications from individuals or entities in Vermont for independent peer-run initiatives designed and operated by individuals with lived experience of mental health challenges.

**This program funds:**

- Initiatives already started; funding to an existing initiative could supplement a fledgling program and help it get a stronger start
- New projects to be proposed
- New peer initiative in a location where one does not currently exist. The peer initiative(s) to be funded should not duplicate peer projects already going on locally, however.

Examples of the kinds of initiatives that might be funded include, but are not limited to, the following activities:

- Education in peer leadership (e.g., teaching individuals how to advocate for themselves)
- Peer mentoring
- Drop-in centers
- Peer crisis diversion
- Resources for peers upon discharge from inpatient hospitalization or from a correctional facility
- Peer advocacy/community liaisons
- Recovery- and wellness-oriented initiatives such as exercise, diet, and other elements of healthy lifestyles; employment (e.g., job coaching or other supports); independent living; and the like

**This program WILL NOT Fund:**

The funds available come from the federal mental-health block grant to states and territories for community-based services for adults with serious psychiatric diagnoses and for children with serious emotional disturbances. The funds are therefore subject to certain restrictions specified in the federal block grant statute. The statute provides that the funds WILL NOT be expended in any of the following ways:

- (1) To provide inpatient services;
- (2) To make cash payments to intended recipients of health services;

- (3) To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- (4) To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or
- (5) To provide financial assistance to any entity other than a public or nonprofit private entity;
- (6) To provide personal transportation.

**Who May Apply:**

Proposals should be submitted by applicants who are either already nonprofit 501(c)(3) entities or who can establish a connection with a 501(c)(3). Vermont Psychiatric Survivors and the ten designated agencies that provide mental-health services in Vermont's public mental-health system are examples of 501(c)(3) entities.

**Grant Size:**

Individual grants are capped at \$3,000 per year.

Projects will be funded for up to three years, contingent upon meeting progress goals the first two years. Funding after two years may be available based on the number of new applicants for the program.

**Application Process:**

Interested applicants should fill out the application form at the end of this Request for Applications. Attach additional pages as necessary to complete the information requested. Applications may be submitted either electronically or through the United States Postal Service to one of the following addresses:

Executive Director  
Vermont Psychiatric Survivors, Inc.  
128 Merchants Row, Suite 606  
Rutland, VT 05701-5912

Or

[info@VermontPsychiatricSurvivors.org](mailto:info@VermontPsychiatricSurvivors.org)

**The deadline for submission is June 29, 2018 by 5:00 p.m. EDT.**

**FY2018 APPLICATION FOR GRANT FOR PEER-OPERATED PROJECT**  
**Due Date: June 29, 2018 by 5:00 p.m.**

**Additional Resources:**

Questions about this program and requests for assistance in completing the application can be directed to Wilda L. White at (802) 779-8301 or [wilda@vermontpsychiatricsurvivors.org](mailto:wilda@vermontpsychiatricsurvivors.org)

**Selection Process:**

DMH reserves the right to accept or reject any or all applications. Evaluation of applications will be made by an advisory panel overseen by Vermont Psychiatric Survivors, Inc.

Eligible applicants may be invited to an interview by the advisory panel.

**Deadlines:**

Full application due by **June 29, 2018 by 5:00 p.m.**

**FY2018 APPLICATION FOR GRANT FOR PEER-OPERATED PROJECT (cont'd)**  
**Due Date: June 29, 2018 by 5:00 p.m.**

**1. Name of applicant:** \_\_\_\_\_

**2. Mailing Address:**

Number & Street \_\_\_\_\_

P.O. Box (if applicable) \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. Name of your Peer-Operated Project:**

\_\_\_\_\_

**4. Description of your Peer-Operated Project (Please be as specific as possible):**

**Main Project Activities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FY2018 APPLICATION FOR GRANT FOR PEER-OPERATED PROJECT (cont'd)**

**Due Date: June 29, 2018 by 5:00 p.m.**

**Duration of your Peer-Operated Project: Describe how often you will meet and the length of time for the program, for example, every week for six weeks or ongoing for the entire year.**

---

---

---

---

**Who is expected to participate and how many of them are Peers:**

---

---

---

**Outcomes: What are the expected benefits of your Peer-Operated Project? How WILL you show that expected outcomes have been met? (For example: Participants may report a decrease in isolation or improved sense of wellbeing. Perhaps you will use a survey to ask Peers to describe the benefits of your Peer-Operated Project)**

---

---

---

---

---

**Location of your Peer-Operated Project:**

---

---

**FY2018 APPLICATION FOR GRANT FOR PEER-OPERATED PROJECT (cont'd)**

**Due Date: June 29, 2018 by 5:00 p.m.**

- 5. Describe your qualifications for organizing this initiative and continuing to manage it in the long term. Do you have the support of an organization or mentor?**

---

---

---

- 6. Amount of grant funding requested:** (May be less but must NOT exceed \$3,000)

---

- 7. Budget: This is very important. Please include a basic plan and explain how the grant money is going to be spent. (For example: materials or supplies needed, books, movies, rent, food, etc.) Be as specific as possible and please remember that the grant does NOT cover transportation.**

<b>Sample Budget</b>		
<b>1.</b>	<b>Stipend for Operator of Peer Operated Project \$50/week for 50 weeks</b>	<b>\$2,500.00</b>
<b>2.</b>	<b>Art supplies \$10/week for 50 weeks</b>	<b>\$ <u>500.00</u></b>
	<b>Total</b>	<b>\$3,000.00</b>

---

---

---

---

---

---

---

---

**FY2018 APPLICATION FOR GRANT FOR PEER-OPERATED PROJECT (cont'd)**

**Due Date: June 29, 2018 by 5:00 p.m.**

**8. Are you a section 501(c) (3) entity (tax-exempt)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**9. If you are not a section 501(c)(3) entity, what is your affiliation with Vermont Psychiatric Survivors, Inc.?**

---

---

---

**Please return application**

by **email** to:

[info@vermontpsychiatricsurvivors.org](mailto:info@vermontpsychiatricsurvivors.org)

or by **mail** or **by personal delivery** to:

Executive Director  
Vermont Psychiatric Survivors, Inc.  
128 Merchants Row, Suite 606  
Rutland, VT 05701-5912

**Application Due Date: June 29, 2018 by 5:00 p.m.**