

## APPLICATION FOR STATE GRANT for PEER OPERATED PROJECT

	of Applicant(s):				
Date of Application:					
3. Contact	Information:				
Indicate communication preference		Your information below:			
	Email				
	Phone Number				
	Physical Mail*	Number & Street:			
		PO Box (if applicable)			
		City: State:			
		Zip:			

Identifie	d Need:
	rase provide specific examples or supporting evidence of the need (input from ity, news, research, etc.) which demonstrate your familiarity with Vermont's com
Planned	Activities:
Participa	nts and Outreach Plan:
Note: Ple	rase indicate how this project will specifically be impacting psychiatric survivors, d others marginalized by the mental health system in Vermont.
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	Location:
	Success will be measured by:
	Anticipated timeline for the project:
	relevant skills or experience do you have to implement this project, OR what is your plan to additional project leadership through mentorship or external support?
survivo equal r state. \	Freedom Advocates is a grassroots, non-profit organization run by and for psychiatric ors, mad folks, and others marginalized by the mental health system. We are working towards rights, better services, and ending discrimination and oppression based on perceived mental We work across Vermont to support leadership, education, and advocacy initiatives. How will roject be aligned with MFA's goals, initiatives, and mission?

	e states.
	nistrative support might you need from MadFreedom Advocates to carry out th support with space reservations, receipt processing, adding events to MFA eve
	of POP grant funding requested: \$
-	re to receive partial funding for this project, would the project still be feasible?
-	re to receive partial funding for this project, would the project still be feasible?
2. If you we	re to receive partial funding for this project, would the project still be feasible?