

# Peer Operated Project (POP) Grant – Stipend Detail Supplemental Form

MadFreedom Advocates requires this supplemental form whenever an application requests funds to provide **stipends**. The information you provide here allows reviewers to confirm that the stipends are transparent, peer-led, reasonable in amount, nonprofit in nature, and advance equity, as outlined in our *Guidelines for Evaluating Stipend Requests* and the *POP Grant Scoring Rubric*.

**One form must be completed for *each* individual who will receive a stipend.**  
Duplicate Sections B–H as necessary.

Please type or print neatly. Attach additional sheets if more space is needed.

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## A. Applicant & Project Information

Field	Response
Applicant Name(s)	
Project Title	
Total POP Grant Amount Requested	
Date Submitted	

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## B. Stipend Recipient Details

If the stipend recipient has not yet been selected (for example, your project will issue an open call for artists), enter “TBD – [Role Descriptor]” in the Recipient Name field (e.g., “TBD – Peer Artist #1”). Complete the remaining items in Section B – H using the anticipated responsibilities, hours, and stipend amount, and attach a brief recruitment/selection plan explaining how you will identify and choose eligible recipients who meet POP grant priorities. Duplicate Sections B – H for each anticipated recipient.

Field	Response
Recipient Name	
Lived-Experience Affiliation*	
Role/Title on Project	
Brief Description of Responsibilities (100–150 words)	

\*Example: “Psychiatric survivor,” “Mad-identified artist,” etc.

## C. Time & Effort Estimate

Field	Response
Estimated Project Start Date	
Estimated End Date	
Total Hours to Be Worked	
Work Pattern	<input type="checkbox"/> One-time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Explain how you calculated the hours above	

## D. Stipend Amount & Calculation

Field	Response
Total Stipend Requested for this Recipient	
Basis of Calculation (e.g., hours × rate, deliverable fee)	
Equivalent Hourly Rate (if applicable)	\$_____ / hr
Does the <b>total of all stipends</b> exceed 50 % of the overall project budget?	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach justification below)
If <b>Yes</b> , provide a clear, compelling justification (attach extra page if needed)	

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## E. Justification & Impact

1. Why is this individual's labor essential to project success?

\_\_\_\_\_

2. How will their lived experience shape the work in a survivor-led way?

\_\_\_\_\_

3. How does this stipend improve equity or enable participation that might otherwise be impossible?

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## F. Nonprofit Character & Public Benefit

1. Describe how the stipend-supported work is non-income-generating and benefits psychiatric survivors / mad people beyond the recipient.

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2. Confirm: ☐ The recipient will not receive additional profit from this activity beyond the stipend.

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## G. Other Compensation or Funding

Question	Response
Will the recipient receive <b>any other payment or funding</b> for the same work described?	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe below)
If <b>Yes</b> , detail the source, amount, and purpose of the additional funds	
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## H. Certification

I certify that the information provided in this form is complete and accurate to the best of my knowledge.

Applicant/Project Lead Signature \_\_\_\_\_

Date \_\_\_\_\_

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### Submission Checklist

- Completed Sections A–H for **each** stipend recipient
- Narrative justifications attached (if any section space was insufficient)
- POP Grant Application and budget spreadsheet attached

**Email the completed supplemental form(s) with your full POP Grant Application to [hannah@madfreedomadvocates.org](mailto:hannah@madfreedomadvocates.org).**

Incomplete forms may delay review or result in disqualification.

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*Thank you for providing this information and for your commitment to peer-led, survivor-driven work in Vermont!*