

Work Plan for Affiliates for NAMI Vermont

What is the purpose of Affiliates?

- Local mini NAMIs with their own programs can better serve their local needs in education and advocacy.
- Access to local connections with individuals and organizations.
- Improve our advocacy and education strategies and to increase access to NAMI programs across the state.



Where do we start?

In a way, we already have the seeds for local NAMIs by having various locations for our family and peer support groups. We can use our current programs to segue into the affiliation process. “Small” affiliates such as those in Vermont do not require their own incorporation, staff, bylaws, or non-profit status.

Below is a list of action items and things that must happen to create or re-create our affiliates under NAMI Vermont.

Work required at the Affiliate Level:

- Create Steering Committee and Designated Leader position
- Create Name – What will the affiliate be called? Use geographic area to name it.
- Request Affiliate name and logo from NAMI Vermont office.
- Choose address (PO Box is OK) and phone number, select contact person and provide contact info (name and phone number will be on NAMI website)
- Create NAMI Affiliate Mission statement
- List all Programs – signature programs (i.e. F2F, FSG) and non-signature programs (i.e. MIR)
- Demonstrate that the Affiliate has at least 5 members
- Adopt the 6 required policies*
- Request and complete endorsement form from NAMI Vermont office

Post-Affiliate Application

- Executive Director for initial review > NAMI VT Board > endorsed to NAMI National
- Upon approval by national, NAMI Vermont and Affiliate sign an Affiliation Agreement

*List of Policies that are required by NAMI

- | | |
|-------------------------------|--|
| • Conflict of Interest Policy | • Code of Ethics |
| • Dispute Policy | • Non-discrimination policy |
| • Record Retention Policy | • Membership policy (\$35 individual, \$3 open door) |
| • Whistleblower Policy | |

Requested Affiliate Name (please use geographic area, i.e. NAMI Brattleboro)

List Names of Steering Committee

Contact Person _____

Address _____

Phone number _____

Email Address _____

(name and phone number will be on NAMI website)

Designated Leader _____

List all Programs – signature programs (i.e. F2F, FSG) and non-signature programs (i.e. MIR)

List at least 5 members of Affiliate

Write NAMI Affiliate Mission statement

Adopt the 6 required policies ☐ Submit request to NAMI VT ☐