APPENDIX F: INTERIM VOLUNTEER STIPEND POLICY & ADVISORY COMMITTEE ENROLLMENT FORM

CHITTENDEN COUNTY REGIONAL PLANNING COMMISSION
Interim Volunteer Stipend Policy

This policy is intended to assist in removing barriers to allow for meaningful and diverse community involvement in planning and policy work within Chittenden County. Its foundation is rooted in Federal Title VI requirements and the ECOS Plan’s Social Community goal: “Promote the skills, resources, and assurance needed for all community members to participate in the workforce and in their family, civic and cultural lives, within and among their neighborhoods, and in the larger community.” This policy also seeks to advance Strategy 8 of the ECOS Plan: “Ensure that the projects and actions in all ECOS Strategies assess equity impacts, and that the design and development of programs are inclusive of all and engage underrepresented populations.”

Advisory Committee Members participating in a Corridor Study or Region-Wide Plan process, who are not being otherwise compensated for their attendance at such meetings or events, may request a stipend to offset the cost of participating in each meeting or event. This stipend is intended to address barriers to participating such as missing work, child care, and transportation costs.

To be eligible for stipends, a volunteer must opt-in on the Advisory Committee Enrollment Form (see below). Eligible volunteers will receive a $50 stipend per committee meeting or event when their attendance is verified on the meeting sign-in sheet. Stipends will be paid to volunteers within 30 days of the meeting or event.

All volunteers seeking reimbursement must be provided with, and acknowledge, that they have received and reviewed the Interim Volunteer Stipend Policy. To receive reimbursement volunteers must complete, sign, and submit a Form W-9 to the CCRPC before receiving a stipend. Volunteers receiving stipends must complete a current Form W-9 each calendar year.

Volunteers receiving stipends are not employees of the CCRPC. Volunteers receiving stipends acknowledge that stipends may be considered income for tax purposes. Volunteers receiving $600 or more in stipends in a calendar year will be issued a Form 1099-MISC for that calendar year.

Approved by the Executive Committee 6/18/14
CHITTENDEN COUNTY REGIONAL PLANNING COMMISSION  
Advisory Committee Enrollment Form

Please fill out the following form to complete your enrollment in a Chittenden County Regional Planning Commission Advisory Committee.

First and Last Name: ____________________________________________________________

Organization Represented (if applicable): __________________________________________

Address: __________________________ City: ___________________ Zip Code:________

Preferred Phone #:________________

Email address:________________________________________________________________

Preferred Contact Method (circle one or two): Phone  Email  Mail

Are you compensated for your participation on this Advisory Committee through your place of employment or the organization you are representing? (Yes or No):________

If no, please indicate if you would like to receive a stipend below.

It would be a challenge for me to actively participate in this Advisory Committee without receiving a $50 per meeting stipend. (Yes or No):________

Volunteers are not employees of the CCRPC. Meeting attendance will be verified by each meeting’s sign-in sheet. Those requesting a stipend must submit a Form W-9 to the CCRPC before the stipend will be paid. Those receiving a stipend must acknowledge receipt and review of the Interim Volunteer Reimbursement Policy. Note that stipends may be considered income for tax purposes, and those receiving $600 or more in a calendar year will be issued a Form 1099-MISC at year end.

By my signature below, I certify that all information provided as part of this Enrollment Form is true, accurate and complete to the best of my knowledge. I acknowledge receipt and review of the Interim Volunteer Reimbursement Policy. I give my consent to the CCRPC to use the information on this Enrollment Form for the purpose of contacting me regarding matters related to the Advisory Committee and determining my stipend eligibility.

Signature:_________________________________________ Date:_________________________

Approved by the Executive Committee 6/18/14