



Together, we can create a healthier democracy

2024 Community Civic Engagement Program Application

The Community Civic Engagement Program (CCEP) is Vot-ER's flagship grant-making initiative that expands non-partisan civic engagement within community health centers — including voter registration and turnout. By partnering with you, different Community Health Centers, Federally Qualified Health Centers, and other look-alikes, we can build healthier communities by promoting civic engagement through the use of trusted messengers.

Applications are due March 11, 2024 by 5PM PT.

You will be able to save your progress throughout the application. Responses are saved in your browser and never leave your computer.

1. Organization Name *

Please use your organization's full name, **without** abbreviations

2. Organization Type *

If your organization type is not listed, **select "Other"**

3. How many patients does your community health center serve? *

Enter numeric value

4. The majority of my patients are (select all that apply): *

- 24 years old or younger.
- Medicaid/CHIP eligible or do not have health insurance.
- Self-identified as Black/African-American.
- Self-identified as Hispanic/Latinx.
- Self-identified as Native American/Alaskan Native.
- Self-identified as LGBTQIA+.
- Individuals with physical/mental/emotional disabilities.
- Best served in a language other than English.
- None of the above apply.

5. My institution views itself as a space that is designed to serve (select all that apply): *

- LGBTQIA+ communities.
- Rural communities.
- American Indian/Alaskan Native communities.
- Individuals with physical/mental/emotional disabilities.
- None of the above apply.

6. Community Health Center Mailing Address *

7. State *

8. Zip Code *

9. Occupation *

If your occupation is not listed, **select "Other"**


10. Organization Phone Number *

11. Organization Website *

12. Organization Social Media Handles

Please include all that are applicable

13. Please upload your organization's logo with a transparent background in a .png format *

 **Click to choose a file or drag here**

Accepts .png files

14. Point of Contact Information *

First Name

Last Name *

15. Point of Contact Title/Position *

16. Point of Contact Email *

17. Point of Contact Phone Number *

Please provide contact information for a backup contact at your organization

18. Backup Contact Name *

First Name

Last Name *

19. Backup Contact Title *

20. Backup Contact Email *

21. Backup Contact Phone Number *

Background Information

22. Are you a previous CCEP participant? *

23. Has your health center's leadership/senior decision-maker approved of your health center's ability to participate in non-partisan civic engagement efforts as part of this grant? *

We ask this because participation in this initiative requires organizational commitment. Since the grant cycle is only six and a half months long, we are eager for grantees to be able to 'hit the ground running' rather than spend the initial months of the grant seeking organizational approval.

24. Estimate number of staff participating in the program *

This should include all health center staff who will be requesting a Vot-ER badge to be able to support patients in registering to vote. It can include administrative staff, health care providers, front desk staff, etc.

25. As part of this grant, will your health center be able to send text messages to your patient community? *

Applicants who can engage in texting their patient populations and communities will be given priority funding as Vot-ER has learned that text messaging is the most impactful way for health centers to build their civic engagement work as trusted messengers. A smaller pool of funding is available to those applicants who are unable to text their patient population and communities.

Vot-ER will provide all grantees with examples of key text messaging scripts, tools, ideas for expanding your text messaging beyond your patient population, and review for crafting impactful messages. Vot-ER will also try to provide access to a HIPAA-compliant text-banking tool to those who need it but cannot guarantee such access at this time.

26. If your health center already has access to a text banking tool, what texting platform does your organization use?

27. If not chosen for this year's Community Civic Engagement Program, would your organization be interested in a research project that would provide funding for your health center to engage in a text messaging civic engagement research study with similar funding? Your health center would not need access to your text messaging platform to participate in this research study. *

28. Grant Work Plan


Please complete the below template work plan to map out your best estimate of what activities and desired outcomes you anticipate your civic engagement work will include.

[Click here to download this template Grant Work Plan for you to complete](#)

We recognize that there may be shifts along the way and fully appreciate changing these goals as time passes. Our interest is in seeing how your health center will build civic engagement work into your patient-facing efforts, who from your center will be involved, and how you expect to build your efforts leading up to election day in November.

[View an example Grant Work Plan here.](#) Please remember this is only one example of what this work could look like; we welcome creative, out-of-the-box thinking and also trust that you know your health center's staff and patient populations best so each grantee's work plan will look different.

Please upload your completed Grant Work Plan below in pdf or excel file only

 **Click to choose a file or drag here**

Accepts .pdf, .xls, .xlsx files

29. Grant Budget

Please complete the template Grant Budget to map out your best estimate of the costs you will incur during the grant cycle. We recognize that you may need to adjust your budget throughout the grant period.

[Click here to download this template Budget for you to complete](#)

Please upload your completed Budget below *

 **Click to choose a file or drag here**

Discussion Questions

30. Has your health center participated in civic engagement work before, such as non-partisan voter registration and/or voter turnout work for elections? *

31. What kind of support do you anticipate needing from Vot-ER to make your CCEP effort more impactful? *

Please be as specific as possible about your work plan and how your patient population and health center staff will respond to voter registration and voter turnout efforts. Feel free to use bullets or one short paragraph to respond.

32. What kind of resistance do you anticipate experiencing from your patient population in conducting voter registration efforts? How will you overcome this resistance? *

Feel free to use bullets or one short paragraph to respond.

Agreement:

By applying to this program, our health center agrees to: 1) Completing our work plan to the best of our abilities; 2) Participating in the monthly program learning community webinar sessions (approximately seven one-hour long Zoom training/discussion sessions); 3) Participating in a very short verbal mid-grant reflection and a short written final report; 4) Sharing non-identifying data relating to your projects quantitative successes.

- Opt-in into Vot-ER's email list
- Text me with occasional updates about Vot-ER and local elections.

By checking this box, you agree to receive mobile messages from Vot-ER. Message and data rates may apply. You may reply STOP at any time to unsubscribe. Our terms and privacy policies can be found at vot-er.org

Submit