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?
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

Facebook URL
X (Twitter) URL
Instagram URL
Threads URL
TikTok URL
Youtube URL
LinkedIn URL

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

Click to choose a file or drag here
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
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.

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.

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?
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