



CAMPUS CONSORTIUM'S **Single Sign-On Grant**

Last Date to Apply

December 10th, 2018

SINGLE SIGN-ON GRANT OVERVIEW

The Single Sign-On Grant provides selected institutions a grant award of **\$91,500** over a period of five years which covers licensing, hosting, professional services and support costs associated with implementing single sign-on.

NO. OF GRANTS AVAILABLE?

Five (5) grants available

WHO CAN APPLY?

K-12 Schools and Accredited Institutions of Higher Education

KEY GRANT APPLICATION DATES & DEADLINES

1. Apply for the Grant by **December 10th, 2018**
2. Review of Application by Grant Review Committee by **December 14th, 2018**
3. Grant Award Letter issued to Grant Recipients by **December 17th, 2018**
4. Grant Award Walkthrough by **December 20th, 2018**
5. Execution of Grant Award Agreement by **January 4th, 2019**
6. Project Kick-Off by **January 14th, 2019**

HOW TO APPLY

1. Register for Grant and download application the form
2. Print and complete the grant application form
3. Submit completed grant application to grantapplication@campusconsortium.org

QUALIFICATION CRITERIA

1. Applicant demonstrates a commitment to implementing the solution (e.g. letter from president highlighting the problem that the solution solves and why the grant would be helpful in meeting strategic objectives)
2. Preference will be given to applications who have a letter of recommendation from a previous grant recipient.

General Information

Applicant Information

Name of Institution:			
President/Chancellor:			
Point of Contact:			
POC Phone:		POC Email:	
CIO/VP of IT:			
CIO Phone:		CIO Email:	
Institution's Address:			

IN THE CASE OF BEING AWARDED THIS GRANT:

Do we have your permission to email the grant award letter to the President/Chancellor listed above?

If not, please indicate to whom this award should be made out to:

Media/Communications Contact (for News Release):

ENROLLMENT INFORMATION

Total Enrollment:		Full Time Enrollment:		Part Time Enrollment:	
Total # On-Campus Students:		Total # Off-Campus Students:			
# Faculty:		# Tenured Faculty:		# of Academic Depts.:	
Alumni Population:		% of Alumni Who Donate:			

If so, approximated how many students does this program serve?

PLEASE MARK "X" NEXT TO ALL THAT APPLY

Public:		Private:	
Four-year:		Two-year:	
Undergraduate:		Graduate:	

TECHNOLOGY RESOURCES

Please indicate all major software being utilized on campus

Enterprise Applications	Vendor & Version	Hosted/On-Site	URL – Enterprise Web App (if available)
Student Information System/ Enterprise Resource Planning			
Learning Management System			
Directory System			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you hear about this grant?

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Do you have current SSO? If Yes, provide a list of all the SSO's you have

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Is the SSO design responsive? List the Vendor Name?

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Do you have a timeline for when you would need Single Sign-On live for your institution?

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SIGNATURES

I authorize the verification of the information provided on this form.

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Signature of applicant:		Date:	
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