



# CAMPUS CONSORTIUM'S **CAMPUS SAFETY APP GRANT**

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Last Date to Apply

**February 5<sup>th</sup>, 2018**

## CAMPUS SAFETY APP GRANT OVERVIEW

The Campus Safety App Grant covers up to **\$30,000** over five years in licensing and implementation.

## 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

- Grant Applications open on January 14<sup>th</sup>, 2019
- Apply for the Grant by **February 5<sup>th</sup>, 2019**
- Review of Application by Grant Review Committee by February 12<sup>th</sup>, 2018
- Grant Award Letter issued to Grant Recipients by February 19<sup>th</sup>, 2018
- Grant Award Walkthrough by February 26<sup>th</sup>, 2018
- Execution of Grant Award Agreement by March 5<sup>th</sup>, 2019
- Project Kick-Off by March 18<sup>th</sup>, 2019

## HOW TO APPLY

1. Register for Grant and download the application form
2. Print and complete the grant application form
3. Submit completed grant application to [grantapplication@campusconsortium.org](mailto: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)
<b>Student Information System/ Enterprise Resource Planning</b>			
<b>Learning Management System</b>			

<b>Directory System</b>			
<b>PLEASE ANSWER THE FOLLOWING QUESTIONS:</b>			
How did you hear about this grant?			
Has your institution published any mobile apps? If yes, please list names of apps.			
Does your institution currently have any support policies for mobile devices?			
Do you know which operating system is most prevalent on campus? (iOS, Android, BlackBerry, Windows Mobile)			
Do you have a timeline for when you would need a campus safety app live for your institution?			
<b>SIGNATURES</b>			
I authorize the verification of the information provided on this form.			
Signature of applicant:		Date:	