



CAMPUS CONSORTIUM'S SELF-SERVICE PASSWORD MANAGER GRANT

Last Date to Apply

February 18th, 2018

SELF-SERVICE PASSWORD MANAGER OVERVIEW

The Self-Service Password Manager Grant provides selected institutions a grant award up to **\$50,000** over a period of five years which covers licensing, hosting, professional services and support costs associated with implementing password management solution.

NO. OF GRANTS AVAILABLE?

Five (5) grants available

WHO CAN APPLY?

K-12 Schools and Accredited Institutions of Higher Education

GRANT PROCESS

- Applications Open on **January 31st, 2019**
- Apply for the Grant by **February 18th, 2019**
- Review of Application by Grant Review Committee by **February 25th, 2019**
- Grant Award Letter issued to Grant Recipients by **March 4th, 2019**
- Grant Award Walkthrough by **March 11th, 2019**
- Execution of Grant Award Agreement by **March 18th, 2019**
- Project Kick-Off by **April 4th, 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

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?			
Do you have current Password Manager? If Yes, provide the name of the vendor			
Do you have a timeline for when you would need a password management solution for your institution?			
SIGNATURES			
I authorize the verification of the information provided on this form.			
Signature of applicant:		Date:	