



CAMPUS CONSORTIUM'S  
**AFTER-HOURS IT HELPDESK GRANT**

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Last Date to Apply

**March 20<sup>th</sup>, 2019**

## AFTER-HOURS IT HELPDESK GRANT OVERVIEW

The After-hours IT Help Desk Grant provides selected institutions a grant award up to \$50,000 over a period of five years which covers Remote Discovery, Professional Services and Support costs associated with implementing After-hours IT Help Desk solution.

## 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

- Apply for the Grant by **March 20<sup>th</sup>, 2019**
- Review of Application by Grant Review Committee by **March 27<sup>th</sup>, 2019**
- Grant Award Letter issued to Grant Recipients by **April 3<sup>rd</sup>, 2019**
- Grant Award Walkthrough by **April 9<sup>th</sup>, 2019**
- Execution of Grant Award Agreement by **April 16<sup>th</sup>, 2019**
- Project Kick-Off by **May 1<sup>st</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 Name:

Point of Contact Title:

POC Phone:

POC Email:

CIO/VP of IT:

CIO/VP of IT Phone:

CIO/VP of IT 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:

Do you offer a "Continuing Education Program"?

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:

## GENERAL INFORMATION

### TECHNOLOGY RESOURCES

*Please indicate all major software being utilized on campus*

| Applications                 | Name |
|------------------------------|------|
| Learning Management System   |      |
| Ticketing System / ITSM Tool |      |

### PLEASE ANSWER THE FOLLOWING QUESTIONS

|  |
|--|
| How did you hear about this Grant?   |
| How is the current Help Desk structured, do you manage in-house or is it outsourced?   |
| What are the hours of operations of the current Help Desk?   |
| Would you require support only for IT related issues or LMS issues also?   |
| What are your top call drivers?  |
| What would be the anticipated number of interactions (Phone, Chat, Email/Ticket) during After-hours? If this is something that you currently don't track, how many interactions do you handle during business hours? |
| If you are open for options for ticketing system/ITSM tool, how many staff/technicians would need access to the tool?  |
| Why do you feel your institution should be selected for this Grant?  |
| If selected, what are your timeline for implementing this project?   |

### SIGNATURES

|  |       |
|--|-------|
| I authorize the verification of the information provided on this form. |       |
| Signature of applicant:  | Date: |

**Note:** All application information is strictly confidential and intended only for use of the Campus Consortium Grant Review Committee to select Grantee institutions.