



CAMPUS CONSORTIUM'S SELF-SERVICE PASSWORD MANAGER GRANT

Last Date to Apply

March 20th, 2019

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 self-service 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

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

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you hear about this Grant?

What is the total number of users who would be leveraging the Password Manager solution?

Do you have an Active Directory or LDAP?

Do you currently have a Password Manager solution? If Yes, provide the name of the vendor

Does your current Password Manager support MFA?

Why do you feel your institution should be selected for the Grant?

If selected, what are your timelines 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.