



CAMPUS CONSORTIUM'S ADMISSIONS & ENROLLMENT CALL CENTER SERVICES GRANT

Last Date to Apply

March 20, 2019

ADMISSIONS & ENROLLMENT CALL CENTER SERVICES GRANT OVERVIEW

The Admissions & Enrollment Call Center Services Grant provides selected institutions a grant award up to \$100,000 over a period of five years which covers Software Licensing, Cloud Hosting, Support and Professional Services costs associated with implementing Admissions & Enrollment Call Center Services solution.

NO. OF GRANTS AVAILABLE?

There are limited number of partial and full Grants to be awarded

WHO CAN APPLY & WHAT IS THE QUALIFICATION CRITERIA?

- K-12 Schools and accredited institutions of Higher Education are eligible to apply.
- Previous awardees are eligible. Separate applications are required for each Grant pursued.
- For swift implementation, applicants are required to demonstrate institutional purpose in the form of a “letter of intent” signed by Dean/President or member of campus leadership team. The letter should ideally indicate problems the solution aims to solve, and why the Grant would be a helpful solution for the institution.
- Preference will be given to applications who have a letter of recommendation from a previous Grant awardee.

KEY GRANT APPLICATION DATES & DEADLINES

- Grant application due date: **March 20, 2019**
- Review of Application by Grant Review Committee by: **March 27, 2019**
- Grant Applicant Interview and Technical Expert Session by: **April 3, 2019**
- Grant Award Letter issued to Grant Recipients by: **April 16, 2019**
- Grant Award Walkthrough by: **April 25, 2019**
- Execution of Grant Award Agreement by: **April 25, 2019**
- Project Kick-Off by: **May 16, 2019**

HOW TO APPLY

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

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

Applications	Name
Student Information System / Enterprise Resource Planning	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you hear about this Grant?

How is the current Call Center structured, do you manage in-house or is it outsourced?

What are the hours of operations of the current Call Center?

If the current Call Center is limited to Monday – Friday (normal business hours), is there a need to extend it to 24x7?

What are your top call drivers?

Is there a need of integrating/accessing any of your application(s) to resolve/answer issues/questions? If yes, please list those applications.

What is the current Average Handling Time for these issues?

What would be the anticipated number of interactions (Phone, Chat, Email/Ticket) that you would like to outsource?

Are you currently creating a ticket against each interaction (Phone, Chat, Email/Ticket) into any ticketing system/ITSM tool? If yes, please provide the name of the tool?

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.

