



CAMPUS CONSORTIUM'S
AFTER-HOURS IT HELPDESK GRANT

Last Date to Apply

March 20, 2019

AFTER-HOURS IT HELPDESK GRANT OVERVIEW

The After-Hours IT Helpdesk Grant provides selected institutions a grant award up to **\$50,000** over a period of five years which covers Software Licensing, Cloud Hosting, Support and Professional Services costs associated with implementing After-Hours IT Helpdesk 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 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 annual 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 in a year?

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.