



# CAMPUS CONSORTIUM'S **AUTOMATED PROVISIONING & USER LIFECYCLE MANAGEMENT GRANT**

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Last Date to Apply

**June 10, 2019**

## USER LIFECYCLE MANAGEMENT GRANT OVERVIEW

The Automated Provisioning & User Lifecycle Management Grant provides selected institutions a grant award up to **\$250,000** over a period of five years which covers licensing, hosting, professional services and support costs associated with implementing provisioning & user lifecycle management.

## 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: **June 10, 2019**
- Review of Application by Grant Review Committee by: **June 17, 2019**
- Grant Applicant Interview and Technical Expert Session by: **June 24, 2019**
- Grant Award Letter Issued to Grant Recipients by: **July 1, 2019**
- Grant Award Walkthrough by: **July 8, 2019**
- Execution of Grant Award Agreement by: **July 8, 2019**
- Project Kick-Off by: **July 22, 2019**

## HOW TO APPLY

1. Download Grant Application
2. Print and complete the grant application form
3. Submit completed grant application to [grantapplication@campusconsortium.org](mailto: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*

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 currently have a Provisioning & Lifecycle Management solution? If Yes, provide details of the solution you have.

Does the ULM solution allow user self-service for access requests? List the Vendor Name?

Do you have a timeline for when you would need ULM live for your institution?

How are you currently provisioning directory, email and other application accounts for Students and Staff?

Please confirm that the SIS / ERP is the Source-of-Truth (Trusted Source of Valid Information).

What are the key applications to which you want to automatically provision user accounts?

Are you looking to synchronize accounts and access information between the Source-of-Truth and other target applications?

Are you providing ADsync or GoogleSync for email?

Are you looking to reconcile the validity of accounts and access information across the Source-of-Truth and other target applications?

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:	