



CAMPUS CONSORTIUM'S CAMPUS PORTAL GRANT

Last Date to Apply

May 20, 2019

CAMPUS PORTAL GRANT OVERVIEW

The Campus Portal 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 the web & mobile app platform.

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: **May 20, 2019**
- Review of Application by Grant Review Committee by: **May 27, 2019**
- Grant Applicant Interview and Technical Expert Session by: **May 31, 2019**
- Grant Award Letter issued to Grant Recipients by: **June 3, 2019**
- Grant Award Walkthrough by: **June 11, 2019**
- Execution of Grant Award Agreement by: **June 17, 2019**
- Project Kick-Off by: **July 1, 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 (Section 1A)

Name of Institution:			
President/Chancellor:			
Point of Contact (POC):			
POC Phone:		POC Email:	
CIO/VP of IT:			
CIO Phone:		CIO Email:	
Institution's Address:			

IN THE CASE OF BEING AWARDED THIS GRANT:

1) Do we have your permission to email the grant award letter to the President/Chancellor listed above?

2) If not, please indicate to whom this award should be made out to:

3) 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 (Section 1B)

Please indicate all major software being utilized on campus

Enterprise Applications	Vendor & Version
Student Information System	
Learning Management System	
LDAP/Directory	
Email System for Students	

Email System for Faculty/Staff	
Content Management System	
PLEASE ANSWER THE FOLLOWING QUESTIONS:	
How did you hear about this grant?	
If you have a campus portal, what challenges is your team facing in managing, maintaining or getting the most out of these investments?	
Do you want to migrate content from your existing portal? If yes, then how many pages and documents do you expect to be migrated as is?	
What all applications do you want to integrate within the portal?	
What are you currently using for the single sign-on? Would you like to use the existing or the new single sign-on solution?	
Do not have a native mobile app? If not, would you like to have a native mobile app?	
How are you currently managing the attendance at your campus? If it is manual, would you like to automate the attendance process?	
Why do you feel your institution should be selected for this Grant?	
If selected, what are your timeline for implementing this project?	
SIGNATURES	
I verify that the information provided on this form is accurate.	
Signature of applicant:	Date: